

Questionnaire

{INTRO}

Hello. My name is _____. I'm calling from the University of Virginia for a study on the kinds of information people might need about health issues and how they prefer to get it. Your household was selected at random and I'd like to take a moment to select an adult resident of this household to participate in this study.

[IF NECESSARY:]

The study will provide educators with information on the best ways to get health care information to the people who need it. The survey should take less than 20 minutes but selection only takes a moment. We can make an appointment with the selected person if that is more convenient.

- | | |
|---------------------|---------------------|
| 1 NO ANSWER | 5 IMMEDIATE HANGUP |
| 2 BUSY | 6 IMMEDIATE REFUSAL |
| 3 ANSWERING MACHING | 7 CALLBACK |
| 4 BAD NUMBER | 8 GO ON |

[IF FINISHING INCOMPLETE SURVEY]

Hello. My name is _____. I'm calling from the University of Virginia for a study on the kinds of information people might need about health issues and how they prefer to get it. Your household was selected at random to be part of our sample, and we had started a survey with someone in your home but were unable to complete it. Would this be a good time to finish up the questions? We need to confirm that you are at least 18 years old and that you live at the residence that I am calling.

- | |
|---|
| 1 R IS RESIDENT ADULT, PROCEED |
| 2 R IS NOT RESIDENT ADULT, WE NEED TO GET ONE |
| 3 R ALREADY SELECTED/SKIP SELECTION PROCESS |
| 9 REFUSED |

Before we start, let me remind you that as a state university we can sell no products, everything you may say is confidential and you may refuse to answer any question you choose. First, we would like to ask some general questions about your health, your family's health, and how you get your health care. We'll start with your health.

A1. In general, how would you rate your own health? Would you say ...

1. Excellent
2. Good
3. Fair
4. Poor
8. DON'T KNOW
9. REFUSED

A2. In the last 12 months, how many times did you go to an emergency room to get care for yourself?
(READ AS NECESSARY)

- 1 None
- 2 Once
- 3 Twice
- 4 Three times
- 5 Four or more times
- 8 DON'T KNOW
- 9 REFUSED

A3. In the last 12 months, have you visited a doctor's office or clinic for care for yourself?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED


A3a. In the last 12 months, have you been a patient in a hospital overnight or longer?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

A4. Do you anticipate that your use of medical services in the next twelve months will be more, less or the same as in the last twelve months?

- 1 More
- 2 Less
- 3 Same
- 8 DON'T KNOW
- 9 REFUSED

A5. Do you have at least one person you think of as your personal doctor or nurse?
(DEFINITION: A personal doctor or nurse is the health provider who knows you best, sometimes referred to as a primary care provider. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.)

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

A5a. In general, how satisfied are you with your personal doctor or nurse? Are you...

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 8 DON'T KNOW
- 9 REFUSED

A6. Do you now have any physical or medical problems or conditions that have lasted for at least 3 months?

- 1 Yes (DO NOT COUNT PREGNANCY)
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

A7. In the past three months, have you had an illness or been injured?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

IF YES

A7a. Did the illness or injury bring up questions you needed to have answered, or increase your need for health-related information?

- 1 Yes, it raised a lot of questions
- 2 Yes, it raised just a few questions
- 3 No
- 8 DON'T KNOW
- 9 REFUSED

A8. Does any disability, handicap, or chronic disease keep you from participating fully at a job, school, housework, or other activities?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

This section specifically addresses your family's health

A9. Is there anyone in your immediate family who is not in good health or who currently has a serious health condition?

(DEFINITION: "Immediate family" includes parents, siblings, spouse, children, or any other relative you feel especially close to.)

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

A10. In the past three months, has anyone in your immediate family had an illness or been injured?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED



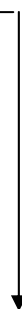
IF YES :

A10a. Did your relative's illness or injury bring up questions YOU needed to have answered, or increase YOUR need for health-related information?

- 1 Yes, it raised a lot of questions
- 2 Yes, it raised just a few questions
- 3 No
- 8 DON'T KNOW
- 9 REFUSED

A11. Does anyone in your immediate family have a disability, handicap, or chronic disease that keeps them from participating fully in work, school, housework, or other activities?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED



IF YES:


A11a. Are you the primary caregiver for this person, do you share the care-giving duties with others in the household, or is someone else primarily responsible for this person's care?

- 1 I am primary caregiver
- 2 I share responsibility with someone else
- 3 Someone else is primarily responsible
- 4 No caregiver is needed
- 8 DON'T KNOW
- 9 REFUSED

HEALTH INFORMATION SOURCES

Next, we would like to ask a few questions about health information that you may have sought in the past 12 months. Please say Yes or No as I read the different health areas. In the past 12 months have you tried to find out about...

B1. A specific disease or medical problem?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

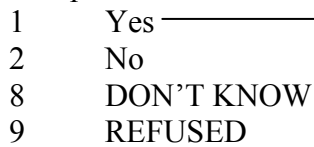
B3. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4. Where did you look for this information? (READ AS NECESSARY)

- Health care professional (doctor, nurse, etc.)
- Pamphlets provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1a. In the past 12 months have you tried to find out about...A certain medical treatment or procedure?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

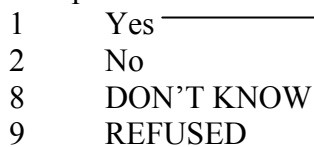
B3a. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4a. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1b. In the past 12 months have you tried to find out about...A particular doctor, dentist or hospital?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

B3b. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4b. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1c. In the past 12 months have you tried to find out about... Prescription or Over The Counter drugs?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED



IF YES:

B3c. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4c. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1d. In the past 12 months have you tried to find out about... An experimental, alternative or unconventional treatment or drug?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED



IF YES:

B3d. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4d. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1e. In the past 12 months have you tried to find out about... Exercise or fitness, diet, nutrition, vitamins or nutritional supplements?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED



IF YES:

B3e. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4e. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1f. In the past 12 months have you tried to find out about... Problems with tobacco, drugs or alcohol?

- 1 Yes _____
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:


B3f. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4f. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1g. In the past 12 months have you tried to find out about... Depression, anxiety, stress or mental health issues?

- 1 Yes _____
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:


B3g. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 10 REFUSED

B4g. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- Don't know
- REFUSED

B1h. In the past 12 months have you tried to find out about... Health insurance or Medicare?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:


B3h. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 Don't know
- 9 REFUSED

B4h. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B1i. In the past 12 months have you tried to find out about... Any other health-related area?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

B3i. Were you looking for information for . . .

- 1 Yourself
- 2 A member of your immediate family
- 3 Someone else
- 8 DON'T KNOW
- 9 REFUSED

B4i. Where did you look for this information? (READ AS NECESSARY)

- Conversation with health care professional (doctor, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Pastor or spiritual advisor
- Patient support or advocacy group
- Television or Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Other (Please specify)
- DON'T KNOW
- REFUSED

B5a. I'm going to read a list of possible sources of health information. For each, please indicate how much of the time you would TRUST health information from that source.

How about conversation with a health care professional (like a doctor or a nurse, etc). Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5b. Pamphlets or handouts provided in doctor's office or hospital. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5c. Family and/or friends. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5d. Pastor or spiritual advisor. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5e. Patient support or advocacy group. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5f. Television. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5g. Radio. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5h. Newspapers. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5i. Magazines. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5j. Books. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5k. Medical Journals. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B5l. Internet website. Would you say you would TRUST that...

- 1 Just About Always
- 2 Most of the Time
- 3 Some of the Time, or
- 4 Never or Almost Never
- 5 N/A: HAVEN'T USED IT
- 8 DON'T KNOW
- 9 REFUSED

B6a. How likely would you be to seek health information from each of these sources in the future?
How about conversation with a health care professional (like a doctor or a nurse, etc). Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6b. Pamphlets or handouts provided in doctor's office or hospital. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6c. Family and/or friends. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6d. Pastor or spiritual advisor. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6e. Patient support or advocacy group. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6f. Television. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6g. Radio. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6h. Newspaper. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6i. Magazines. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6j. Books. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6k. Medical Journals. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B6l. Internet website. Would you say...

- 1 Very Likely
- 2 Somewhat Likely
- 3 Somewhat Unlikely, or
- 4 Very Unlikely?
- 8 DON'T KNOW
- 9 REFUSED

B. Imagine for a moment that you were diagnosed with a serious illness or medical condition. How do you think that you would go about learning more about your condition and the treatments available for this condition? Would you...

- 1 Rely exclusively on your own doctor,
- 2 Rely mainly on your own doctor but do your own research as well,
- 3 Use your doctor as only one source among a number of sources, or
- 4 Use only your own sources without consulting a doctor?
- 8 DON'T KNOW
- 9 REFUSED

HEALTH ATTITUDES & DECISIONS

For this next section I will read a series of statements and for each you will please tell me if you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree. If it does not apply to you, just say so

D1a. When all is said and done, I am the person responsible for managing my health.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 7 Not applicable
- 8 DON'T KNOW/No opinion
- 9 REFUSED

D1b. Taking an active role in my own health care is the most important factor in determining my health and ability to function.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 7 Not applicable
- 8 DON'T KNOW/No opinion
- 9 REFUSED

D1c. I am confident that I can take actions that will help prevent or reduce some symptoms or problems associated with my health.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 7 Not applicable
- 8 DON'T KNOW/No opinion
- 9 REFUSED

D1d. I have been able to maintain the lifestyle changes for my health that I have made.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 7 Not applicable
- 8 DON'T KNOW/No opinion
- 9 REFUSED

D1e. I know how to prevent problems with my health.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 7 Not applicable
- 8 DON'T KNOW/No opinion
- 9 REFUSED

D1f. I am confident I can figure out solutions when new situations or problems arise with my health.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 7 Not applicable
- 8 DON'T KNOW/No opinion
- 9 REFUSED

D1g. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 7 Not applicable
- 8 DON'T KNOW/No opinion
- 9 REFUSED

D3. The following questions are about the amount of information that you would like if you were diagnosed with a potentially serious illness. If you don't know, just say so.

D3a. You should understand completely what is happening inside your body as a result of your illness.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

D3b. Even if the news is bad, you should be well informed.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

D3c. Your doctor should explain the purpose of your laboratory tests.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

D3d. You should be given information only when you ask for it.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

D3e. I trust the doctor to tell me all I really need to know about my health.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

F. LEARNING STYLES

People have different ways that they like to learn or get information. For the following questions, I will read a brief statement and then four or five choices. Please choose the answer which best explains your preference. You may select more than one if you need to.

F1. Do you prefer a teacher or instructor who likes to use:

- 1 One: A textbook, handouts, readings
- 2 Two: Diagrams, charts, graphs
- 3 Three: Field trips, labs, hands-on activities
- 4 Four: Discussions, guest speakers
- 8 DON'T KNOW
- 9 REFUSED

F2. You are going to make something special for your family or friends. Do you:

- 1 Make something without the need for instructions
- 2 Thumb through some books and magazines looking for ideas
- 3 Refer to a specific book where there are good instructions
- 4 Talk it over with some friends
- 8 DON'T KNOW
- 9 REFUSED

F3. You need to give directions to two friends to go to a house nearby. Do you:

- 1 Draw a map on a piece of paper.
- 2 Tell them the directions.
- 3 Write down the directions on a piece of paper.
- 4 Walk them over there yourself.
- 8 DON'T KNOW
- 9 REFUSED

F4. You have a problem with your knee and it hurts when you walk. Would you prefer that the doctor:

- 1 Describe to you what is wrong.
- 2 Give you an article or brochure explaining the common problems with knees.
- 3 Show you a diagram of what is wrong.
- 4 Demonstrate with a model what is wrong.
- 8 DON'T KNOW
- 9 REFUSED

F5. Imagine you were being sent home from the hospital and need to learn to change a bandage yourself. Which way would you learn this procedure the best?

- 1 Watching someone demonstrate it
- 2 Listening to someone explain it to you
- 3 Reading a written handout or pamphlet
- 4 Watching a video
- 5 Trying it yourself
- 8 DON'T KNOW
- 9 REFUSED

G. ACCEPTING RISKS

G5. We are also interested in how much you are generally willing to accept a risk. In comparison to other people, such as your friends, neighbors or co-workers how would you rate your general willingness to take a risk? Would you say you are...

- 1 Much less willing
- 2 Somewhat less willing
- 3 About the same
- 4 Somewhat more willing
- 5 Much more willing
- 8 UNABLE TO RATE
- 9 REFUSED

G3. Some activities involve a "health" risk, such as smoking, working a stressful job, overeating, or using drugs for pleasure.

In general, how would you rate your willingness to accept HEALTH risks? Would you say...

- 1 Much less willing
- 2 Somewhat less willing
- 3 About the same
- 4 Somewhat more willing
- 5 Much more willing
- 8 UNABLE TO RATE
- 9 REFUSED

H. WORD AND NUMBER KNOWLEDGE

Next we'd like to know something about how people go about guessing words they do not know. You may know some of the following words but you may not know quite a few of them. Just take your best guess if you are not sure of the answer, or tell me to skip to the next one.

[Proprietary items deleted on distribution version]

Now, please try to guess the correct answer for these questions about some terms used in the health field:

H6. HYPERTENSION is the medical term for

- 1 A cramp
- 2 High blood pressure
- 3 Feeling very tense
- 8 DON'T KNOW/SKIP

H7. A RANDOMIZED CLINICAL TRIAL would be used to

- 1 Test new drugs
- 2 Find out how well doctors are doing their jobs
- 3 Decide who is responsible for a medical mistake
- 8 DON'T KNOW/SKIP

H8. The COPAY for your clinic visit or hospital bill is

- 1 The amount paid by insurance
- 2 The amount you have to pay
- 3 An amount taken off your bill by the hospital
- 8 DON'T KNOW/SKIP

H9. EPIDEMIOLOGY refers to the

- 1 Study of the health of populations
- 2 Study of diseases of the skin
- 3 Study of diseases of the feet
- 8 DON'T KNOW/SKIP

Please imagine the following scenarios and answer the question that follows.

H10. Imagine that we flip a coin 1,000 times and count how often it comes up "heads." What is your best guess about how many times a fair coin would come up heads in 1,000 flips? (ENTER 9999 FOR DON'T KNOW/REFUSAL)

times out of 1,000.

H11. A person taking a certain drug has a 1% chance of having an allergic reaction. If 1000 people take the drug, how many would you expect to have an allergic reaction? (ENTER 9999 FOR DON'T KNOW/REFUSAL)

person(s) out of 1000

This next section has to do with common health conditions

A12. Have you ever been told by a doctor or other health care provider that you have one of the following health conditions? The first one is Cancer?

- 1 Yes
- 2 No

- 8 DON'T KNOW
- 9 REFUSED

A12a. How about Diabetes?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

A12b. And how about Heart Disease, including Heart Attack or Chest Pain?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

A12c. How about High Blood Pressure?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

(Skip if A12a=1)

A13. Think about what you know about your own health and the health of the members of your family in relation to those conditions. As compared to others your age, please indicate how likely you think it is that you will develop the following diseases in the next 5 years.

Compared to others your age, how likely is it that you will develop CANCER?

- 1 Much More Likely
- 2 Somewhat More Likely
- 3 Neither More nor Less Likely
- 4 Somewhat Less Likely
- 5 Much Less Likely
- 8 DON'T KNOW
- 9 REFUSED

(Skip if A12a=1)

A13a. Compared to others your age, how likely is it that you will develop DIABETES?

- 1 Much More Likely
- 2 Somewhat More Likely
- 3 Neither More nor Less Likely
- 4 Somewhat Less Likely
- 5 Much Less Likely
- 8 DON'T KNOW
- 9 REFUSED

(Skip if A12b=1)

A13b. Compared to others your age, how likely is it that you will develop HEART DISEASE, INCLUDING HEART ATTACK OR CHEST PAIN?

- 1 Much More Likely
- 2 Somewhat More Likely
- 3 Neither More nor Less Likely
- 4 Somewhat Less Likely
- 5 Much Less Likely
- 8 DON'T KNOW
- 9 REFUSED

(Skip if A12c=1)


A13c. Compared to others your age, how likely is it that you will develop HIGH BLOOD PRESSURE?

- 1 Much More Likely
- 2 Somewhat More Likely
- 3 Neither More nor Less Likely
- 4 Somewhat Less Likely
- 5 Much Less Likely
- 8 DON'T KNOW
- 9 REFUSED

J. HEALTH ACTIVITY

The following questions ask about physical activity.

J2. We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 20 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?


- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

J2a. How many days per week do you do these moderate activities for at least 20 minutes? (ENTER 99 FOR DON'T KNOW/REFUSAL)

days per week

J3. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

J3a. How many days per week do you do these vigorous activities for at least 20 minutes? (ENTER 99 FOR DON'T KNOW/REFUSAL)

days per week

K. ALCOHOL AND SMOKING

K1a. How often do you have a drink containing alcohol?

- 1 Never
- 2 Monthly or Less
- 3 2-4 times per month
- 4 2-3 times per week
- 5 4 or more times per week
- 8 DON'T KNOW
- 9 REFUSED


K1b. How many drinks do you have on a typical day when you are drinking?

- 1 None
- 2 1
- 3 2
- 4 3
- 5 4
- 6 5
- 7 6
- 8 7 or more
- 98 DON'T KNOW
- 99 REFUSED

K1c. How often do you have one or more drinks in one sitting?


- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily
- 8 DON'T KNOW
- 9 REFUSED

K2. Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

IF YES:

K2a. Have you smoked at least part of a cigarette in the last 7 days?

- 1 Yes
 - 2 No
 - 8 DON'T KNOW
 - 9 REFUSED
- 

K2b. During a typical week, how many cigarettes do you smoke?
(ENTER 999 FOR DON'T KNOW/REFUSAL)

cigarettes

L1. How much of the time do you try to follow a healthy diet?

- 1 All the time
- 2 Most of the time
- 3 Some of the time
- 4 Occasionally
- 5 Not at all
- 8 DON'T KNOW
- 9 REFUSED

M. SOCIAL SUPPORT

People sometimes look to others for companionship, assistance, or other types of support. Please tell me how often each of the following kinds of support are available to you if YOU need it?

M1a. Someone to help you if you were confined to bed. Would you say...

- 1 Never
- 2 Occasionally
- 3 Some of the Time
- 4 Most of the Time
- 5 All of the Time
- 8 DON'T KNOW
- 9 REFUSED

M1b. Someone you can count on to listen to you when you need to talk. Would you say...

- 1 Never
- 2 Occasionally
- 3 Some of the Time
- 4 Most of the Time
- 5 All of the Time
- 8 DON'T KNOW
- 9 REFUSED

M1c. Someone to give you good advice about a crises. Would you say...

- 1 Never
- 2 Occasionally
- 3 Some of the Time
- 4 Most of the Time
- 5 All of the Time
- 8 DON'T KNOW
- 9 REFUSED

N. HEALTH ATTITUDES

N1a. The following statements are about your general attitude towards your health. Please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree. I am in control of my health

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

N1b. If I take care of myself, I can avoid illness

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

N1c. If I take the right actions, I can stay healthy

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- 8 DON'T KNOW
- 9 REFUSED

P. HEALTH CARE AND HEALTH INSURANCE

P1. We're nearing the end of the interview...

How is most of your medical care paid for?

Health insurance you get through an employer or school

State plan or FAMIS

Medicaid or FAMIS Plus

Medicare or Medicare Plan

} If answered 2-4 skip to P2

Out of pocket

I go to a free clinic and don't pay anything

Reduced payment through financial screening or sliding scale

Other (please specify)

DON'T KNOW/NOT SURE

REFUSED

} If answered 5-9 skip to P7

P2. Who is covered under your health insurance plan? (INTERVIEWER: Select all that apply.)

Self

Spouse

Child / Children

Others (Please specify)

DON'T KNOW

REFUSED

No more/Go on

P3. In general, how satisfied are you with your health insurance or plan?

1 Very satisfied

2 Somewhat satisfied

3 Somewhat dissatisfied

4 Very dissatisfied

8 DON'T KNOW

9 REFUSED

P4. For how many years have you had your current health insurance plan?

(Enter "0" if less than six months.) (ENTER 99 FOR DON'T KNOW/REFUSAL)

year(s)

P5. In the past 12 months have you considered changing your health plan for any reason?

- 1 Yes
- 2 No
- 3 Not sure
- 8 DON'T KNOW
- 9 REFUSED



P5a. For what reasons did you consider changing?

(INTERVIEWER: CODE FROM ANSWER OR READ AS NECESSARY)

- Cost concerns
- Change in job
- Change in marital status
- Change in number of dependents
- Dissatisfaction with coverage or benefits provided
- Preferred doctor no longer in plan
- Other, (please specify)
- DON'T KNOW
- REFUSED

P6. What information did you use when you selected your current health insurance plan? I'll read a list to help you remember. You can pick any that apply. (INTERVIEWER: Select all that apply.)

- Cost (monthly premium or amount deducted from your payroll check)
- Out-of-pocket expenses (deductibles, etc.)
- Coverage or benefits provided
- Size of physician network
- Size of specialist network
- Whether current physician is in network
- Choice of hospital
- Reputation of insurance company
- Independent expert ratings of plan quality
- Consumer ratings of plan quality
- None, I had no choice of plans
- Can't recall / don't remember
- Other, (please specify)
- DON'T KNOW
- REFUSED

P7. Over the past 12 months, has anyone in your family changed the person or place where they usually go if they are sick or need advice about their health?

- 1 Yes
- 2 No
- 3 Not sure
- 8 DON'T KNOW
- 9 REFUSED



P7a. Why did this change occur? (INTERVIEWER: Select all that apply.)

- Family /person changed insurance plans
- Insurance plan changed doctors it covers
- Dissatisfied with quality of care
- Health care needs changed
- Too far away
- Moved to new area
- Old provider no longer available
- Other (please specify)
- Not sure
- DON'T KNOW
- REFUSED

P9. If you are making a decision about health insurance plans, what level of detail do you prefer?

- 1 A brief summary of the most important information for each plan
- 2 About a one-page description of each plan
- 3 Several pages of information about each plan
- 4 A full explanation of all benefits offered by each plan
- 8 DON'T KNOW
- 9 REFUSED

P10. If you are making a decision about health insurance plans where do you prefer to get your information from? I'll read a list to help you remember. You can pick any that apply. (INTERVIEWER: Select all that apply.)

- Employer
- Government agencies
- Medical associations
- Consumer organizations / Non-profit organization / advocacy groups
- Family and friends
- Your own doctor or nurse
- Patient advocacy organizations
- Insurance company's materials or website
- Other (Please specify)
- DON'T KNOW
- REFUSED

P11. How do you prefer to get this information? Again, I'll read a list. You can pick any that apply.
(INTERVIEWER: Select all that apply.)

- Personal meeting with an insurance representative or benefits specialist
- Group informational seminar or meeting
- Telephone
- Email
- Website
- Regular postal mail
- Flyer posted in a public place
- Other (Please specify)
- DON'T KNOW
- REFUSED

These last questions are about you and your household. These questions are for statistical purposes only and, like all questions on this survey, your answers are confidential.

What is the zip code of your present address?

(Enter "88888" for don't know; enter "9999" for refused)

In what year were you born?

How many persons under 18 live in your household? (enter 99 for don't know or refusal)

persons

IF THERE IS PERSON UNDER 18, ASK THIS QUESTION

UNDER2. Are any of those children less than 2 years old?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

EMPLOY. How would you describe your current employment situation?

- 1 Working full-time
- 2 Working part-time
- 3 Unemployed, looking for work
- 4 Unemployed, not looking for work
- 5 Retired
- 6 In school
- 7 Homemaker, not working outside of home
- 8 Other (Please specify: _____)

What is your height?

_____ Feet (Height1) _____ Inches (Height1a)
0 FOR DON'T KNOW or REFUSED

IF THE RESPONSE IS IN METERS AND CENTIMETERS:

What is your height?

_____ Meters (Height2) _____ Centimeters (Height2a)
0 FOR DON'T KNOW or REFUSED

What is your current weight?

_____ Pounds (Weight1)
0 FOR DON'T KNOW or REFUSED

IF THE RESPONSE IS IN Kilograms:

What is your current weight?

_____ Kilograms (Weight2)
0 FOR DON'T KNOW or REFUSED

MARITAL. What is your current marital status?

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never married
- 9 REFUSED

EDLEV. What is the highest level of education you completed?

- 1 Less than 9th grade
- 2 9th-12th grade, but did not finish high school
- 3 High school graduate
- 4 Some college, but no degree
- 5 2 year college degree/A.A./A.S.
- 6 4 year college degree/B.A./B.S.
- 7 Some graduate work
- 8 Completed Master's or professional degree M.A./M.S./M.D./J.D.
- 9 Advanced graduate work or Ph.D.
- A REFUSED

INCOME. I am going to read a list of income ranges. Would you please stop me when I read the range that best describes your household income from all sources? That would be before taxes and other deductions.

- 1 Less than \$15,000
- 2 \$15,000 to \$34,999
- 3 \$35,000 to \$49,999
- 4 \$50,000 to \$74,999
- 5 \$75,000 to \$99,999
- 6 \$100,000 to \$149,999
- 7 \$150,000 or more
- 8 DON'T KNOW
- 9 REFUSED

HISPANIC. Do you consider yourself to be of Hispanic origin?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

LANGUAGE. Do you usually speak a language other than English at home?

- 1 Yes
- 2 No
- 8 DON'T KNOW
- 9 REFUSED

↓

LANG2. What language would that be?

- Spanish
- Korean
- Vietnamese
- Farsi
- Urdu
- Chinese
- Arabic
- Amharic
- Other (Please specify: _____)
- DON'T KNOW
- REFUSED

RACE. Which category best describes your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 American Indian
- 5 Pacific Islander
- 6 Other (Please specify: _____)
- 8 DON'T KNOW
- 9 REFUSED

RANY. Finally, did you have any other comments or thoughts you would like to share about obtaining health care information?

THANK YOU.

Those are all the questions I have for you. Thank you very much for participating. We appreciate the time you have taken to complete this interview.

[READ IF NECESSARY:] If you have any questions on the purpose of this study, you can call Dr. Wendy Cohn at the UVA Department of Public Health Sciences. Her number is 434-924-8565, or you can call Professor Tom Guterbock, Director of the Center for Survey Research at 434-243-5223 or 1-800-CSR-POLL (800-277-7655).