WPHSS – English Screen Shots

Opening Screen

Women's Health Preventive Services Survey

OMB #0920-xxxx
Exp. Date xx-xx-20xx

Español

Thank your interest in the Women's Health Preventive Services survey sponsored by the Centers for Disease Control and Prevention (CDC). The information you provide help guide CDC's future efforts on how public health can help make sure women are able to receive appropriate preventive health services, including cancer screenings.

Participation in the study is voluntary. You may choose not to answer any questions that you do not wish to answer. You can end your participation at any time. All information collected for this study will be kept confidential. If you are eligible to participate in the study, you will receive $10 after completion of the study survey.

Please enter your unique Personal Identification Number (PIN) in the field below and click "Submit Survey PIN" button below:

Submit Survey PIN

For Technical Assistance, please contact NORC at [project email].

Screener Questions:

First, we need to confirm you are eligible for the study. Do you now have insurance?

- Yes
- No

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you received a publically funded Pap test between [insert dates not less than 1 year but not more than 4 years from study implementation] or received a publicly funded Pap/HPV co-test between [insert dates not less than 3 years but not more than 5 years from study implementation]?

- Yes
- No

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you received a publically funded mammogram between [insert dates not less than 1 year but not more than 3 years from study implementation]?

- Yes
- No

Next | Save & Exit | Back

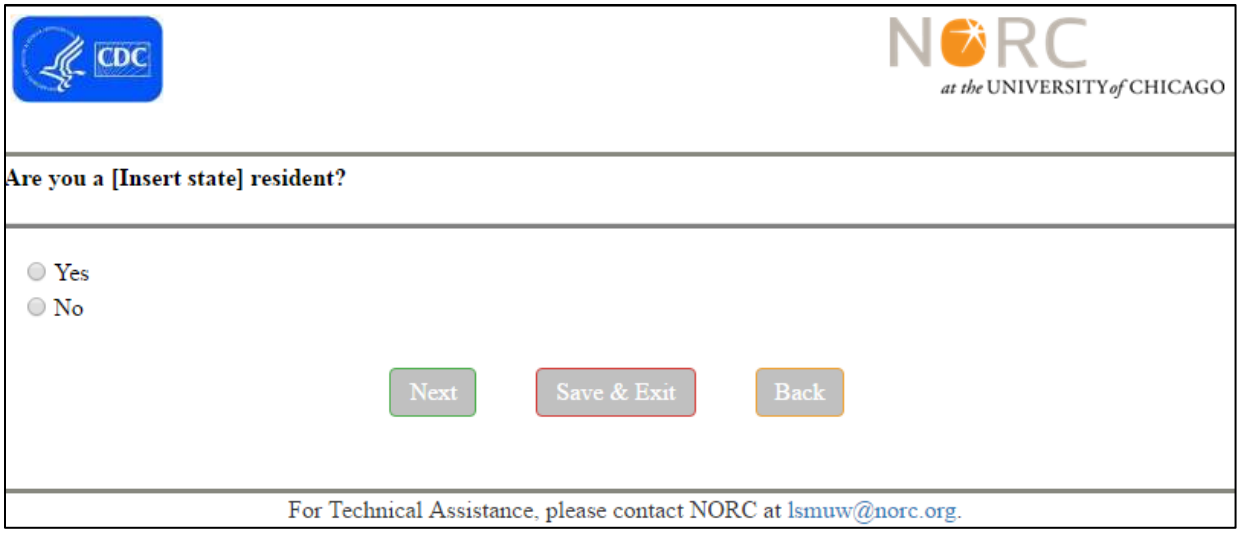
For Technical Assistance, please contact NORC at lsmuw@norc.org.

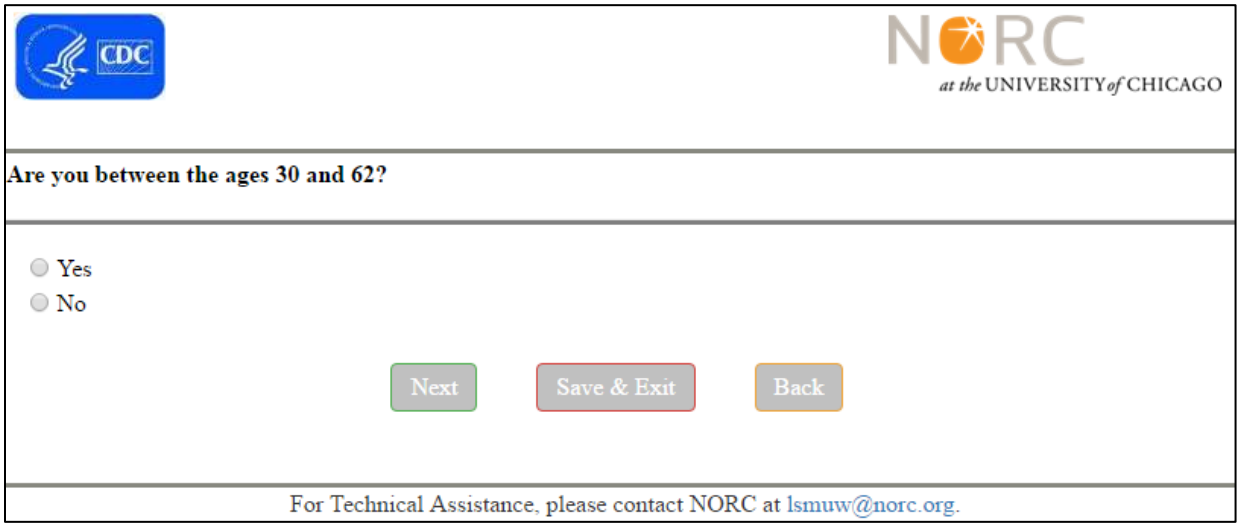
Are you a US citizen or do you have a green card?

- Yes
- No

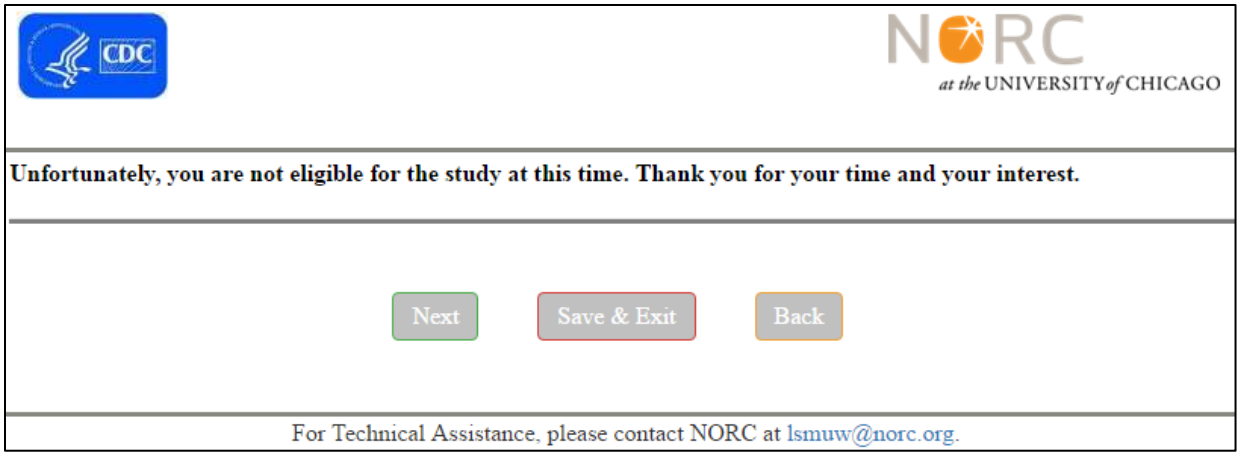
Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

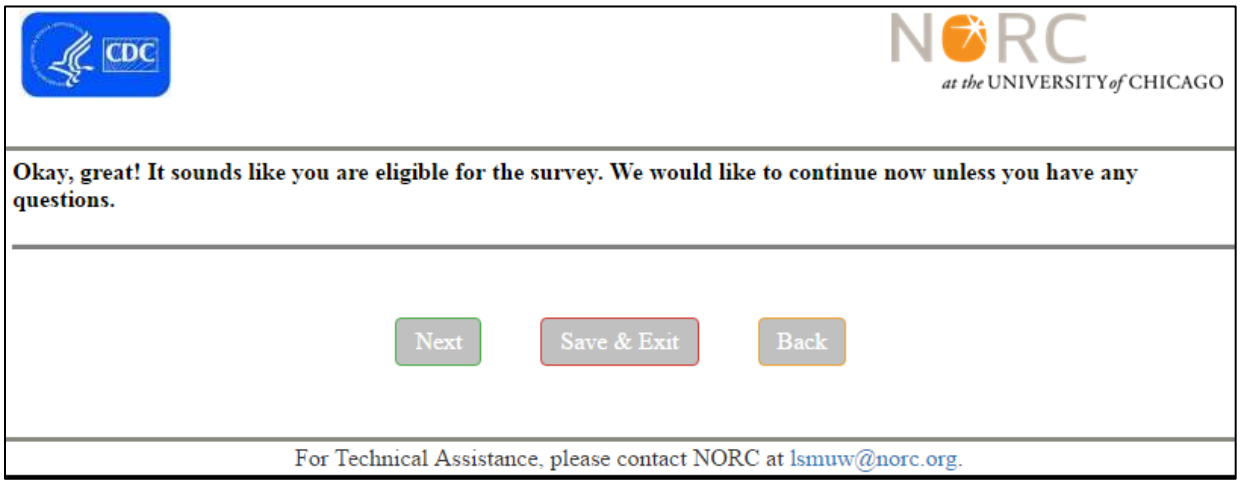




If ineligible:



If eligible:



Consent Script:

The Women's Preventive Health Services Survey (WPHSS), sponsored by the Centers for Disease Control and Prevention (CDC), is a three-year study that will ask women about health care screenings they have received. We will ask you to participate once a year for three years. Thank you for agreeing to share your experience with us.

We are asking you to take part in the study because [STATE PROGRAM NAME] staff identified you as someone who can tell us about the screening tests you received. Each year of the study, we will contact you about completing a survey. We would also like to know if there have been any gaps in health insurance coverage, problems accessing health care, and if you are getting follow-up care. Your answers are valuable to our project. There are no right or wrong answers. This interview is not meant to evaluate you. Rather, it is meant to learn about your experience with your new health insurance policy.

The survey will take about 20 - 25 minutes.

The information we learn from this survey will help us understand if women are getting the cancer prevention services they need. All information will be kept confidential. Data shared with CDC will not contain your personal contact information.

Your participation is voluntary. There are minimal risks to participating in the survey. You may choose not to answer any of the questions or you may choose not to participate without penalty. You can choose to stop the survey at any time for any reason.

Upon completion of this first survey, we will send you a $10 gift card. We will contact you next year to complete this survey again.

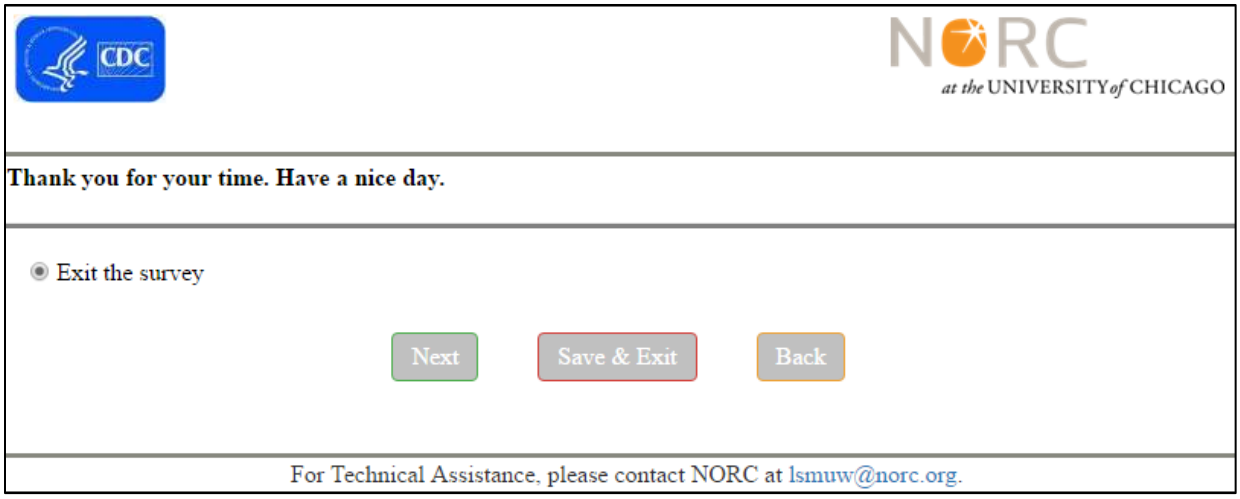
If you would like more information about this study, if you would like to withdraw from this study, or if you would like to know more about your rights as a participant, you may contact NORC toll-free at [project toll-free number] or via email at [project email].

I have read the above information. I consent voluntarily to be a participant in this study.

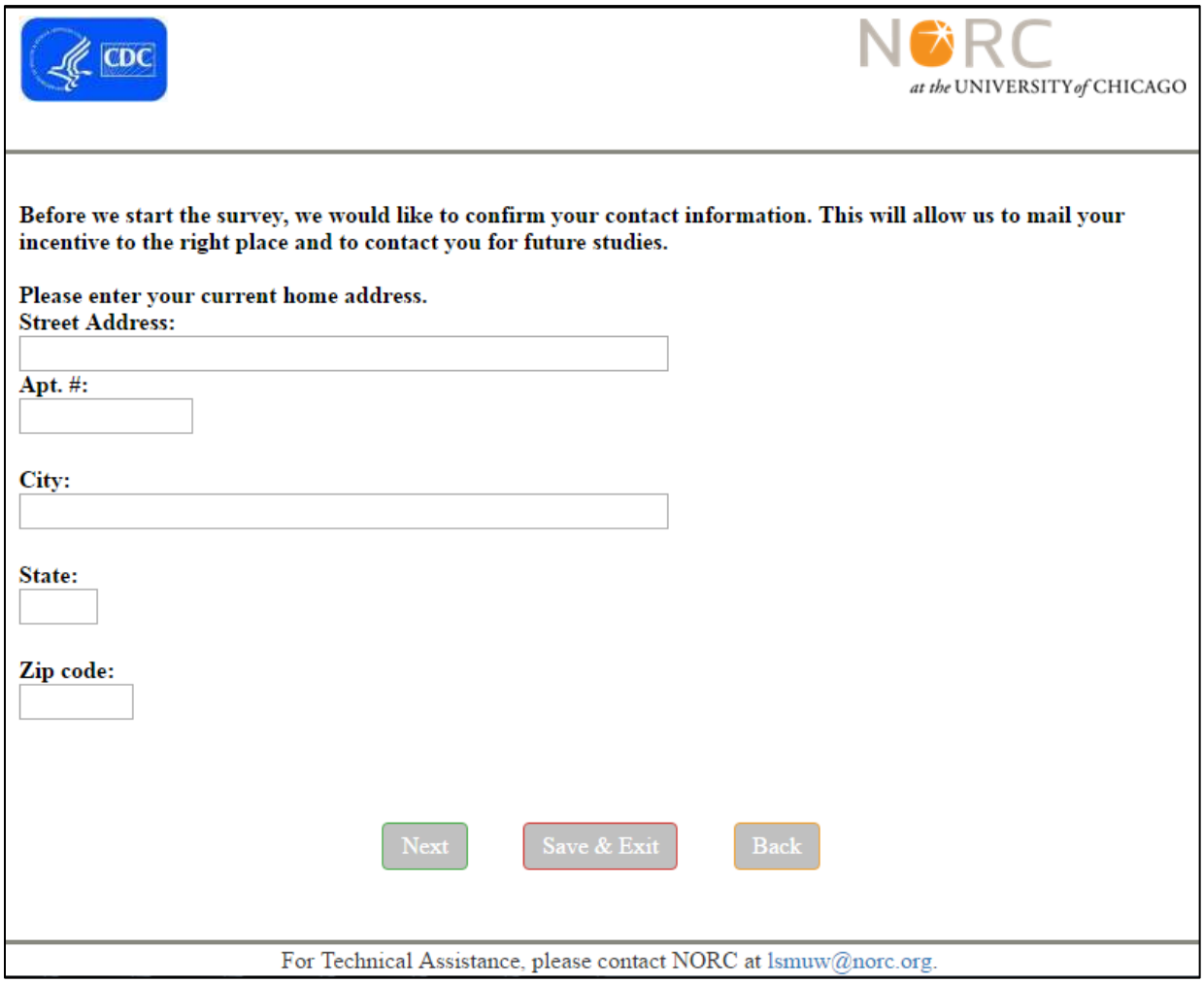
- ○ Yes
- ○ No

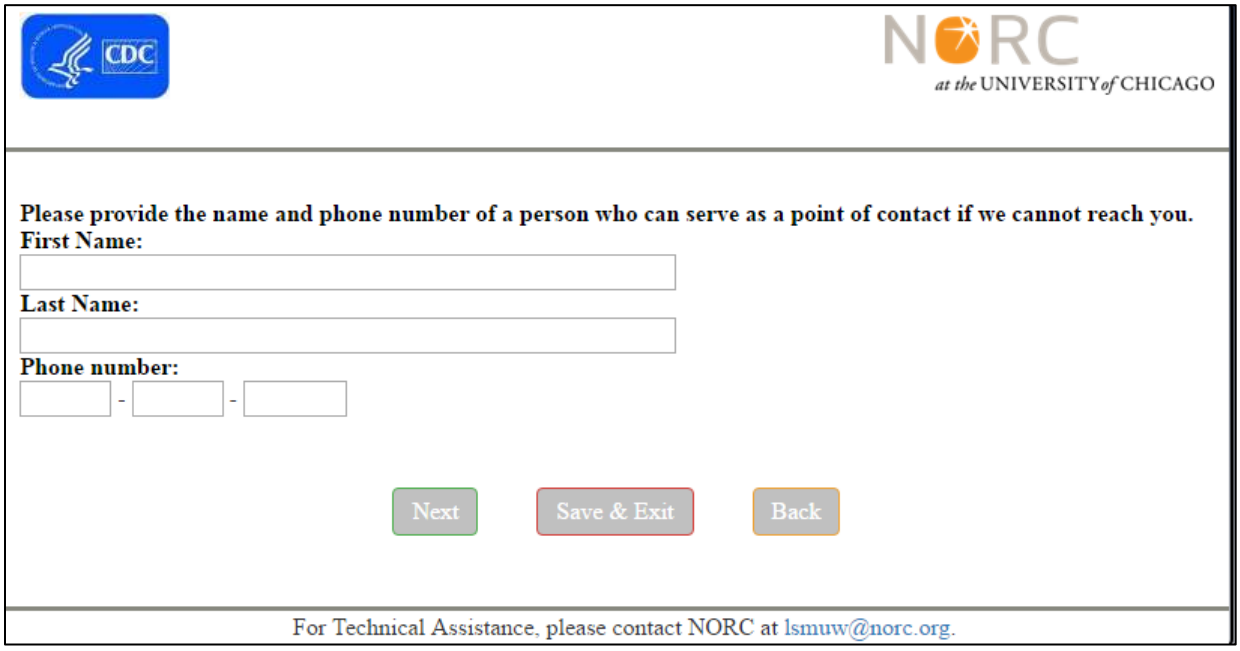
Next | Save & Exit | Back

If decline to participate in the survey:

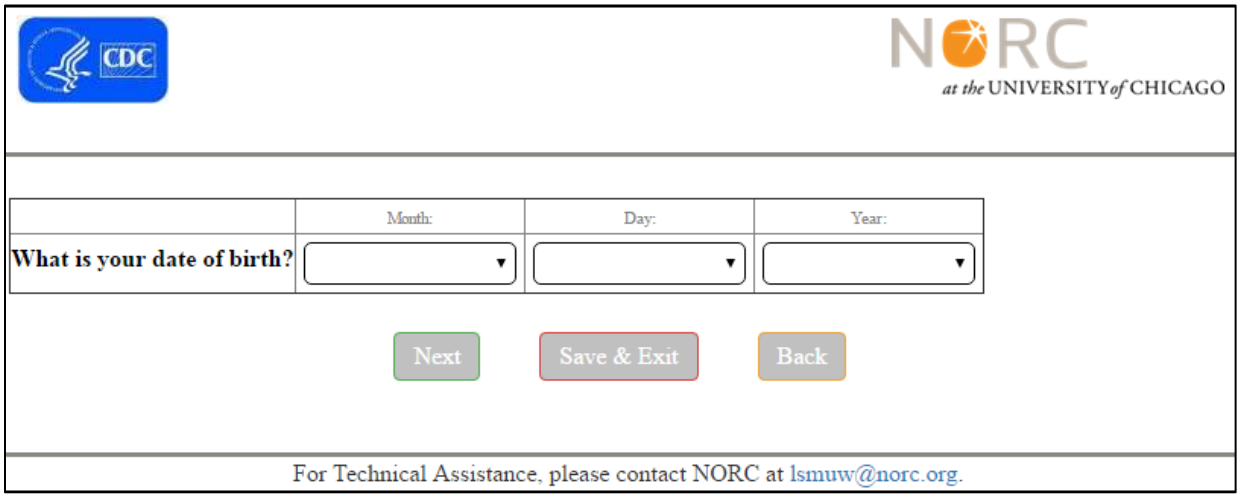


If they agree to participate in the survey, contact information:





Demographics



Are you of Hispanic, Latina, or Spanish origin?

- (•) Yes
- ( ) No
- ( ) Don't know
- ( ) Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Which of these groups represents your race?
Please mark all that apply.

- [ ] Alaska Native or American Indian
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Pacific Islander
- [ ] White
- [ ] Don't know
- [ ] Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)
- Graduate school (Masters, Doctorate)
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Are you currently…?
If more than one category applies, please select the best option.

- Employed for wages
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A Homemaker
- A Student
- Retired
- Unable to work
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Are you…?

- ○ Married
- ○ Divorced
- ○ Widowed
- ○ Separated
- ○ Never been married
- ○ A member of an unmarried couple
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

How many children less than 18 years of age live in your household?

[ ] Number of children(s)

- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

How many adults, 18 years of age and older, live in your household?

Number of adults
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Are you currently pregnant?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you given birth in the past 12 months?

- Yes
- No
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

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? *Please include the income of anyone you consider a member of your family living in your household.*

- ○ $0 – $9,999
- ○ $10,000 – $14,999
- ○ $15,000 – $19,999
- ○ $20,000 – $34,999
- ○ $35,000 – $49,999
- ○ $50,000 – $74,999
- ○ $75,000 – $99,999
- ○ $100,000 – $199,999
- ○ $200,000 or more
- ○ Don't know
- ○ Refused

IF NEEDED: Please answer weekly or monthly below.

Weekly: $ [ ]
- ○ Don't know
- ○ Refused

Monthly: $ [ ]
- ○ Don't know
- ○ Refused

CDC

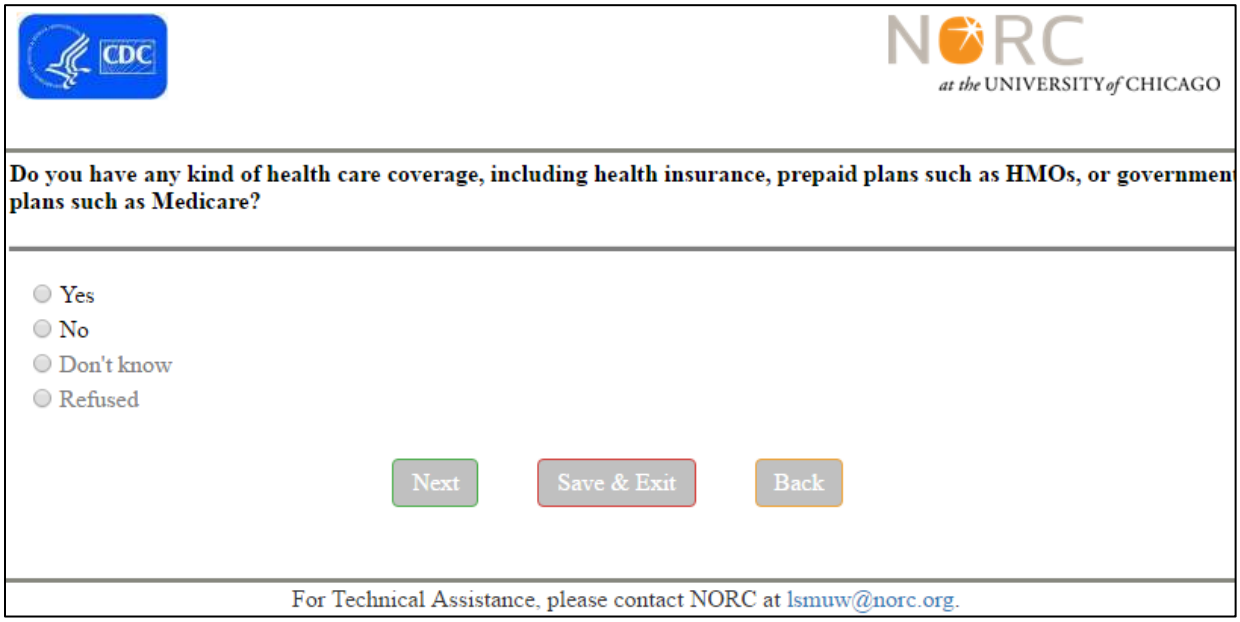
NORC at the UNIVERSITY of CHICAGO

Do you own your home, rent it, or is there some other arrangement?

- ○ Own
- ○ Rent
- ○ Some other arrangement
- ○ Don't Know
- ○ Refused

Next | Save & Exit | Back

Health Insurance Status

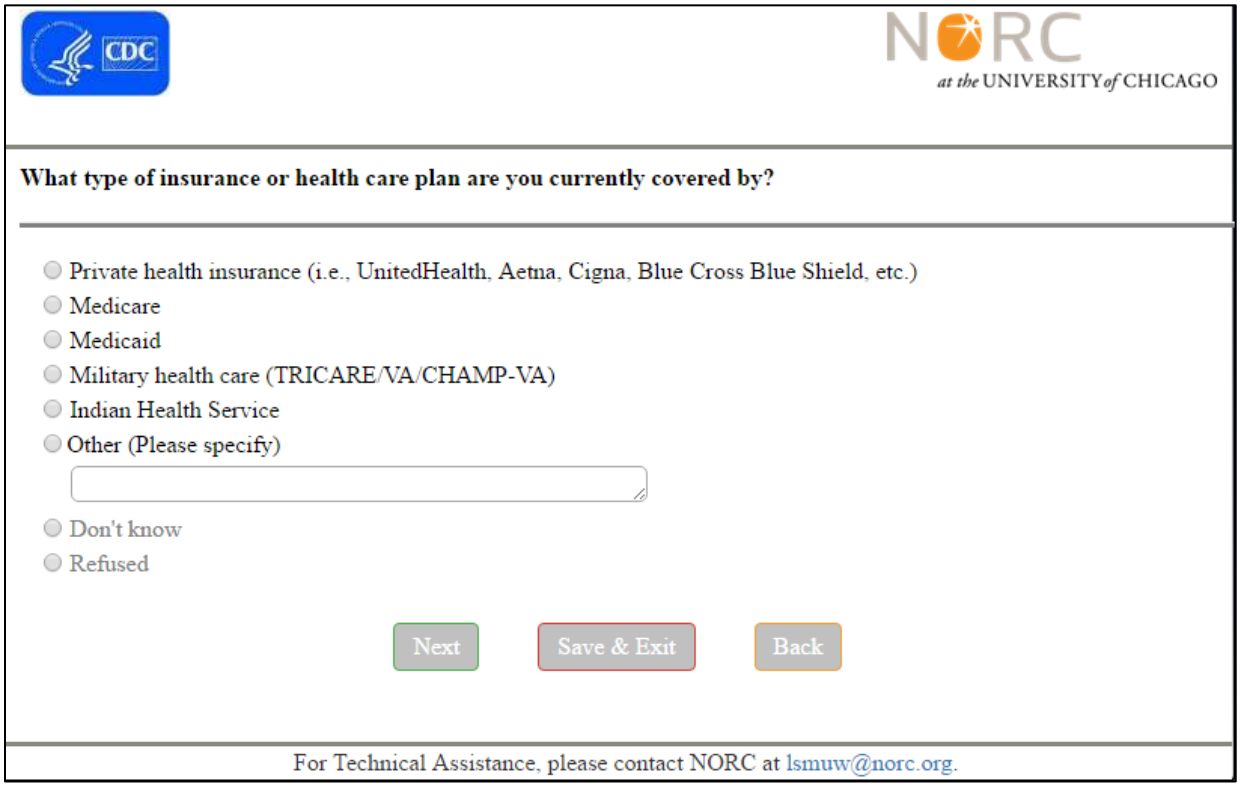


Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmen plans such as Medicare?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.



What type of insurance or health care plan are you currently covered by?

- ○ Private health insurance (i.e., UnitedHealth, Aetna, Cigna, Blue Cross Blue Shield, etc.)
- ○ Medicare
- ○ Medicaid
- ○ Military health care (TRICARE/VA/CHAMP-VA)
- ○ Indian Health Service
- ○ Other (Please specify)

  [ ]
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Is this plan for yourself only or for you and your family?

- ○ Self only plan
- ○ Family plan through you
- ○ Family plan through spouse or other family member
- ○ Other (Please specify)

- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

About how long have you had this coverage?

- ○ 6 months or less
- ○ More than 6 months, but not more than 1 year ago
- ○ More than 1 year, but not more than 3 years ago
- ○ More than 3 years
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

You indicated you are not currently covered, for what reason are you not enrolled in health insurance?

	Yes	No	Don't know	Refused
The costs are too high	○	○	○	○
I didn't understand the plans that were offered	○	○	○	○
The plans do not cover the benefits I am looking for	○	○	○	○
The choice of doctors, hospitals, and other providers in the plans' networks is too limited	○	○	○	○
I am still weighing my options and I am not ready to enroll	○	○	○	○
I would rather pay the penalty for not having health insurance	○	○	○	○
I do not have enough money right now	○	○	○	○
Other	○	○	○	○

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

You indicated you are not currently covered, for what <u>other</u> reason are you not enrolled in health insurance?

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Before you became uninsured, what type of insurance or health care plan were you previously covered by?

- Private health insurance (i.e., UnitedHealth, Aetna, Cigna, Blue Cross Blue Shield, etc.)
- Medicare
- Medicaid
- Military health care (TRICARE/VA/CHAMP-VA)
- Indian Health Service
- Other (Please specify)
- No coverage of any type
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

In the past 12 months, was there any time when you did not have any health insurance?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

About how many months were you without coverage?

Month(s)

- Don't know
- Refused

Next

Save & Exit

Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What was the main reason for not having coverage?

- Could not afford cost of insurance
- You or your spouse/other family member lost job or working less hours
- You or your spouse/other family member got a job or working more hours
- You or your spouse/other family member changed jobs
- Got married
- Got divorced
- Had a child
- You or your spouse/other family member got sick or injured
- Other (Please specify)
- Don't know
- Refused

Next

Save & Exit

Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

In the past 12 months, have you continued to receive any assistance with clinical services such as screening, education or follow-up tests through the [STATE'S] BCCCP?

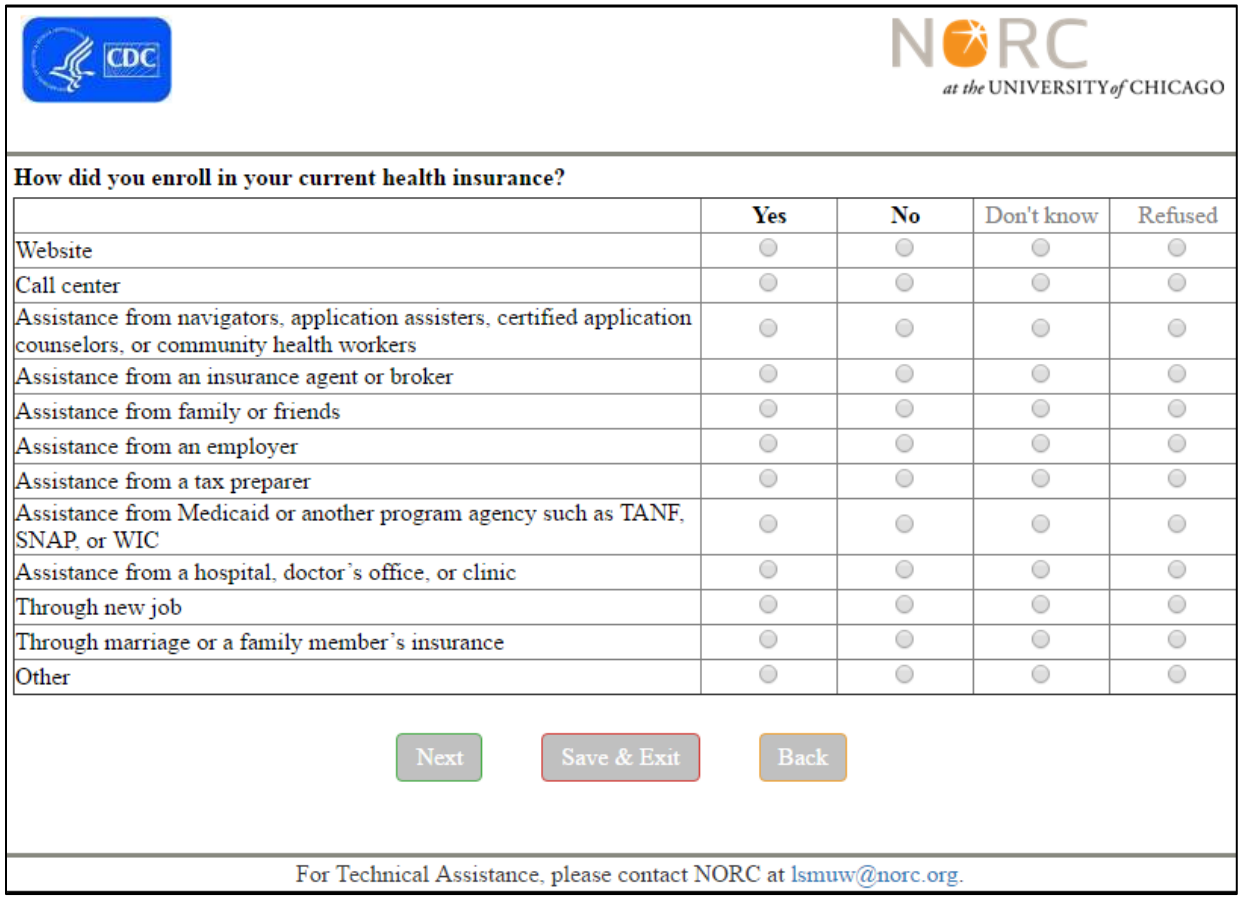
- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next

Save & Exit

Back

Enrollment Patterns:



How did you enroll in your current health insurance?

	Yes	No	Don't know	Refused
Website	○	○	○	○
Call center	○	○	○	○
Assistance from navigators, application assisters, certified application counselors, or community health workers	○	○	○	○
Assistance from an insurance agent or broker	○	○	○	○
Assistance from family or friends	○	○	○	○
Assistance from an employer	○	○	○	○
Assistance from a tax preparer	○	○	○	○
Assistance from Medicaid or another program agency such as TANF, SNAP, or WIC	○	○	○	○
Assistance from a hospital, doctor's office, or clinic	○	○	○	○
Through new job	○	○	○	○
Through marriage or a family member's insurance	○	○	○	○
Other	○	○	○	○

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Please specify how you enrolled in your current health insurance?

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

We would now like to ask you about how easy or how difficult it was to enroll. First, what made it easy to enroll?

	Yes	No	Don't know	Refused
Website easy to use	○	○	○	○
Telephone help available	○	○	○	○
Translator available	○	○	○	○
Information easy to understand	○	○	○	○
Plan choices met my needs	○	○	○	○
In person assistance	○	○	○	○
Very affordable	○	○	○	○
Other	○	○	○	○

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What made it difficult to enroll?

	Yes	No	Don't know	Refused
Tried to enroll in a plan but the website was not working	○	○	○	○
Website was too difficult to move through	○	○	○	○
Information was too difficult to understand	○	○	○	○
Information was not available in my native language	○	○	○	○
No telephone help was available	○	○	○	○
There were too many plan choices	○	○	○	○
Costs were too high	○	○	○	○
Other	○	○	○	○

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Please specify what else made it difficult to enroll.

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

A premium is how much you spend to have health insurance. Do you pay a premium for your health insurance?

- Yes
- No
- Don't know
- Refused

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Would you say that the cost of your premium is a financial burden to you/your family?

- Yes
- No
- Don't know
- Refused

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

A deductible is the amount you have to pay before your health insurance or health coverage plan will start paying your medical bills. Do you pay a deductible for your health insurance?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Would you say that the cost of the deductible is a financial burden to you/your family?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Out-of-pocket health care costs are costs that are not covered by your health insurance plan, such as limits on the number of refills for certain drugs, the number of visits to certain specialists, or the number of days covered for certain benefits. Do you have out of pocket costs that are not covered by your health plan?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Would you say that out of pocket health care costs are a financial burden to you/your family?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Because of the amount that you (or your family) have spent on different types of health care over the last 12 months, have you (or your family) done any of the following?

	Yes	No	Don't know	Refused
Cut back on seeking health care				
Cut back on other types of spending				
Cut back on savings or taken money out of savings				
Added hours at current job or took another job to help cover the cost of health care				
Had to borrow or take on credit card debt				
Had to declare bankruptcy				
Made some other changes				

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What were the other changes that you made?

Next Save & Exit Back

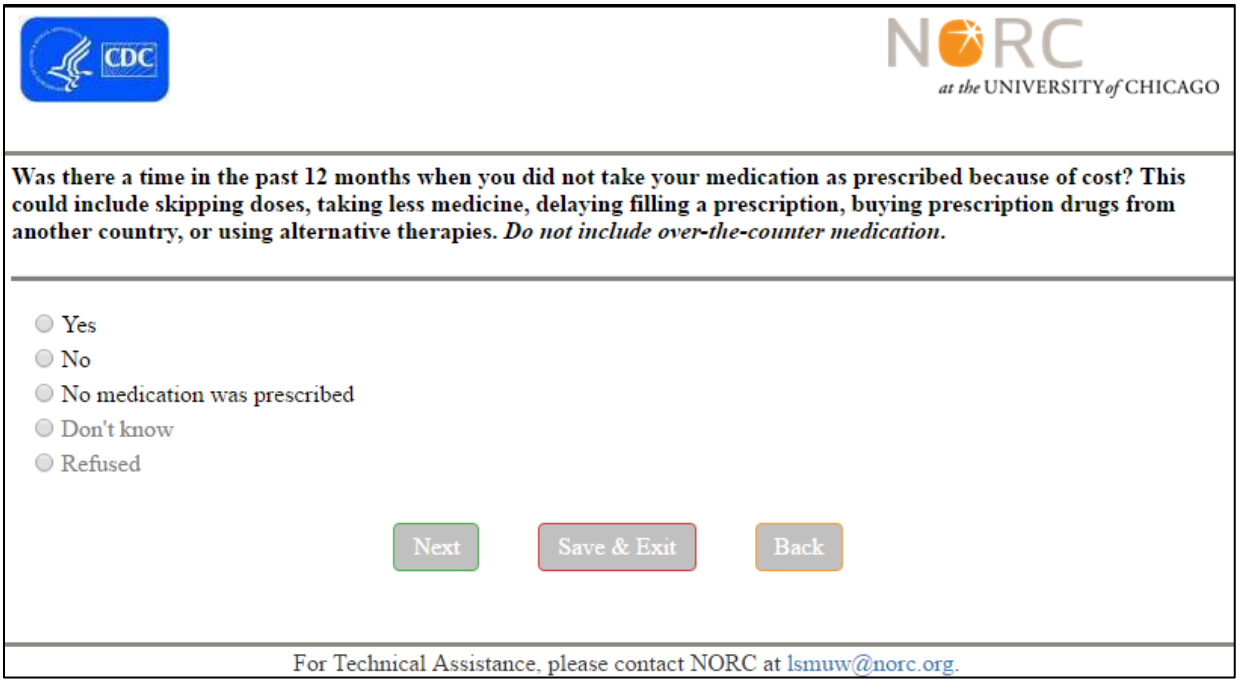
For Technical Assistance, please contact NORC at lsmuw@norc.org.

Was there a time in the past 12 months when you needed to see a doctor or health care provider but could not because of cost?

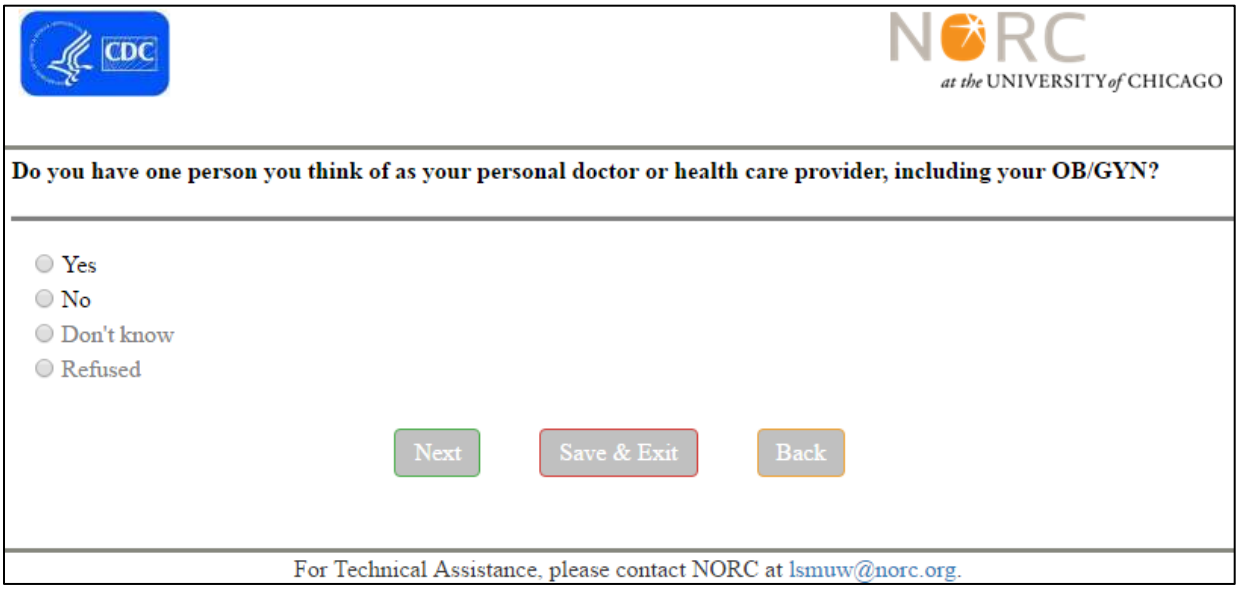
- Yes
- No
- Don't know
- Refused

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.



Preventive Care Access:



What kind of place do you go to most often for healthcare services?

- ○ Private doctor's office or HMO
- ○ Community Health Center
- ○ Health Department
- ○ Family Planning Clinic
- ○ Urgent Care/Walk-in clinic
- ○ Hospital Emergency Room
- ○ Free Local Clinic
- ○ Other (please specify)

- ○ Don't know
- ○ Refused

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you had a routine health check or exam in the past 12 months? *A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.*

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

During your last routine check-up, did staff do any of the following...?

	Yes	No	Don't know	Refused
Provide education	○	○	○	○
Provide support or counseling	○	○	○	○
Help you schedule an appointment	○	○	○	○
Help you with transportation	○	○	○	○
Provide a translator/translation	○	○	○	○
Arrange child or eldercare	○	○	○	○
Call to remind you of the appointment	○	○	○	○
Follow up with you to make sure you got your test results	○	○	○	○
Helped you get any follow up test or treatment needed	○	○	○	○

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

In the last 12 months, how often did your healthcare provider give you an easy to understand explanation about the next steps for your health questions or concerns?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always
- ○ Don't know
- ○ Refused

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

In the last 12 months, did you feel you could trust your healthcare provider with your medical care?

- Yes, definitely
- Yes, somewhat
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

If you have not had a routine health check or exam in the past 12 months, what is the main reason?

- Seldom or never get sick
- Recently moved to area
- Don't know where to go for care
- Usual source for preventive care is no longer available
- Can't find a provider who speaks my language
- Like to go to different places for different health needs
- Just changed insurance plans
- Don't think preventive healthcare is important
- Other (please specify)
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

In the past 12 months, did you experience any of the following difficulties getting a routine check-up?

	Yes	No	Don't know	Refused
You couldn't get through on the telephone	○	○	○	○
You couldn't get an appointment soon enough	○	○	○	○
No one to translate	○	○	○	○
Once you got there, you had to wait too long to see the doctor	○	○	○	○
The clinic/doctor's office wasn't open when you got there	○	○	○	○
You didn't have transportation	○	○	○	○
You didn't have childcare or eldercare	○	○	○	○
You had trouble getting off work	○	○	○	○
You didn't have insurance	○	○	○	○
Previous doctor is not available/moved	○	○	○	○
Too expensive/cost	○	○	○	○
Other	○	○	○	○

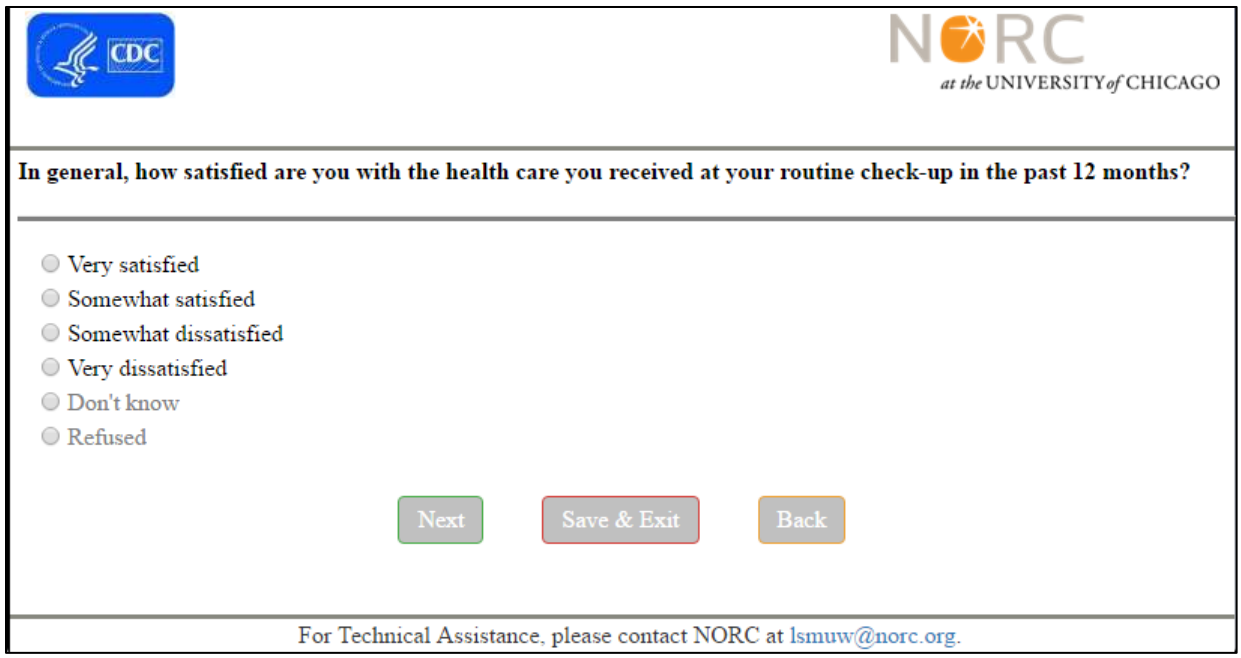
Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

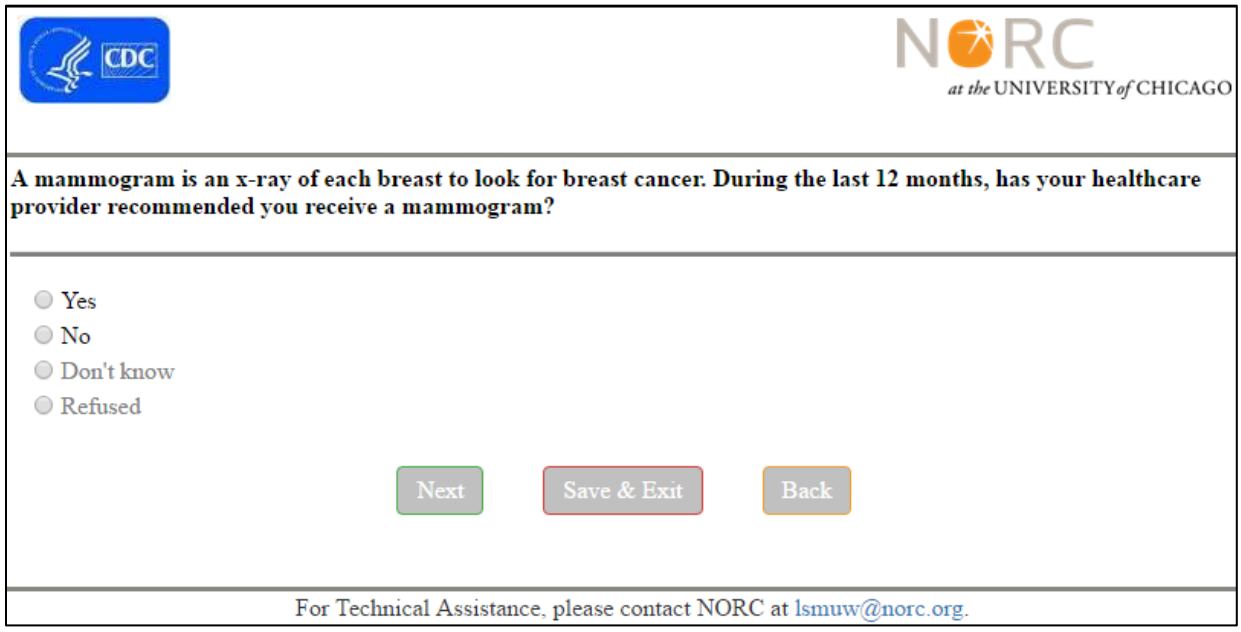
What other difficulties did you experience?

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.



Participation in Screening:



Have you had a mammogram in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did health care staff do any of the following related to your mammogram?

	Yes	No	Don't know	Refused
Provide education	○	○	○	○
Provide support or counseling	○	○	○	○
Help you schedule an appointment	○	○	○	○
Help you with transportation	○	○	○	○
Provide a translator/translation	○	○	○	○
Arrange child or eldercare	○	○	○	○
Call to remind you of the appointment	○	○	○	○
Follow up with you to make sure you got your test results	○	○	○	○
Help you get any follow up test or treatment needed	○	○	○	○

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Was it recommended for you to have follow-up tests?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did you follow the recommendation to have the follow-up tests?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

How much did you pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

- No cost
- Less than $100
- More than $100
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What is the most important reason you did not follow the recommendation to have follow-up tests?

- ○ No reason/never thought about it
- ○ Put it off/didn't get around to it
- ○ Too expensive/cost
- ○ Worried tests would be too painful/unpleasant/embarrassing
- ○ Don't have a doctor
- ○ Fear of finding cancer
- ○ Other (please specify)

- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you had a clinical breast exam in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did health care staff do any of the following related to your breast exam?

	Yes	No	Don't know	Refused
Provide education	○	○	○	○
Provide support or counseling	○	○	○	○
Help you schedule an appointment	○	○	○	○
Help you with transportation	○	○	○	○
Provide a translator/translation	○	○	○	○
Arrange child or eldercare	○	○	○	○
Call to remind you of the appointment	○	○	○	○
Follow up with you to make sure you got your test results	○	○	○	○
Helped you get any follow up test or treatment needed	○	○	○	○

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

A Pap test is a test for cervical cancer. During the last 12 months, has your healthcare provider recommended you receive a Pap test?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you had a Pap test in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did health care staff do any of the following related to your Pap test?

	Yes	No	Don't know	Refused
Provide education	○	○	○	○
Provide support or counseling	○	○	○	○
Help you schedule an appointment	○	○	○	○
Help you with transportation	○	○	○	○
Provide a translator/translation	○	○	○	○
Arrange child or eldercare	○	○	○	○
Call to remind you of the appointment	○	○	○	○
Follow up with you to make sure you got your test results	○	○	○	○
Helped you get any follow up test or treatment needed	○	○	○	○

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Was it recommended for you to have follow-up tests?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did you follow the recommendation to have the follow-up tests?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

How much did you pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

- ○ No cost
- ○ Less than $100
- ○ More than $100
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What is the most important reason you did not follow the recommendation to have follow-up tests?

- ○ No reason/never thought about it
- ○ Put it off/didn't get around to it
- ○ Too expensive/cost
- ○ Worried tests would be too painful/unpleasant/embarrassing
- ○ Don't have a doctor
- ○ Fear of finding cancer
- ○ Other (please specify)

- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

A home blood stool test is a test to determine whether you have blood in your stool or bowel movement. The blood stool test is done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. Has your healthcare provider recommended you receive a blood stool test in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you had this test using a home kit in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did health care staff do any of the following related to your results of this home kit test?

	Yes	No	Don't know	Refused
Provide education	○	○	○	○
Provide support or counseling	○	○	○	○
Help you schedule an appointment	○	○	○	○
Help you with transportation	○	○	○	○
Provide a translator/translation	○	○	○	○
Arrange child or eldercare	○	○	○	○
Call to remind you of the appointment	○	○	○	○
Follow up with you to make sure you got your test results	○	○	○	○
Helped you get any follow up test or treatment needed	○	○	○	○

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Was it recommended for you to have follow-up tests?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did you follow the recommendation to have the follow-up tests?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

How much did you pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

- No cost
- Less than $100
- More than $100
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What is the most important reason you did not follow the recommendation to have follow-up tests?

- ○ No reason/never thought about it
- ○ Put it off/didn't get around to it
- ○ Too expensive/cost
- ○ Worried tests would be too painful/unpleasant/embarrassing
- ○ Don't have a doctor
- ○ Fear of finding cancer
- ○ Other (please specify)

- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

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. Has your healthcare provider recommended you receive a sigmoidoscopy or colonoscopy in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you had either a sigmoidoscopy or colonoscopy in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did health care staff do any of the following related to your sigmoidoscopy or colonoscopy?

	Yes	No	Don't know	Refused
Provide education	○	○	○	○
Provide support or counseling	○	○	○	○
Help you schedule an appointment	○	○	○	○
Help you with transportation	○	○	○	○
Provide a translator/translation	○	○	○	○
Arrange child or eldercare	○	○	○	○
Call to remind you of the appointment	○	○	○	○
Follow up with you to make sure you got your test results	○	○	○	○
Helped you get any follow up test or treatment needed	○	○	○	○

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Was it recommended for you to have follow-up tests?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Did you follow the recommendation to have the follow-up tests?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

How much did you pay for the follow-up tests? *Please also include co-pay costs, if applicable, when answering this question.*

- No cost
- Less than $100
- More than $100
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

What is the most important reason you did not follow the recommendation to have follow-up tests?

- ○ No reason/never thought about it
- ○ Put it off/didn't get around to it
- ○ Too expensive/cost
- ○ Worried tests would be too painful/unpleasant/embarrassing
- ○ Don't have a doctor
- ○ Fear of finding cancer
- ○ Other (please specify)

- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you had your blood pressure checked by a doctor, nurse, pharmacist, or other health professional in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you had a flu vaccination (shot or nasal spray) in the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you had a test for high blood sugar or diabetes within the last 12 months?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

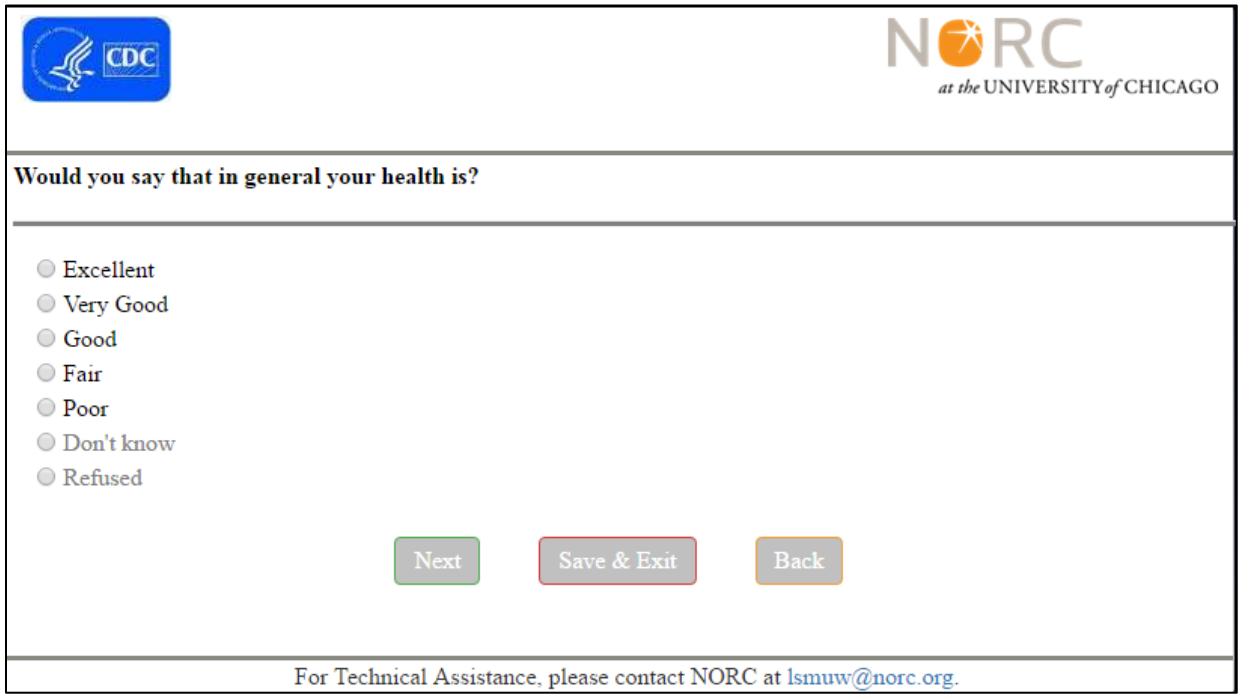
In terms of the screening services you have received, how satisfied are you with your health care provider?

- ○ Very satisfied
- ○ Somewhat satisfied
- ○ Somewhat dissatisfied
- ○ Very dissatisfied
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Health Outcomes:

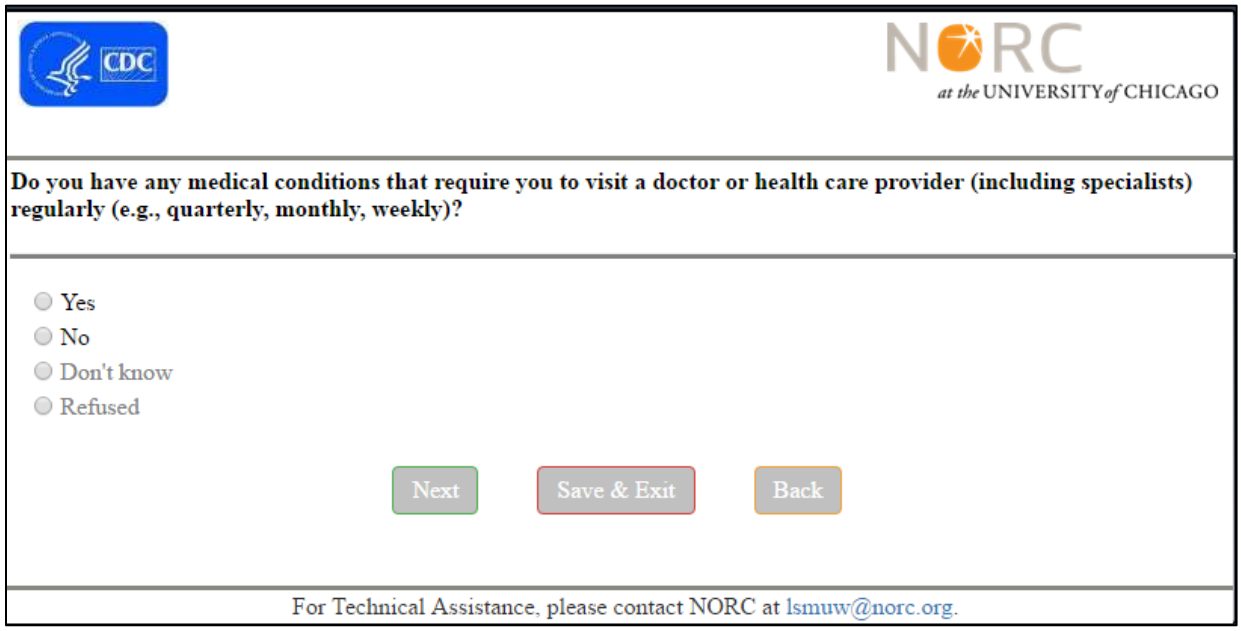


Would you say that in general your health is?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.



Do you have any medical conditions that require you to visit a doctor or health care provider (including specialists) regularly (e.g., quarterly, monthly, weekly)?

- Yes
- No
- Don't know
- Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Have you ever been diagnosed with cancer?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refused

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Which of the following cancers have you been diagnosed with?

	Yes	No	Don't know	Refused
Breast cancer	○	○	○	○
Cervical cancer	○	○	○	○
Colorectal cancer	○	○	○	○
Lung cancer	○	○	○	○
Ovarian cancer	○	○	○	○
Skin cancer	○	○	○	○
Blood cancer	○	○	○	○
Bone cancer	○	○	○	○
Lymphoma	○	○	○	○
Other	○	○	○	○

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

Which other cancer(s) have you been diagnosed with?

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

This last question is about your family history of cancer. Has your biological father, mother, or sibling(s) ever been diagnosed with any of the following cancers:

	Yes	No	Don't know	Refused
Breast cancer				
Cervical cancer				
Colorectal cancer				
Lung cancer				
Ovarian cancer				
Skin cancer				
Blood cancer				
Bone cancer				
Lymphoma				
Other				

Next Save & Exit Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.

NORC at the UNIVERSITY of CHICAGO

What other cancers have your biological father, mother, or sibling(s) been diagnosed with?

Next | Save & Exit | Back

For Technical Assistance, please contact NORC at lsmuw@norc.org.