

**HEALTH eCOMMUNITIES PROJECT  
 EXISTING SUBSCRIBER TELEPHONE INTERVIEW**

<b>The first few questions are about Internet mailing lists and online resources.</b>	
<b>1. Through which mailing list did you enroll in this project? (use list below for proper names)</b>	<input type="text"/>
<b>2. To which of the following mailing lists are you now subscribed? Please tell me all that apply.</b>	<input checked="" type="checkbox"/>
<b>a. AML (Acute Myelogenous Leukemia)</b>	<input type="checkbox"/>
<b>b. Carcinoid</b>	<input type="checkbox"/>
<b>c. Caregivers</b>	<input type="checkbox"/>
<b>d. CLL (Chronic Lymphocytic Leukemia)</b>	<input type="checkbox"/>
<b>e. CML (Chronic Myelogenous Leukemia)</b>	<input type="checkbox"/>
<b>f. Colon</b>	<input type="checkbox"/>
<b>g. CTCL-MF (CTCL Mycosis Fungoides)</b>	<input type="checkbox"/>
<b>h. Desmoid</b>	<input type="checkbox"/>
<b>i. EC (Esophageal)</b>	<input type="checkbox"/>
<b>j. Kidney-Onc</b>	<input type="checkbox"/>
<b>k. L-M-Sarcoma</b>	<input type="checkbox"/>
<b>l. LT-Survivors</b>	<input type="checkbox"/>
<b>m. Lung-NSCLC (Non Small Cell Lung Cancer)</b>	<input type="checkbox"/>
<b>n. MPD-NET (Myeloproliferative Disorders)</b>	<input type="checkbox"/>
<b>o. Myeloma</b>	<input type="checkbox"/>

<b>p. Ovarian</b>	<input type="checkbox"/>				
<b>q. Pancreas-ONC</b>	<input type="checkbox"/>				
<b>r. Prostate</b>	<input type="checkbox"/>				
<b>s. TC-NET (Testicular)</b>	<input type="checkbox"/>				
<b>t. Thyroid-ONC</b>	<input type="checkbox"/>				
<b>u. Other (please specify)</b>	<input type="text"/>				
<b>3. Besides ACOR, do you use any of the following? Please tell me all that apply.</b>	<input checked="" type="checkbox"/>				
<b>a. eMail mailing list (other than ACOR lists)</b>	<input type="checkbox"/>				
<b>b. Chat (e.g., IM, IRC, chat rooms, etc.)</b>	<input type="checkbox"/>				
<b>c. Message board or forum</b>	<input type="checkbox"/>				
<b>d. Weblog (blog)</b>	<input type="checkbox"/>				
<b>e. Livejournal</b>	<input type="checkbox"/>				
<b>f. Bulletin boards</b>	<input type="checkbox"/>				
<b>g. Guest books</b>	<input type="checkbox"/>				
<b>h. Other Internet community (please specify)</b>	<input type="text"/>				
<b>The next questions are about your reasons for being in the ACOR mailing list to which you subscribe. If you subscribe to more than one ACOR group, use the one in which you are most active.</b>					
<b>4. Please tell me how much you disagree or agree with each of the following items. You're on the mailing list...</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Strongly Disagree</td> <td style="width: 25%;">Disagree</td> <td style="width: 25%;">Agree</td> <td style="width: 25%;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
<b>a. To get support from others Do you strongly disagree, disagree, agree, or strongly agree?</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%; height: 20px;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>b. To get information about how to deal with cancer</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%; height: 20px;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Do you strongly disagree, disagree, agree, or strongly agree?</b>						
c. <b>To see how others with your cancer are doing</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. <b>To find out about the latest cancer treatments or post-cancer treatments</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. <b>To find out how to deal with the <u>side effects</u> of cancer treatments</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
f. <b>To find out how to deal with the <u>late effects</u> of cancer treatments</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>5. You're on the mailing list...</b>	<table border="1"> <tr> <td>Strongly Disagree</td> <td>Disagree</td> <td>Agree</td> <td>Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree	
Strongly Disagree	Disagree	Agree	Strongly Agree			
a. <b>To help others</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
b. <b>To get ideas about how to talk with your doctor about your illness</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. <b>To help you make decisions about what is the best cancer treatment or post-cancer treatment for you</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
d. <b>To help reduce your uncertainty about which treatments are best for you</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
e. <b>To find other people with similar issues</b> <b>Do you strongly disagree, disagree, agree, or strongly agree?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>6. <u>During the past 7 days</u>, how much did your illness limit your ability to check your email for messages, or to read, write and post messages?</b>	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Somewhat</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Somewhat	Quite a bit	Very much
Not at all	A little bit	Somewhat	Quite a bit	Very much		
<b>Would you say not at all, a little bit, somewhat, quite a bit, or very much?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>7. <u>In the past 7 days</u>, have you read, written and/or posted messages to the mailing list?</b>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No-- Skip to #17</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No-- Skip to #17	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	No-- Skip to #17	<input type="checkbox"/>			

8. <b>During the past 7 days, how many times</b> did you check your email for messages from the mailing list?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Times</td> </tr> </table> If "none" skip to #17		Times		
	Times				
9. <b>During the past 7 days, about how many hours</b> did you spend <b>each day</b> reading messages from the mailing list?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Hours</td> </tr> </table> If "<1 hour", please code as "<30 minutes" or "30 minutes to 1 hour".		Hours		
	Hours				
10. <b>During the past 7 days, with about how many different members</b> of the group did you exchange <b>private</b> emails (i.e., messages to other mailing list members, but not sent through the mailing list; also known as "off-list" email)? ?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Members</td> </tr> </table>		Members		
	Members				
11. <b>During the past 7 days, about how many times</b> did you exchange <b>private</b> emails with other group members?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Times</td> </tr> </table>		Times		
	Times				
12. <b>During the past 7 days, about how many times</b> did you call other list members on the phone?	<table border="1"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Members</td> </tr> </table>		Members		
	Members				
13. For the next set of questions, please tell me how much you disagree or agree with the following statements about the group, based on your participation in the mailing list <b>during the past 7 days.</b>	<table border="1"> <tr> <td style="width: 15%; text-align: center;">Strongly Disagree</td> <td style="width: 15%; text-align: center;">Disagree</td> <td style="width: 15%; text-align: center;">Agree</td> <td style="width: 15%; text-align: center;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		
a. Overall, your experiences were similar to those of others. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>				
b. You could relate to others' experiences with cancer. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>				
c. You have something in common with others. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>				
d. You felt that others understood what you were going through.	<table border="1"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>				
e. Others gave you good ideas about how to cope with cancer. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>				
f. It was OK to express your opinions on the mailing list. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>				
g. It was OK to disagree with others' statements. Do you strongly disagree, disagree, agree, or strongly agree?	<table border="1"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>				
14. <b>During the past 7 days...</b>	<table border="1"> <tr> <td style="width: 15%; text-align: center;">Strongly Disagree</td> <td style="width: 15%; text-align: center;">Disagree</td> <td style="width: 15%; text-align: center;">Agree</td> <td style="width: 15%; text-align: center;">Strongly Agree</td> </tr> </table>	Strongly Disagree	Disagree	Agree	Strongly Agree
Strongly Disagree	Disagree	Agree	Strongly Agree		

a. You found it comforting to read the mailing list messages. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
b. Others encouraged you. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
c. You read others' messages although you did not post anything. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
d. Others gave you good advice. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
e. You got information you could not find anywhere else. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
f. The listowner (or listowners) gave information that list members needed. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
g. The listowner (or listowners) helped the discussion. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
h. There were too many messages to deal with. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
i. Others' humor helped you. Do you strongly disagree, disagree, agree, or strongly agree?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
15. For the next set of questions, please tell me how well each of the following best describes how you felt about the mailing list <u>during the past 7 days</u> . <u>During the past 7 days...</u>	<table border="1"> <thead> <tr> <th>None</th> <th>A little bit</th> <th>Some</th> <th>Quite a bit</th> <th>Very much</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	None	A little bit	Some	Quite a bit	Very much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	A little bit	Some	Quite a bit	Very much							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
a. How much help did other mailing list members give you? Would you say none, a little bit, some, quite a bit, or very much?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
b. How much help did you give to other mailing list members? Would you say none, a little bit, some, quite a bit, or very much?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
16. <u>When there were conflicts or disagreements among list members, how much did the listowner(s) help to resolve them?</u>	<table border="1"> <thead> <tr> <th>Not at all</th> <th>A little bit</th> <th>Some what</th> <th>Quite a bit</th> <th>Very much</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Not at all	A little bit	Some what	Quite a bit	Very much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	A little bit	Some what	Quite a bit	Very much							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/> There were no conflicts that I noticed										
We'd like to ask you about how you look for health information. This includes all sources of information such as the Internet, library, friends and health care professionals. For each item,											

<b>choose the response that comes closest to how you feel.</b>						
<b>17. I will read a list of sources. For each, please tell me if you pay <u>none, a little bit, some, quite a bit, or very much</u> attention to information about health or medical topics from these sources.</b>	<table border="1"> <tr> <td>None</td> <td>A little bit</td> <td>Some</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	None	A little bit	Some	Quite a bit	Very much
None	A little bit	Some	Quite a bit	Very much		
a. On TV	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
b. On the radio	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
c. In newspapers	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
d. In magazines	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
e. In the medical literature	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
f. On the Internet	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
g. From ACOR mailing list(s)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
<b>18. Do you ever send or receive emails from friends about health or medical issues?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No— Skip to #20</td> <td></td> </tr> </table>	Yes		No— Skip to #20		
Yes		No— Skip to #20				
<b>19. How useful is email for communicating about health or medical issues with friends? Would you say very useful, somewhat useful, not too useful, or not at all useful?</b>	<table border="1"> <tr> <td>Very useful</td> <td>Somewhat useful</td> <td>Not too useful</td> <td>Not at all useful</td> </tr> </table>	Very useful	Somewhat useful	Not too useful	Not at all useful	
Very useful	Somewhat useful	Not too useful	Not at all useful			
	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
<b>20. How much did being on the mailing list change your decisions about cancer treatment or post-treatment?</b>	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Somewhat</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Somewhat	Quite a bit	Very much
Not at all	A little bit	Somewhat	Quite a bit	Very much		
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
<b>21. <u>During the past 30 days</u>, how often did you use the Internet (including the mailing list) for each of the following activities?</b>	<table border="1"> <tr> <td>Not at all</td> <td>Rarely</td> <td>Sometimes</td> <td>Often</td> </tr> </table>	Not at all	Rarely	Sometimes	Often	
Not at all	Rarely	Sometimes	Often			
a. Find out more about cancer Would you say not at all, rarely, sometimes, or often?	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
b. Communicate with doctors or other health professionals (including email) Would you say not at all, rarely, sometimes, or often?	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					

<p>c. <b>Communicate with other people who have the same condition (including email)</b>  <b>Would you say not at all, rarely, sometimes, or often?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p>d. <b>Find general health information</b>  <b>Would you say not at all, rarely, sometimes, or often?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p>e. <b>Find information on prescription drugs</b>  <b>Would you say not at all, rarely, sometimes, or often?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p>f. <b>Find information on health-related products such as herbal remedies and vitamins</b>  <b>Would you say not at all, rarely, sometimes, or often?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p>22. <b>Have you <u>ever</u> talked to a doctor about any cancer-related information you got from the Internet? (This includes information from the mailing list.)</b></p>	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No— Skip to #24</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No— Skip to #24	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	No— Skip to #24	<input type="checkbox"/>			
<p>23. <b>Overall, how has talking to your doctor about cancer information from the Internet changed how you get along with him/her? (If you have talked with more than one doctor about information you got from the Internet, please answer about the doctor you see most often or the one who is most important for your cancer treatment and follow up.)</b></p>	<table border="1"> <tr> <td>A lot worse</td> <td>A little worse</td> <td>No change</td> <td>A little better</td> <td>A lot better</td> </tr> </table>	A lot worse	A little worse	No change	A little better	A lot better
A lot worse	A little worse	No change	A little better	A lot better		
<p><b>Has it made things a lot worse, a little worse, a little better, a lot better, or have things stayed the same (no change)?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p><b>The next questions are about your health care.</b></p>						
<p>24. <b>Please rate your health care <u>in the last 12 months from all doctors and other health providers</u>. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care? (Please choose the number that comes closest to how you feel.)</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Check here if no visits were made in last 12 mos.</td> </tr> </table> <p>If "no visits" skip to #26</p>	<input type="checkbox"/>	<input type="checkbox"/>	Check here if no visits were made in last 12 mos.		
<input type="checkbox"/>	<input type="checkbox"/>	Check here if no visits were made in last 12 mos.				
<p>25. <b>Thinking about all your interactions with doctors and other health care providers <u>during the past 12 months</u>, on average how often would you say they did the following things?</b></p>	<table border="1"> <tr> <td>Not at all</td> <td>Rarely</td> <td>Sometimes</td> <td>Often</td> </tr> </table>	Not at all	Rarely	Sometimes	Often	
Not at all	Rarely	Sometimes	Often			
<p>a. <b>Listen carefully to you</b>  <b>Would you say not at all, rarely, sometimes or often?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<p>b. <b>Explain things in a way you could understand</b>  <b>Would you say not at all, rarely, sometimes or often?</b></p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

c. <b>Show respect for what you had to say</b> Would you say not at all, rarely, sometimes or often?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. <b>Spend enough time with you</b> Would you say not at all, rarely, sometimes or often?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. <b>Involve you in decisions about your health care as much as you wanted</b> Would you say not at all, rarely, sometimes or often?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. <b>Give you as much information as you wanted</b> Would you say not at all, rarely, sometimes or often?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26. For the next set of questions please rate your confidence in your ability to do the following things on a scale from 1 to 5, 1 being not at all confident and 5 being very confident. How confident are you in your ability to...	
a. Know what questions to ask a doctor?	<input type="checkbox"/>
b. Get a doctor to answer all your questions?	<input type="checkbox"/>
c. Make the most of your visit with a doctor?	<input type="checkbox"/>
d. Get a doctor to take your chief health concern seriously?	<input type="checkbox"/>
e. Get a doctor to do something about your chief health concern?	<input type="checkbox"/>
Please tell us about your personal experience with cancer.	
27. When you were first told that you had cancer, what type of cancer was it, or in what part of the body did the cancer start? (If you have had more than one cancer, this refers to your first cancer.)	
	<input checked="" type="checkbox"/> Check all that apply.
a. Bladder cancer	<input type="checkbox"/>
b. Bone cancer	<input type="checkbox"/>
c. Breast cancer	<input type="checkbox"/>
d. Cervical cancer (cancer of the cervix)	<input type="checkbox"/>
e. Colon cancer	<input type="checkbox"/>
f. Endometrial cancer (cancer of the uterus)	<input type="checkbox"/>
g. Esophageal cancer	<input type="checkbox"/>

h. <b>Gastrointestinal cancer/GIST</b>	<input type="checkbox"/>
i. <b>Head and neck cancer</b>	<input type="checkbox"/>
j. <b>Kidney cancer</b>	<input type="checkbox"/>
k. <b>Leukemia</b>	<input type="checkbox"/>
l. <b>Lung cancer</b>	<input type="checkbox"/>
m. <b>Lymphoma (Hodgkin's or Non-Hodgkin's)</b>	<input type="checkbox"/>
n. <b>Melanoma</b>	<input type="checkbox"/>
o. <b>Skin Cancer other than melanoma</b>	<input type="checkbox"/>
p. <b>Myeloma</b>	<input type="checkbox"/>
q. <b>Oral cancer</b>	<input type="checkbox"/>
r. <b>Ovarian cancer</b>	<input type="checkbox"/>
s. <b>Pancreatic cancer</b>	<input type="checkbox"/>
t. <b>Pharyngeal (throat) cancer</b>	<input type="checkbox"/>
u. <b>Prostate cancer</b>	<input type="checkbox"/>
v. <b>Rectal cancer</b>	<input type="checkbox"/>
w. <b>Sarcoma</b>	<input type="checkbox"/>
x. <b>Other (specify)</b>	<input type="text"/>
28. <b>At what age were you first told that you had cancer?</b>	<input type="text"/> Years old
29. <b>Are you <u>now</u> being treated for cancer?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. <b><u>At any time since you were first diagnosed with cancer, did any of the following occur? Please tell me yes or no for each item.</u></b>	
a. <b>A doctor said that you were free of cancer (that is, you didn't have cancer in any part of your body).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. <b>A doctor said that your cancer had come back (that is, you had a recurrence).</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. <b>Your cancer treatment ended.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

d. You began a new treatment for your cancer.	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No		
Yes		No				
<b>For the following question, we would like to know how you would prefer to make decisions about your cancer tests and treatment, NOW or IN THE FUTURE. (Please read all choices.)</b>						
31. After I have read the following five statements, please choose the one that best describes you.	<input checked="" type="checkbox"/> Check only one.					
a. You would prefer to make the decisions with little or no input from your doctor.	<input type="checkbox"/>					
b. You would prefer to make the decisions after seriously considering your doctor's opinion.	<input type="checkbox"/>					
c. You would prefer that you and your doctor make the decisions together.	<input type="checkbox"/>					
d. You would prefer your to doctor make the decisions after seriously considering your opinion.	<input type="checkbox"/>					
e. You would prefer your doctor to make the decisions with little or no input from you.	<input type="checkbox"/>					
<b>For the next section, I will read to you statements that other people with your illness have said are important.</b>						
32. <u>During the past 7 days</u> , to what extent has each of the following statements been true for you?	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Some-what</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Some-what	Quite a bit	Very much
Not at all	A little bit	Some-what	Quite a bit	Very much		
a. You lack energy.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. You have nausea.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Because of your physical condition, you have trouble meeting the needs of your family.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. You have pain.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. You are bothered by side effects of treatment.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. You feel ill.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. You are forced to spend time in bed.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33. <u>During the past 7 days</u> , to what extent has each of the following statements been true for you?	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>Some-what</td> <td>Quite a bit</td> <td>Very much</td> </tr> </table>	Not at all	A little bit	Some-what	Quite a bit	Very much
Not at all	A little bit	Some-what	Quite a bit	Very much		
a. You feel close to your family and friends.	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

b. You get emotional support from your family.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. You get support from your friends.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Your family has accepted your illness.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. You are satisfied with family communication about your illness.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. You feel close to your partner (or the person who is your main support).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. Regardless of your current level of sexual activity, please answer the following question. You are satisfied with your sex life.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Check here if prefers not to answer.
<b>The next section contains questions on your use of Complementary and Alternative Medicines (CAM) over the past 12 months.</b>	
<b>34. In the last 12 months, did you use any of the following Complementary or Alternative Medicine (CAM) therapies to deal with your cancer?</b>	
a. Alternative Medical Systems (such as homeopathy, naturopathy, traditional Chinese medicine, Ayurveda (A-yur-ved-a))	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
b. Mind-Body Interventions (such as relaxation training, guided imagery, meditation, hypnosis, biofeedback)	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
c. Biologically-based therapies (such as herbs, vitamins and dietary supplements, special diets)	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
d. Manipulative and Body-based Therapies (such as massage therapy, chiropractic, yoga, tai chi (tie-chee))	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
e. Energy Therapies (such as chi gung (chee-gung), Reiki (Ray-key), Therapeutic Touch, Polarity Therapy, magnet therapy)	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
<b>35. Did you use Complementary and Alternative Medicine (CAM) therapies to treat your cancer?</b>	
<b>36. Did you use Complementary and Alternative Medicine (CAM) therapies to help you deal with the side effects of cancer treatment?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>	

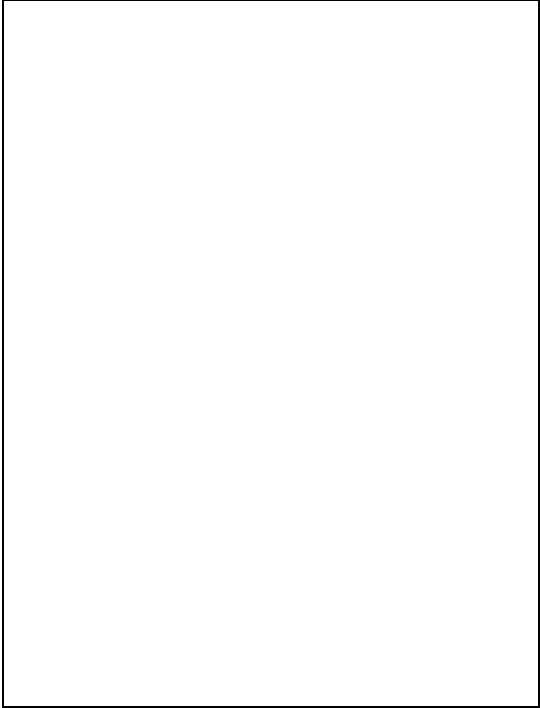
<b>The next few questions ask about clinical trials to treat cancer.</b>					
<b>37. Have you ever been or <u>are you now</u> in a clinical trial to treat cancer?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
<b>38. Have you <u>ever</u> asked your physician or another health care professional about being in a clinical trial?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
<b>39. Has a physician or other health care professional <u>ever</u> asked you to be in a clinical trial?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
<b>40. Have you ever refused a request to be in a clinical trial?</b>	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes		No			
<b>We are interested in how you usually deal with stress since you found out you had cancer.</b>					
<b>41. Please tell me how often you have done the following things in the <u>past 14 days</u>. <u>In the past 14 days...</u></b>	<table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> <td>A medium amount</td> <td>A lot</td> </tr> </table>	Not at all	A little bit	A medium amount	A lot
Not at all	A little bit	A medium amount	A lot		
<b>a. You've been turning to work or other activities to take your mind off things. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</b>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				
<b>b. You've been refusing to believe that this has happened. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</b>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				
<b>c. You've been using alcohol or other drugs to make yourself feel better. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</b>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				
<b>d. You've been getting emotional support from others. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</b>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				
<b>e. You've been giving up trying to deal with it. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</b>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				
<b>f. You've been focusing on doing something about your situation. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?</b>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				

<b>42. <u>In the past 14 days...</u></b>	Not at all	A little bit	A medium amount	A lot	
a. You've been saying things to let your unpleasant feelings escape. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. You've been getting help and advice from other people. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. You've been trying to come up with a strategy about what to do. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. You've been looking for something good in what is happening. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. You've been learning to live with it. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. You've been blaming yourself for things that happened. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. You've been praying or meditating. Would you say you have not been doing this at all, you've been doing this a little bit, a medium amount, or a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>43. <u>During the past 7 days, to what extent has each of the following statements been true for you?</u></b>	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. You feel sad. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You are satisfied with how you are coping with your illness. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You are losing hope in the fight against your illness. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You feel nervous. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You worry about dying. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You worry that your condition will get worse. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. <b>During the past 7 days, to what extent has each of the following statements been true for you?</b>	Not at all	A little bit	Some-what	Quite a bit	Very much
a. You are able to work (include work at your home). Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your work (include work at home) is fulfilling. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You are able to enjoy life. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You have accepted your illness. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You are sleeping well. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You are enjoying the things you usually do for fun. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You are content with the quality of your life right now. Would you say not at all, a little bit, somewhat, quite a bit or very much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have just a few more questions and we'll be finished.					
The next questions ask about your background and household information. This is so we can describe the group of people that responds. All of your answers are completely private and cannot be connected back to you.					
45. In general would you say your health is excellent, very good, good, fair or poor?	Excellent	Very good	Good	Fair	Poor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you have any chronic health problems?	<input checked="" type="checkbox"/>				
a. Arthritis	<input type="checkbox"/>				
b. Asthma	<input type="checkbox"/>				
c. Chronic lung disease	<input type="checkbox"/>				
d. Diabetes or high blood sugar	<input type="checkbox"/>				
e. Chronic headaches or migraine	<input type="checkbox"/>				
f. Heart disease	<input type="checkbox"/>				

g. Ulcer	<input type="checkbox"/>				
h. Any other serious chronic health problem? Please describe it to me.	<input type="checkbox"/>				
47. In which month and year were you born?	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">MM</td> <td style="width: 25%;"></td> <td style="width: 25%;">YYYY</td> <td style="width: 25%;"></td> </tr> </table>	MM		YYYY	
MM		YYYY			
48. Are you male or female?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Male</td> <td style="width: 5%;"></td> <td style="width: 50%;">Female</td> <td style="width: 5%;"></td> </tr> </table>	Male		Female	
Male		Female			
49. Are you <u>now</u> ...(Please choose one item. If you are both employed for wages and self-employed, please choose the category that accounts for more income.)	<input checked="" type="checkbox"/> Check only one.				
Employed for wages	<input type="checkbox"/>				
Self-employed	<input type="checkbox"/>				
Out of work for more than one year	<input type="checkbox"/>				
Out of work for less than one year	<input type="checkbox"/>				
A homemaker	<input type="checkbox"/>				
A student	<input type="checkbox"/>				
Retired	<input type="checkbox"/>				
Unable to work	<input type="checkbox"/>				
50. Are you...	<input checked="" type="checkbox"/> Check only one that reflects their current situation.				
Married or living as married	<input type="checkbox"/>				
Divorced or Separated	<input type="checkbox"/>				
Widowed	<input type="checkbox"/>				
Or, have you never married	<input type="checkbox"/>				
51. Are there any children living in your household?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 5%;"></td> <td style="width: 50%;">No</td> <td style="width: 5%;"></td> </tr> </table>	Yes		No	
Yes		No			
52. Are you Hispanic or Latino?	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 5%;"></td> <td style="width: 50%;">No</td> <td style="width: 5%;"></td> </tr> </table>	Yes		No	
Yes		No			

<b>53. Which one or more of the following would you say is your race? Please tell me all that apply. Are you...</b>	<input checked="" type="checkbox"/>						
<b>a. American Indian or Alaska Native,</b>	<input type="checkbox"/>						
<b>b. Asian,</b>	<input type="checkbox"/>						
<b>c. Black or African American,</b>	<input type="checkbox"/>						
<b>d. Native Hawaiian or other Pacific Islander, or</b>	<input type="checkbox"/>						
<b>e. White</b>	<input type="checkbox"/>						
<b>54. What is the highest grade of school you completed?</b>	<input checked="" type="checkbox"/> Select only one.						
<b>a. Grades 1 through 8 (elementary/junior high school),</b>	<input type="checkbox"/>						
<b>b. Grades 9 through 11 (some high school),</b>	<input type="checkbox"/>						
<b>c. Grade 12 or GED (high school graduate),</b>	<input type="checkbox"/>						
<b>d. College 1 year to 3 years (some college or technical school)</b>	<input type="checkbox"/>						
<b>e. College 4 years or more (college graduate)</b>	<input type="checkbox"/>						
<b>55. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No			
Yes		No					
<b>Finally, we'd like to know what you think about the length of this questionnaire, and offer you our thanks.</b>							
<b>56. Do you feel that this questionnaire is too short, too long or just right?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Too short</td> <td style="width: 33%; text-align: center;">Too long</td> <td style="width: 33%; text-align: center;">Just right</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Too short	Too long	Just right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too short	Too long	Just right					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

<p>57. Your input on this project is really valuable to us, so we would like to know if you have any further comments about the questionnaire, your mailing list or your cancer experience? All answers are confidential. Please email <a href="mailto:acorsurvey@unc.edu">acorsurvey@unc.edu</a> if you have specific concerns or questions you want answered.</p>	
<p><b>Closing:</b> Thank you so much for taking the time to talk to me today. Your participation is a valuable contribution to the project and we truly appreciate your help. We will be calling you again next month. Thanks again. Goodbye.</p>	