APPENDIX B: Survey Question Block 2

| Please indicate your year of birth. | |
|-------------------------------------|----------------------|
| | Year |
| Please Select: (1) | ▼ 1900 (1 2049 (150) |
| | |
| V86 | |
| Do you consider yourself to be: | |
| O A woman (1) | |
| O A man (2) | |
| Other (please specify) (4) | |
| | |

| What is your current relationship status? |
|---|
| O Married (1) |
| O Partnered (2) |
| O Divorced (3) |
| O Widowed (6) |
| O Separated (7) |
| O Single (4) |
| O Dating (8) |
| Other (please explain) (5) |
| |

| Which best describes your race/ethnicity? (Select all that apply) | | | | |
|---|----------------|--------------------------------|-----|--|
| | White (2) | | | |
| | Hispanic, Lati | no or Spanish origin (1) | | |
| | Black or Afric | an American (3) | | |
| | Asian (4) | | | |
| | American Ind | lian or Alaska Native(5) | | |
| | Middle Easte | rn or North African (6) | | |
| | Native Hawai | iian or Other Pacific Islander | (7) | |
| | Some other r | ace, ethnicity or origin (8) | | |
| | | | | |

V102

| Which option best describes your current occupational status? |
|--|
| O Employed - full-time (1) |
| O Employed - part-time (10) |
| O Furloughed due to COVID-19 (2) |
| O Unemployed due to COVID-19 (3) |
| O Unemployed prior to COVID-19 (4) |
| O Caretaker/Homemaker (6) |
| O Not working due to disability (7) |
| O Retired (8) |
| O Student - full-time (9) |
| O Student - part-time (11) |
| Other (Please specify) (5) |
| |
| V103 |
| What was your 2019 household income? |
| O Under \$10,000 (1) |
| \$10,000-\$49,000 (2) |
| ○ \$50,000-\$99,000 (3) |
| O More than \$100,000 (4) |
| |

| V104 | | | | | |
|---|------------------------------|-----------|-------------|--|--|
| What is the highest level of education you have attained? | | | | | |
| O High school or less (1) | | | | | |
| O Some college (2) | | | | | |
| O College graduate (3) | | | | | |
| O Post college educa | ation (4) | | | | |
| | | | | | |
| | | | | | |
| V105 | | | | | |
| How many people are curr | rently living in your housel | nold? | | | |
| | | | | | |
| | | | | | |
| Please indicate your curre | nt use of the following pro | duete | | | |
| Trease marcate your curren | Ever (1) | Never (2) | Current (3) | | |
| Tobacco use (1) | | | | | |
| | | O | O | | |
| Hookah use (2) | 0 | \circ | \circ | | |
| Marijuana use (3) | 0 | \circ | \circ | | |
| | | | | | |
| | | | | | |

V110

| O Less than one year (1) |
|--|
| O 1 - 3 years (2) |
| O 4 - 5 years (3) |
| O 5 - 10 years (4) |
| O More than 10 years (5) |
| NA I don't have a primary care provider (6) |
| |
| |
| V111 |
| V111 What type insurance do you have? |
| |
| What type insurance do you have? |
| What type insurance do you have? O Private (from employer or self-purchased) (1) |
| What type insurance do you have? Private (from employer or self-purchased) (1) Federal (Medicaid, Medicare, Tribal, other state sponsored) (2) |

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| | | | | |

If Do you consider yourself to be: = A woman

V112

If your doctor told you that you were currently due for **cervical cancer screening**, would you be willing to get screened at home by receiving a self-sampling kit in the mail and then mailing back a **urine sample** to be tested? (All instructions on how to use the kit and a phone number to contact if you have any questions would be included).

| O No, I would rather not get screened at all (1) |
|---|
| O No, I would prefer to delay my screening until I could return to my doctor's office (2) |
| O Maybe (5) |
| Yes, but I would only choose this option if my doctor was not offering the usual screenings at the office (3) |
| Yes, and I would choose this option even if my doctor was offering the usual screenings at the office (4) |
| |

Display This Question:

If Do you consider yourself to be: = A woman

V113

If your doctor told you that you were currently due for **cervical cancer screening**, would you be willing to get screened at home by receiving a self-sampling kit in the mail and then mailing back a **vaginal swab sample** to be tested? (All instructions on how to use the kit and a phone number to contact if you have any questions would be included).

| O No, I would rather not get screened at all (1) | |
|--|---------------|
| O No, I would prefer to delay my screening until I could return to my doctor's office (2 |) |
| O Maybe (5) | |
| Yes, but I would only choose this option if my doctor was not offering the usual screening (3) | enings at the |
| O Yes, and I would choose this option even if my doctor was offering the usual screeni office (4) | ngs at the |
| Do you have any other comments that you might like to share with us as you reflect upon th impact on your health while living through this pandemic? | e personal |
| | |
| End of Block: Block 2 | |