



# Hoosier Health Survey

- **What is this survey about?** This survey includes questions about your knowledge, beliefs, and habits regarding health information, healthy lifestyles, and ways to prevent cancer and detect it early.
- **Instructions:** Please mark your answers clearly in the boxes using pencil or dark pen. Examples:

We value your responses. Thank you very much for your help!

**1 In general, would you say your health is...**

- Excellent
- Very good
- Good
- Fair
- Poor

**2 Have you ever looked for information about health or medical topics from any source?**

- Yes
- No [If NO, go to question 5]

**3 Think about the most recent time that you looked for information about health or a medical topic. Where did you go to first? (MARK ONLY ONE)**

- Books
- Brochures, pamphlets, etc.
- Cancer organization
- Family
- Friend/Coworker
- Doctor or health care provider
- Internet
- Library
- Magazines
- Newspapers
- Telephone information number
- Complementary, alternative, or unconventional practitioner
- Social media site, such as Facebook, PatientsLikeMe, CaringBridge, etc.
- Other, please specify:

**4 Thinking back to your most recent search for information about health or medical topics, how much do you agree or disagree with each of the following statements?**

**a. It took a lot of effort to get the information you needed.**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**b. You felt frustrated during your search for information.**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**c. You were concerned about the quality of the information.**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**d. The information you found was hard to understand.**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree           | Somewhat agree           | Somewhat disagree        | Strongly disagree        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5 In general, how much do you trust information about health or medical topics from each of the following sources?**

	Not at all	A little	Some	A lot
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Internet or World Wide Web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6** Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?

- Yes  
 No [If NO, go to question 8]

**7** In the past 12 months, when you have used the Internet, did you access it through...

	Yes ▼	No ▼
A regular dial-up telephone line?	<input type="checkbox"/>	<input type="checkbox"/>
Broadband such as DSL, cable or FiOS?	<input type="checkbox"/>	<input type="checkbox"/>
A cellular network (i.e., phone, 3G/4G)?	<input type="checkbox"/>	<input type="checkbox"/>
A wireless network (Wi-Fi)?	<input type="checkbox"/>	<input type="checkbox"/>

**8** Please indicate if you have any of the following:

	Yes ▼	No ▼
Tablet computer like an iPad, Samsung Galaxy, Motorola Xoom or Kindle fire	<input type="checkbox"/>	<input type="checkbox"/>
Smartphone, such as an iPhone, Android, Blackberry, or Windows phone	<input type="checkbox"/>	<input type="checkbox"/>
Basic cell phone only	<input type="checkbox"/>	<input type="checkbox"/>

**9** In the past 12 months, have you used the following ways to communicate with your doctor or a doctor's office?

	Yes ▼	No ▼
Email	<input type="checkbox"/>	<input type="checkbox"/>
Electronic health record messaging systems like MyIUHealth	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>
Facebook or other social media sites	<input type="checkbox"/>	<input type="checkbox"/>
Skype, FaceTime, or other video conference systems	<input type="checkbox"/>	<input type="checkbox"/>

**10** In the past 12 months, have you talked to a doctor, nurse, or other health professional about the following scenarios?

	Yes ▼	No ▼
Any kind of health information you have gotten from the Internet	<input type="checkbox"/>	<input type="checkbox"/>
Where or how to find reliable health information (from the Internet)	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with each other electronically (e.g. emailing or texting)	<input type="checkbox"/>	<input type="checkbox"/>

**11** Overall, how confident are you that you could get advice or information *about cancer* if you needed it?

- Completely confident  
 Very confident  
 Somewhat confident  
 A little confident  
 Not confident at all

**12** In the past 12 months, have you used the Internet to look for information *about cancer* for yourself or a family member?

- Yes  
 No [If NO, go to question 14]

**13** How useful was the cancer-related information you got from the Internet? (MARK ONLY ONE)

- Very useful  
 Useful  
 Moderately useful  
 Not useful at all

**14** In a typical week, outside of your job or work around the house, how many days do you do any physical activity or exercise of at least moderate intensity, such as brisk walking, bicycling at a regular pace, and swimming at a regular pace? (MARK ONLY ONE)

- None    1    2    3    4    5    6    7 days per week



**18** Have you ever been diagnosed as having cancer?

- Yes       No [If NO, go to question 21]

**19** What type of cancer did you have?

**20** At what age were you first told that you had cancer?

### CANCER SCREENING

**21** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- Yes  
 No [If NO, go to question 23]

**22** How long has it been since you had your last blood stool test using a home kit?

- Within the past year (less than 12 months ago)  
 More than 1 year ago, but less than 2 years ago  
 More than 2 years ago, but less than 3 years ago  
 More than 3 years ago, but less than 5 years ago  
 5 or more years ago

**23** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- Yes  
 No [If NO, go to question 26]

For a **SIGMOIDOSCOPY**, a flexible tube is inserted into the rectum to look for problems. A **COLONOSCOPY** is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

**24** Was your **MOST RECENT** exam a sigmoidoscopy or a colonoscopy?

- Sigmoidoscopy       Colonoscopy

**25** How long has it been since you had your last sigmoidoscopy or colonoscopy?

- Within the past year (less than 12 months ago)  
 More than 1 year ago, but less than 2 years ago  
 More than 2 years ago, but less than 3 years ago  
 More than 3 years ago, but less than 5 years ago  
 More than 5 years ago, but less than 10 years ago  
 10 or more years ago

**26** Have you ever had a lung scan, also called a low-dose CT scan, to screen for lung cancer?

- Yes  
 No [If NO, go to question 28]

**27** How long has it been since you had your last lung scan?

- Within the past year (less than 12 months ago)  
 More than 1 year ago, but less than 2 years ago  
 More than 2 years ago, but less than 3 years ago  
 3 or more years ago

**28** A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, GARDASIL or CERVARIX. Have you **EVER** had an HPV vaccination?

- Yes  
 No  
 Doctor refused when asked

How many HPV shots did you receive?

The next questions are about screening for **BREAST** and **CERVICAL** cancer. If you are **FEMALE**, please answer questions 29 through 35. If you are **MALE**, go to question 36.

**29** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- Yes  
 No [If NO, go to question 31]

**30** How long has it been since you had your last mammogram?

- Within the past year (less than 12 months ago)  
 More than 1 year ago, but less than 2 years ago  
 More than 2 years ago, but less than 3 years ago  
 More than 3 years ago, but less than 5 years ago  
 5 or more years ago

**31** A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- Yes  
 No [If NO, go to question 33]

**32** How long has it been since you had your last Pap test?

- Within the past year (less than 12 months ago)  
 More than 1 year ago, but less than 2 years ago  
 More than 2 years ago, but less than 3 years ago  
 More than 3 years ago, but less than 5 years ago  
 5 or more years ago

**33** Have you had a hysterectomy?

- Yes  
 No

**34** An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

- Yes  
 No [If NO, go to question 36]

**35** How long has it been since you had your last HPV test?

- Within the past year (less than 12 months ago)  
 More than 1 year ago, but less than 2 years ago  
 More than 2 years ago, but less than 3 years ago  
 More than 3 years ago, but less than 5 years ago  
 5 or more years ago

**36** Compared to people your same age, how likely are you to get cancer in your lifetime?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                          |                          | Neither                  |                          |                          |
| Very                     |                          | unlikely                 |                          |                          |
| unlikely                 | Unlikely                 | nor likely               | Likely                   | Very likely              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**37** How much do you agree or disagree with each of the following statements?

a. It seems like everything causes cancer.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly                 | Somewhat                 | Somewhat                 | Strongly                 |
| agree                    | agree                    | disagree                 | disagree                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly                 | Somewhat                 | Somewhat                 | Strongly                 |
| agree                    | agree                    | disagree                 | disagree                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. When I think about cancer, I automatically think about death.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly                 | Somewhat                 | Somewhat                 | Strongly                 |
| agree                    | agree                    | disagree                 | disagree                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

d. There's not much you can do to lower your chances of getting cancer.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly                 | Somewhat                 | Somewhat                 | Strongly                 |
| agree                    | agree                    | disagree                 | disagree                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

e. I'd rather not know my chance of getting cancer.

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly                 | Somewhat                 | Somewhat                 | Strongly                 |
| agree                    | agree                    | disagree                 | disagree                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**38** How worried are you about getting cancer?

- Not at all  
 Slightly  
 Somewhat  
 Moderately  
 Extremely

**39** At what age are most women supposed to start having mammograms?

**40** At what age are most people supposed to start doing home blood stool tests, having a sigmoidoscopy or having a colonoscopy?

**41** At what age should long-term cigarette smokers start having a lung cancer screening test?

42 Have you ever smoked at least 100 cigarettes in your entire life?

- Yes
- No [If NO, go to question 47]

43 How many years did you smoke?

 

44 When you smoked, how many cigarettes per day did you smoke?

 

45 Do you now smoke cigarettes...

- Every day
- Some days
- Not at all

46 Have you tried to quit smoking in the past 12 months?

- Yes
- No

47 Do you regularly use:

Yes	No
▼	▼

E-cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless (chewing) tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Waterpipe or Hookah	<input type="checkbox"/>	<input type="checkbox"/>

48 Is there a place that you USUALLY go to when you are sick or need advice about your health?

- Yes
- There is NO place
- There is MORE THAN ONE place

49 What kind of place do you go most often? (MARK ONLY ONE)

- Clinic or health center
- Doctors office or HMO
- Hospital emergency room
- Hospital outpatient department
- Some other place
- Don't go to one place most often

50 Was there a time in the past 12 months when you needed to see a doctor, but could not because of cost?

- Yes
- No

51 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

- Yes
- No

52 In the past 12 months, have you received some or all of your health care from a VA hospital or clinic?

- Yes
- No

53 What is your age?

 

54 Are you male or female?

- Male
- Female

55 What is the highest grade or level of schooling you completed? (MARK ONLY ONE)

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school (or GED)
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate

**56 Do you currently own or rent your home?**

- Own
- Rent
- Occupied without paying monetary rent

**57 What is your marital status? (MARK ONLY ONE)**

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married

**58 Thinking about members of your family living in your household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year? (MARK ONLY ONE)**

- \$0 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more

**59 Which one of these comes closest to your own feelings about your household's income these days?**

- Living comfortably on present income
- Getting by on present income
- Finding it difficult on present income
- Finding it very difficult on present income

**60 What is your current occupational status? (MARK ONLY ONE)**

- Employed
- Unemployed
- Homemaker
- Student
- Retired
- Disabled
- Other, please specify:

**61 Were you born in the United States?**

- Yes
- No

**62 What is your race? (MARK ALL THAT APPLY)**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other, please specify:

**63 Are you Hispanic, Latino/a, or Spanish origin? (MARK ALL THAT APPLY)**

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a, or Spanish origin
- None of these

**64 Would you be willing to allow us to contact you in the future about other studies for which you may be interested?**

- Yes
- No

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**Thank you very much for  
completing the survey!**



**Please use the enclosed postage-paid envelope  
to return your completed survey.**

**You may also mail it directly to:**

Indiana University  
Center for Survey Research  
1900 E Tenth St 3-South  
Bloomington, IN 47406-7512

