

***Distribution version of pilot instrument.
Proprietary items masked.***

Survey of Health Information Preferences

A Statewide Survey of Virginia Residents

About this survey: The amount of information available to people about health can be overwhelming. People have different ways they like to get information about health matters and this questionnaire is intended to better understand these issues. The Center for Survey Research (CSR) is conducting this study in cooperation with the Consumer Health Education Institute at the University of Virginia. Your responses are valuable because they will provide educators with important information about how to improve the way information about health care is provided to patients. Please take a few minutes to complete this questionnaire and return it as soon as possible. It should take about 25-35 minutes to complete.

General instructions: Many of the questions in this booklet are answered by circling a single number to indicate your choice. Other questions call for several answers. On these, please just check off the boxes for all the choices that apply to you. If a question does not apply to you, please select the appropriate response option (N/A means “Not Applicable”) or follow the instructions to skip the question and go on to the next one. We've provided ample space at the end of this booklet for you to write additional comments if you wish.

Mailing back: When you're finished, just put the booklet into the prepaid return envelope and mail it back to the Center for Survey Research by U.S. mail.

Confidentiality: CSR will keep your responses completely confidential. The questionnaire has an identification number for mailing purposes only. This allows CSR to check your name off of the mailing list when your survey is returned. Your name will never be placed on the questionnaire. Your answers will be reported in a statistical form that does not identify any individual's opinion.



A. GENERAL HEALTH QUESTIONS

First, we would like to ask a few questions about your health, your family's health, and how you get your health care.

(Please circle the appropriate number.)

A1. In general, how would you rate your own health?[AEM1]

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

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

- 1 None
- 2 1-2 times
- 3 3-5 times
- 4 6-10 times
- 5 More than 10 times

A3. In the last 12 months, how many times did you go to a doctor's office or clinic to get care for yourself? (Do not count any times you went to an emergency room.)

- 1 None
- 2 1-2 times
- 3 3-5 times
- 4 6-10 times
- 5 More than 10 times

A4. In the last 12 months, have you been a patient in a hospital overnight or longer?

- 1 Yes
- 2 No

A5. In the last 12 months, did you get any new prescription medicine or refill a prescription?

- 1 Yes
- 2 No

A6. In general, how satisfied are you with the quality of health care that you receive?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied

A7. Do you anticipate that your use of medical services in the next twelve months will be . . .

- 1 The same as the last twelve months
- 2 Less than the last twelve months
- 3 More than last twelve months

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

A8. Do you have at least one person you think of as your personal doctor or nurse?[tmg5] (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

IF YES:

A8a. In general, how satisfied are you with your personal doctor or nurse?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 Not applicable: Do not have a personal doctor or nurse

A9. Do you now have any physical or medical problems or conditions that have lasted for at least 3 months? (Women: DO NOT include pregnancy.)

- 1 Yes
- 2 No

A10. In the past three months, have you had an illness or been injured?[AEM6]

- 1 Yes
- 2 No

IF YES:

A10a. What kind of illness or injury did you have?

Please specify: _____

I'd rather not say

A10b. 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

A11. Does any disability, handicap, or chronic disease keep you from participating fully at a job, school, housework, or other activities?[AEM9]


- 1 Yes
- 2 No

A12. Is there anyone in your immediate family who is not in good health or who currently has a serious health condition? ("Immediate family" includes parents, siblings, spouse, children, or any other relative you feel especially close to.)

- 1 Yes
- 2 No

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

A13. In the past three months, has anyone in your immediate family had an illness or been injured?

- 1 Yes _____
 - 2 No
- 


IF YES:

A13a. What kind of illness or injury did he or she have?
Please specify: _____
 I'd rather not say

A13b. 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

A14. 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?[AEM13]

- 1 Yes _____
 - 2 No
- 

IF YES:

A14a. 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?[AEM14]

- 1 I am primary caregiver
- 2 I share responsibility with someone else
- 3 Someone else is primarily responsible
- 4 No caregiver is needed

A15. Have you ever been told by a doctor or other health care provider that you have one of the following health conditions? (*Check all that apply.*)

- Cancer
- Diabetes
- Heart disease including heart attack or chest pain
- High blood pressure
- Asthma or other lung problems
- Stroke
- I have not had any of these

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

A16. Think about what you know about your own health and the health of the members of your family. 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. [AEM15]

	Much More Likely	Somewhat More Likely	Neither More nor Less Likely	Somewhat Less Likely	Much Less Likely	Don't Know	N/A: I Already Have This Condition
a) Cancer	1	2	3	4	5	8	9
b) Diabetes	1	2	3	4	5	8	9
c) Heart disease	1	2	3	4	5	8	9
d) High Blood Pressure	1	2	3	4	5	8	9
e) Asthma/Lung Problems	1	2	3	4	5	8	9
f) Stroke	1	2	3	4	5	8	9

A17. Are there any other diseases that you think you are more likely than others your age to develop during the next 5 years?[AEM17]

- 1 Yes (Please specify: _____)
- 2 No

B. HEALTH INFORMATION SOURCES

Next, we would like to ask a few questions about health information that you may have sought in the past.

B1. 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?[AEM18] 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?

B2. During the last 12 months, have you looked for information about any health-related issue for yourself, your family, or friends? [AEM19]

- 1 Yes
- 2 No → if you answered NO, skip to Question B7, on Page 6

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

B3. Which of the following health-related areas have you tried to find out about? (*Check all that apply.*) [AEM20] Information about...

- A specific disease or medical problem
- A certain medical treatment or procedure
- Prescription or over the counter drugs
- An experimental treatment or an experimental drug
- Alternative or unconventional treatments or medicines
- Diet, nutrition, vitamins, or nutritional supplements
- Exercise or fitness
- Immunizations or vaccinations
- How to quit smoking
- Problems with drugs or alcohol
- Depression, anxiety, stress, or mental health issues
- A particular doctor, dentist, or hospital
- Health insurance
- Aging
- Medicare or Medicaid
- Other health-related area (*Please specify:* _____)

B4. Were you looking for information or answers for . . . [AEM21] (*Please check all that apply.*)

- yourself
- a member of your immediate family
- a close friend
- someone else

B5. Where did you look for this information or answers to your health-related questions? (*Check all that apply.*) [AEM23]

- Conversation with health care professional (doctor, nurse practitioner, nurse, etc.)
- Pamphlets, brochure, or handouts provided in doctor's office or hospital
- Family and/or friends
- Patient support or advocacy group
- Television
- Radio
- Newspapers or magazines
- Books
- Medical journals
- Internet website
- Internet books, journals, or other online reference materials
- Internet chat rooms, bulletin boards, listserves, or usenet groups
- Pastor or spiritual advisor
- Other (*Please specify:* _____)

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

B6. When you had questions, how satisfied were you with the health-related information and answers you got from each source? If you did not use a given source, please circle “8.”[AEM25]

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	N/A: Haven't Used It
a. Conversation with health care professional (doctor, nurse, etc.)	1	2	3	4	8
b. Pamphlets, brochure, or handouts provided in doctor's office or hospital	1	2	3	4	8
c. Family and/or friends	1	2	3	4	8
d. Patient support or advocacy group	1	2	3	4	8
e. Television	1	2	3	4	8
f. Radio	1	2	3	4	8
g. Newspapers or magazines	1	2	3	4	8
h. Books	1	2	3	4	8
i. Medical journals	1	2	3	4	8
j. Internet website	1	2	3	4	8
k. Internet books, journals, or other online reference materials	1	2	3	4	8
l. Internet chat rooms, bulletin boards, listserves, or usenet groups	1	2	3	4	8
m. Pastor or spiritual advisor	1	2	3	4	8

B7. For each information source listed below, please indicate how much of the time you would trust health information from that source.

	Just About Always	Most of the Time	Some of the Time	Never or Almost Never	N/A: Haven't Used It
a. Conversation with health care professional (doctor, nurse, etc.)	1	2	3	4	8
b. Pamphlets, brochure, or handouts provided in doctor's office or hospital	1	2	3	4	8
c. Family and/or friends	1	2	3	4	8
d. Patient support or advocacy group	1	2	3	4	8
e. Television	1	2	3	4	8
f. Radio	1	2	3	4	8
g. Newspapers or magazines	1	2	3	4	8
h. Books	1	2	3	4	8
i. Medical journals	1	2	3	4	8
j. Internet website	1	2	3	4	8
k. Internet books, journals, or other online reference materials	1	2	3	4	8
l. Internet chat rooms, bulletin boards, listserves, or usenet groups	1	2	3	4	8
m. Pastor or spiritual advisor	1	2	3	4	8

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

B8. How likely would you be to obtain health information from each of the following in the future?[AEM26]

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
a. Conversation with health care professional (doctor, nurse, etc.)	1	2	3	4
b. Pamphlets, brochure, or handouts provided in doctor's office or hospital	1	2	3	4
c. Family and/or friends	1	2	3	4
d. Patient support or advocacy group	1	2	3	4
e. Television	1	2	3	4
f. Radio	1	2	3	4
g. Newspapers or magazines	1	2	3	4
h. Books	1	2	3	4
i. Medical journals	1	2	3	4
j. Internet website	1	2	3	4
k. Internet books, journals, or other online reference materials				
l. Internet chat rooms, bulletin boards, listserves, or usenet groups	1	2	3	4
m. Pastor or spiritual advisor	1	2	3	4

C. COMPUTER AND INTERNET USE

The following questions are about your typical computer and Internet usage.

C1. Do you use a computer at your workplace, at school, at home, or anywhere else on at least an occasional basis?[AEM28]

- 1 Yes
- 2 No → If you answered NO, skip to Section D

C2. Do you use the Internet at your workplace, at school, at home, or anywhere else on at least an occasional basis?[AEM29]

- 1 Yes
- 2 No → If you answered NO, skip to Section D

C3. During a typical week, about how many hours do you spend on the Internet for non-work related purposes? _____ hours

C4. Where do you most often use the Internet for non-work related purposes? (Please circle only one.)[AEM32]

- 1 Home
- 2 School
- 3 Work
- 4 Library
- 5 Internet café
- 6 Other (Please specify: _____)

D. HEALTH ATTITUDES & DECISIONS

D1. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. If the statement does not apply to you, circle "8" for N/A.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N/A
a. When all is said and done, I am the person who is responsible for managing my health.	1	2	3	4	5	8
b. Taking an active role in my own health care is the most important factor in determining my health and ability to function.	1	2	3	4	5	8
c. I am confident that I can take actions that will help prevent or reduce some symptoms or problems associated with my health.	1	2	3	4	5	8
d. I know what each of my prescribed medications does.	1	2	3	4	5	8
e. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.	1	2	3	4	5	8
f. I am confident I can tell a doctor concerns I have even when he or she does not ask.	1	2	3	4	5	8

D2. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. If the statement does not apply to you, circle "8" for N/A.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N/A
--	-----------------------	-----------------------	-----------------------------------	--------------------------	--------------------------	------------

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

a. I am confident that I can follow through on medical treatments I may need to do at home.	1	2	3	4	5	8
b. I understand the nature and causes of my health problems.	1	2	3	4	5	8
c. I know the different medical treatment options available for my health conditions.	1	2	3	4	5	8
d. I have been able to maintain the lifestyle changes for my health that I have made.	1	2	3	4	5	8
e. I know how to prevent problems with my health.	1	2	3	4	5	8
f. I am confident I can figure out solutions when new situations or problems arise with my health.	1	2	3	4	5	8
g. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.	1	2	3	4	5	8

D3. The following questions are about the amount of information that you would like if you were diagnosed with a potentially serious illness. Please imagine that you have been recently diagnosed and answer the following questions.[AEM36] Please circle the number that most closely matches how you feel about each statement.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Don't know
a. You should understand completely what is happening inside your body as a result of your illness.	1	2	3	4	5	8
b. Even if the news is bad, you should be well informed.	1	2	3	4	5	8
c. As you become sicker you should be told more and more about your illness.	1	2	3	4	5	8
d. Your doctor should explain the purpose of your laboratory tests.	1	2	3	4	5	8
e. You should be given information only when you ask for it.	1	2	3	4	5	8
f. It is important for you to know all the side effects of your medication.	1	2	3	4	5	8
g. Information about your illness is as important to you as treatment.	1	2	3	4	5	8
h. When there is more than one method to treat a problem, you should be told about each one.	1	2	3	4	5	8

E. EVERYDAY BEHAVIORS

E1. We've asked a lot of questions about health matters. The next set of questions are about your behavior in some day-to-day tasks. For each, please circle the number that most closely matches how much you agree or disagree with each statement:

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N/A
a. When I am in the car listening to the radio, I often check other stations to see if something better is playing, even if I'm relatively satisfied with what I'm listening to.	1	2	3	4	5	8
b. No matter how satisfied I am with my job, it's only right for me to be on the lookout for better opportunities.	1	2	3	4	5	8
c. I often fantasize about living in ways that are quite different from my actual life.	1	2	3	4	5	8
d. I often find it difficult to choose a gift for a friend.	1	2	3	4	5	8
e. Renting videos is really difficult. I'm always struggling to pick the best one.	1	2	3	4	5	8

F. LEARNING STYLES

People have different ways that they like to learn or get information. For the following questions, choose the answer which best explains your preference and circle the number next to it. [AEM39] You may circle more than one if necessary to best show what you would prefer.

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

- 1 A textbook, handouts, readings
- 2 Diagrams, charts, graphs
- 3 Field trips, labs, hands-on activities
- 4 Discussions, guest speakers

F2. You want to plan a surprise party for your best friend's birthday. Do you:

- 1 Talk about it on the phone with your other friends
- 2 Make lists of what to do and what to buy
- 3 Picture the party activities in your mind
- 4 Invite friends and let it develop

F3. 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

F4. A new movie has arrived in town. What would most influence your decision to go (or not go)?

- 1 Hearing a radio review about it
- 2 Reading a review about it

- 3 Seeing a preview of it

F5. Recall a time in your life when you learned how to play a new board game. How did you learn best?
By:

- 1 Watching others do it first
- 2 Reading instructions.
- 3 Listening to somebody explaining it.
- 4 Doing it or trying it for yourself.

F6. 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.

F7. 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 that explains the common problems with knees.
- 3 Show you a diagram of what is wrong.
- 4 Demonstrate with a model what is wrong.

F8. 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 Written handout or pamphlet
- 4 Watching a video
- 5 Trying it yourself

G. ACCEPTING RISKS

We are also interested in how much you are generally willing to accept a risk. We are going to ask you about different kinds of risks. Please rate your willingness to accept each type of risk. [AEM50]

G1. Some activities involve a "physical" risk. For example, there are physical risks in some occupations (like coal miner or fire fighter) or sports (like rock-climbing) or transportation (like driving a car, riding a bike, flying in an airplane). Physical risk means there is a risk of getting injured in an accident or possibly even death.

In general, how would you rate your willingness to accept physical risks?

- 1 very low
- 2 somewhat low
- 3 medium
- 4 somewhat high
- 5 very high
- 6 *unable to rate*

G2. Some activities involve a "financial" risk. For example: starting a new business, investing in the stock market, gambling (like in a casino) or betting (on horses, for example). Financial risk means there is a risk of losing money or other assets.

In general, how would you rate your willingness to accept financial risks?

- 1 very low
- 2 somewhat low
- 3 medium
- 4 somewhat high
- 5 very high
- 6 *unable to rate*

G3. Some activities involve a "health" risk, such as smoking, working a stressful job, traveling to some countries overseas, overeating, staying out in the sun too long, having unprotected sex, or using drugs for pleasure. Health risk means there is a risk of getting a harmful disease or damaging your health.

In general, how would you rate your willingness to accept health risks?

- 1 very low
- 2 somewhat low
- 3 medium
- 4 somewhat high
- 5 very high
- 6 *unable to rate*

G4. Some activities involve a "social" risk. There is social risk from being very outspoken, or showing uncommon interests and hobbies, or behaving in an unusual manner, doing things that others disapprove of, or saying things that are controversial. There is social risk when there is a risk of losing the respect and acceptance of others and harming one's standing in the community.

In general, how would you rate your willingness to accept social risks?

- 1 very low
- 2 somewhat low
- 3 medium
- 4 somewhat high
- 5 very high
- 6 *unable to rate*

G5. In summary, how would you rate your general willingness to take a risk in comparison to other people, such as your friends, neighbors or co-workers?

- 1 much less willing
- 2 somewhat less willing
- 3 about the same
- 4 somewhat more willing
- 5 much more willing
- 6 *unable to rate*

H. WORD AND NUMBER KNOWLEDGE

You are now going to take a small vocabulary quiz, involving some medical and non-medical words. You may know some of the following words but you may not know quite a few of them. Please

don't ask a friend or consult a dictionary – we want you to take your best guess. If you don't know an answer you can simply leave the item blank.

On each line the first word is in capital letters—like BEAST. Then there are three other words or phrases. Please circle the number of the word that comes closest to the meaning of the word in capital letters. For example, if the word in capital letters is BEAST, you would circle “3” since “animal” comes closer to BEAST than any of the other words.

[AEM52]

EXAMPLE:	
BEAST	
1	Afraid
2	Words
3	Animal

Some of these words are difficult for almost everyone—just circle your best guess if you are not sure of the answer.

H1. [GSS WORD B]

- 1 GSS choice 2
- 2 GSS choice 4
- 3 **GSS choice 5

Vocabulary items used by permission of the NORC General Social Surveys. The actual words used are proprietary test items and are not for public distribution. Original GSS items offered five choices for each of 10 words. ** indicates correct choice.

H2. [GSS WORD E]

- 1 **GSS choice 1
- 2 GSS choice 2
- 3 GSS choice 5

H3. [GSS WORD D]

- 1 GSS choice 2
- 2 **GSS choice 3
- 3 GSS choice 5

H4. [GSS WORD G]

- 1 GSS choice 1
- 2 GSS choice 3
- 3 **GSS choice 5

H5. [GSS WORD H]

- 1 **GSS choice 4
- 2 GSS choice 3
- 3 GSS choice 2

Now, please try to circle 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

H7. ANTIBIOTICS are used to

- 1 stop the spread of viruses
- 2 fight bacterial infections
- 3 prevent allergies

H8. FEBRILE is a term that means

- 1 being senile
- 2 having a fever
- 3 having difficulty walking

H9. 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

H10. The COPAY amount for your clinic visit or on your 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

H11. 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

Please imagine the following scenarios and answer the question that follows.[AEM56] Put your answer in the space provided.

H12. Imagine that we flip a fair coin 1,000 times. What is your best guess about how many times the coin would come up heads in 1,000 flips?

_____ times out of 1,000.

H13. A person taking Drug A has a 1% chance of having an allergic reaction. If 1000 people take Drug A, how many would you expect to have an allergic reaction?

_____ person(s) out of 1000

H14. A person taking Drug B has a 1 in 1,000 chance of an allergic reaction. What percent of people taking Drug B will have an allergic reaction?

_____ %

J. HEALTH ACTIVITY

The following questions ask you to describe your typical behavior regarding physical activity. Please circle the number that most closely corresponds to your typical behavior.[AEM57]

J1. Which of the following best describes what you do on a daily basis? Would you say . . .

- 1 Mostly sitting or standing
- 2 Mostly walking, or

3 Mostly heavy labor or physically demanding work

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.

J2. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 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

IF YES:
 J2a. How many days per week do you do these moderate activities for at least 10 minutes?
 _____ days per week

J3. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 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

IF YES:
 J3a. How many days per week do you do these vigorous activities for at least 10 minutes?
 _____ days per week

K. ALCOHOL AND SMOKING

We are also interested in your typical alcohol consumption and smoking behavior. For the following questions, a drink of alcohol is defined as 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.[AEM58]

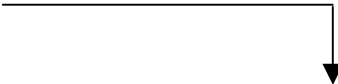
K1. During the past 30 days, did you have at least 1 drink of any alcoholic beverage?

- 1 Yes _____
- 2 No drinks in the past 30 days
- 9 Don't know / Not sure

IF YES:
 K1a. Considering all types of alcoholic beverages, how many days per month do you have at least one drink? _____
 K1b. On the days when you drank, about how many drinks did you drink on average? _____
 K1c. How many times during the past 30 days did you have 5 or more (if male) or 4 or more (if female) drinks on one occasion? _____

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

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

- 1 Yes
 - 2 No
- 

IF YES:

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

- 1 Yes
- 2 No → *If you answered NO , then skip to Section L*

K2b. During a typical week, how many cigarettes do you smoke? _____

L. FOOD CHOICES

L1. Think about your eating habits over the past year or so. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks and eating out. Circle one number for each food.

	0-1 times a MONTH	2-3 times a MONTH	1-2 times a WEEK	3-4 times a WEEK	5+ times a WEEK	Don't Know
a. Hamburgers, ground beef, meat burritos, tacos	1	2	3	4	5	9
b. Cold cuts, lunch meats, ham (not low-fat)	1	2	3	4	5	9
c. Fruit, fresh or canned (not counting juice)	1	2	3	4	5	9
d. Fruit juice, like orange, apple, grape, fresh, frozen or canned. (Not sodas or other drinks)	1	2	3	4	5	9
e. Green salad	1	2	3	4	5	9
f. Any other vegetables, including string beans, peas, corn, broccoli or any other kind	1	2	3	4	5	9
g. Doughnuts, pastries, cake, cookies (not low-fat)	1	2	3	4	5	9

M. SOCIAL SUPPORT

M1. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

	Never	Occasionally	Some of the Time	Most of the Time	All of the Time
a. Someone to help you if you were confined to bed	1	2	3	4	5
b. Someone you can count on to listen to you when you need to talk	1	2	3	4	5
c. Someone to give you good advice about a crisis	1	2	3	4	5
d. Someone who shows you love and affection	1	2	3	4	5
e. Someone to give you information to help you understand a situation	1	2	3	4	5
f. Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
g. Someone whose advice you really want	1	2	3	4	5
h. Someone to share your most private worries and fears with	1	2	3	4	5
i. Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5

N. HEALTH ATTITUDES

N3. The following questions are about your general attitude towards your health. Please circle the number that most closely matches how you feel about each statement. [AEM60]

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	N/A
a. I handle myself well with respect to my health.	1	2	3	4	5	8
b. No matter how hard I try, my health just doesn't turn out the way I would like.	1	2	3	4	5	8
c. It is difficult for me to find effective solutions to the health problems that come my way.	1	2	3	4	5	8
d. I succeed in the projects I undertake to improve my health.	1	2	3	4	5	8
e. I'm generally able to accomplish my goals with respect to my health.	1	2	3	4	5	8
f. I find my efforts to change things I don't like about my health are ineffective.	1	2	3	4	5	8
g. Typically, my plans for my health don't work out well.	1	2	3	4	5	8
h. I am able to do things for my health as well as most other people.	1	2	3	4	5	8
i. If I get sick, it is my own behavior which determines how soon I get well again.	1	2	3	4	5	8
j. I am in control of my health.	1	2	3	4	5	8
k. When I get sick, I am to blame.	1	2	3	4	5	8
l. The main thing which affects my health is what I myself do.	1	2	3	4	5	8
m. If I take care of myself, I can avoid illness.	1	2	3	4	5	8
n. If I take the right actions, I can stay healthy.	1	2	3	4	5	8

P. HEALTH CARE AND HEALTH INSURANCE

P1. How is most of your medical care paid for? (Please circle one number.)

- 1 Health insurance paid for by you (or your family) or through your employer/school → Go to P1a
- 2 State plan or FAMIS
- 3 Medicaid or FAMIS Plus
- 4 Medicare or Medicare Plan
- 5 Out of pocket
- 6 I go to a free clinic and don't pay anything
- 7 Reduced payment through financial screening or sliding scale → If you answered 5-9, skip to P7
- 8 Other (please specify): _____
- 9 Not sure

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

IF YOU HAVE HEALTH INSURANCE YOU PAY FOR (choice #1 for P1):

P1a. Who pays for most of your insurance?

- 1 My employer
- 2 My spouse's employer or my parent's employer
- 4 My school or university
- 5 It is paid entirely by me
- 6 Other (*Please specify:* _____)

P2. Who is covered under your health insurance plan? (*Check all that apply.*)

- Self
- Spouse
- Child / Children
- Others (*Please specify:* _____)

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

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

(*Enter "0" if less than six months.*) ____ 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



IF YES:

P5a. For what reasons did you consider changing?

- 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* _____)

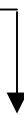
HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

P6. What information did you use when you selected your current health insurance plan? (Check 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 _____)

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



If YES:

P7a. Why did this change occur? (Check 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

P8. When you are considering a health insurance plan do you prefer:

- 1 All comparative information available
- 2 Only information about the benefits I know I need

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

- 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

P10. If you are making a decision about health insurance plans where do you prefer to get your information from? *(Check all that apply.)*

- Employer
- Government agencies
- Medical associations
- Consumer organizations / Non-profit organization / Advocacy group
- Family and friends
- My own doctor or nurse
- Patient advocacy organizations
- Insurance company's materials or website
- Other *(Please specify: _____)*

P11. How do you prefer to get this information? *(Check all that apply.)*

- Personal meeting with an insurance representative or benefits specialist
- Group informational seminar or meeting
- Telephone
- Email
- Regular postal mail
- Flyer posted in a public place
- Website
- Other *(Please specify: _____)*

Q. HOUSEHOLD

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. [AEM62]

Q1. In what year were you born? 19_____

Q2. How many persons live in your household age 18 or older, including yourself? _____

Q3. How many persons under 18 live in your household? _____

<i>IF THERE ARE CHILDREN IN THE HOUSEHOLD:</i>	
Q4. Are any of those children less than 2 years old?	
1	Yes
2	No

Q5. How would you describe your current employment situation? *(Circle only one.)*

- 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: _____)*

HEALTH INFORMATION PREFERENCES QUESTIONNAIRE

Q6. Are you currently employed in health care?[AEM63]

- 1 Yes
- 2 No

Q7. Have you ever had any specialized training in a health field or in one of the health sciences?

- 1 Yes (*Please describe:* _____)
- 2 No

Q8. Are you . . . ?

- 1 male
- 2 female

Q9. What is your height?

____ Feet ____ Inches (*OR* ____ Meters ____ Centimeters)

Q10. What is your current weight?

_____ pounds (*OR* ____ Kilograms)

Q11. What is your current marital status?

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

Q12. 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.

Q13. What was your total household (family) income for the previous year (before taxes and other deductions)? (*Circle only one.*)

- 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

Q14. Do you consider yourself to be of Hispanic origin?

- 1 Yes
- 2 No

Q15. 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: _____)

R. YOUR THOUGHTS

R1. How do you make decisions about health care? Please share with us any additional information about how you seek and use information about health care.

R2. What did you think of this survey? We would appreciate your comments, positive or negative.

R3. If you have any other comments or thoughts you would like to share, please write them here.

Thank you for completing this survey!

Lost your envelope?
Please return the survey to us at:
Center for Survey Research
University of Virginia, P.O. Box 400767
Charlottesville, VA 22904-4767