Location of Event Eldon Ward YMCA

Please list your initials _____ and your date of birth (month, day & year): ____ /___ /___ /___.

By answering this Pre-Tour survey, you are agreeing to participate in a study that will help us understand how well this Inflatable Colon Exhibit is at teaching people about colon cancer. Completing this survey is optional and NOT required for entrance into the inflatable colon. You can also skip any questions you are not comfortable answering.

PLEASE ANSWER THE FOLLOWING QUESTIONS BEFORE WALKING THROUGH THE INFLATABLE COLON

QUESTIONS						
		YES	NO			
1.	Have you ever walked through an inflatable colon before?	1	2			
2.	Do you know what a colon polyp is?	1	2			
3.	Do you know what colon cancer is?	1	2			
4.	Have you ever talked to your doctor about colon cancer?	1	2			
5.	Do you know what a cancer screening test is?	1	2			
6.	Do you know what the different types of screening tests available for colon cancer are?	1	2			
7.	Has your doctor ever recommended you have a fecal occult blood test (FOBT), sigmoidoscopy, or colonoscopy?	1	 ²			
8.	Do you think most patients survive colon cancer if it is found early and removed?	1	2			

9. How much do you feel you know about colon cancer now?

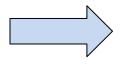
¹ Unknowledgeable

 \square^2 Somewhat Knowledgeable

 \square^3 Very Knowledgeable

- 10. How much do you feel you know about how colon cancer progresses now?
 - ¹ Unknowledgeable

 \square^2 Somewhat Knowledgeable \square^3 Very Knowledgeable



		NOT LIKELY	SOMEWHAT LIKELY	VERY LIKELY		
11.	How likely are you to talk to your doctor about colon cancer screening?	1	2	3		
12	How likely are you to get screened for colon cancer based on American Cancer Society's recommendations?		2	3		
13.	How likely are you to talk about colon cancer with:					
	a) Your relatives (parents, siblings, aunts, uncles, cousins, etc.)	□ ¹	2	3		
	b) Your peers (friends, colleagues, etc.)		2	3		
	c) Your community members	1	2	3		
	d) Other individuals at risk (those 50+ or those with a family history, etc.)		2	3		
 15. What year were you born in? 19 [IF YOU CAN'T REMEMBER YEAR: How old are you?]: 16. Do you have any of the following health care plans? Private health insurance Private health insurance Medicare Medicaid Mone 17. Have you ever had one of the following colon cancer screening tests? a) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) Yes → [IF YES, what year? No b) Sigmoidoscopy Yes → [IF YES, what year? No c) Colonoscopy No 						
	□ ¹ Yes → [IF YES, what year:					

Thanks for completing this survey!