

Surveys with screening questions

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| <p>HINTS (2007 Mail Instrument) *HINTS is a biennial, cross-sectional sample of American adults. It is conducted by phone and in 2007, additionally by mail.</p> | <p>CWHS: California Women’s Health Survey * Annual telephone survey of California women 18 and older. All women 18+ in a household are eligible to participate and one is chosen at random to participate.</p> | <p>NHIS 2010 Adult Survey Questionnaires * Cross-sectional household survey sample that occurs each year. Consists of a core questionnaires and supplements. One adult and one child for each household are chosen as the sample adult and child.</p> | <p>NSFG * In-person interviews of men and women 15-44 years of age in US household, conducted 48 weeks per year for 4 years. Year 3, 7/08 – 12/08 Female Questionnaire CAPI Reference Questionnaire (CRQ)</p> | <p>REACH U.S. Risk Factor Survey * Annual survey conducted by phone, mail, and in-person in communities where REACH U.S. interventions have been implemented.</p> | <p>BRFSS 2010 *On-going monthly telephone surveys of non-institutionalized adults, conducted by state health departments. One adult 18 or older is asked to participate per household.</p> |
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| <p>12. Have you ever had a Pap smear or a Pap test? HadPapTest Yes No <input type="checkbox"/> Go to Question 16</p> | <p>A Pap smear is a test for cancer of the cervix. 16.8 Have you ever had a Pap smear test? 1.Yes 2.No (Go to GYNECOL1) 7.Don’t know / Not sure 9.Refused</p> | <p>NAF.130_00.000 Have you EVER HAD a Pap smear or Pap test? 1 Yes 2 No 3 Refused 9 Don’t know</p> | | <p>54. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? 1Yes 2 No</p> | <p>18.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? 1 Yes 2 No [Go to Q18.7] 7 Don’t know / Not sure [Go to Q18.7] 9 Refused [Go to Q18.7]</p> |
| | | <p>NAF.135_00.000 QuestionText: At what age did you have your first Pap test? 06-60 6- 60 Years 97 Refused 99 Don't know</p> | | | |
| | | <p>NAF.140_00.000 Question text: How many Pap tests have you had in the LAST 6 YEARS? *Enter '0' for none. *Enter '95' for 95 or more</p> | | | |

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| | | <p>exams. 00 None 01-94 1-94 times 95 95+ times 97 Refused 99 Don't know 95+ times</p> | | | |
| <p>13. When did you have your most recent Pap test? 1 year ago or less More than 1 but not more than 3 years ago More than 3 but not more than 5 years ago More than 5 years ago</p> | <p>16.9 How long has it been since you had your last Pap test? (Read only if necessary) 1. Within the past year 2. Within the past 2 years 3. Within the past 3 years 4. Within the past 5 years 5. More than 5 years ago 7. Don't know / Not sure 9. Refused</p> | <p>NAF.150_01.000</p> <p>QuestionText: 1 of 2 When did you have your MOST RECENT Pap test?</p> <p>*Enter month of last Pap test.</p> <p>*Enter '96' to go to number and time period format.</p> <p>01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December 96 Time period format 97 Refused 99 Don't know</p> | <p>PAP12 (FEMALEF) FA-3c. (In the past 12 months have you received) A Pap smear? [SHOW CARD 50] Yes.....1 No.....5</p> | <p>55. How long has it been since you had your last Pap test? 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago</p> | <p>18.6 How long has it been since you had your last Pap test? Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused</p> |
| | | <p>NAF.150_02.000</p> <p>*Enter year of last pap test.</p> | | | |

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| | | 1880-2011 1880-2011 9996 Time period format 9997 Refused 9999 Don't know | | | |
| <p>I4. What was the main reason that you had this Pap test? Mark only one. Routine Pap test or part of routine physical exam Last Pap test was not normal A specific problem Never had one and thought you should Pregnancy/Follow-up to birth Other <input type="checkbox"/> <i>Please specify below:</i></p> | | <p>NAF.170_00.000</p> <p>QuestionText: What was the MAIN reason you had this Pap test - was it part of a routine exam, because of a problem, or some other reason? 1 Part of a routine exam 2 Because of a problem 3 Other reason 7 Refused 9 Don't know</p> | | | |
| | | <p>NAF.175_00.000</p> <p>QuestionText: Did you get the results of your MOST RECENT Pap test? 1 Yes 2 No 3 Only notified if there was a problem 7 Refused 9 Don't know</p> | | | |
| | | <p>NAF.180_00.000</p> <p>QuestionText: Have you had a Pap test in the LAST 3 YEARS where</p> | | | |

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| | | <p>the results were NOT normal?</p> <p>1 Yes 2 No 7 Refused 9 Don't know</p> | | | |
| | | <p>NAF.190_00.000</p> <p>QuestionText: Because of these results, was it recommended that you have more follow-up exams or tests?</p> <p>1 Yes 2 No 7 Refused 9 Don't know</p> | | | |
| | | <p>NAF.200_000</p> <p>QuestionText: Did you follow the recommendation to have more follow-up exams or tests?</p> <p>1 Yes 2 No 7 Refused 9 Don't know</p> | | | |
| | | <p>ID: NAF.209_00.000</p> <p>QuestionText: What is the most important reason that you DID NOT follow the recommendation to have more follow-up exams or tests?</p> | | | |

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| | | <p>01No reason/never thought about it</p> <p>02 Put it off/didn't get around to it</p> <p>03Tooexpensive/no insurance/cost</p> <p>04 Too painful, unpleasant, or embarrassing</p> <p>05 Had hysterectomy</p> <p>06 Don't have doctor</p> <p>07 Fear</p> <p>08 Other</p> <p>97 Refused</p> <p>99 Don't know</p> | | | |
| | | <p>NAF.210_00.000</p> <p>QuestionText: What is the most important reason you have [Fill: NEVER had a Pap test/NOT had a Pap test in the LAST 3 YEARS]?</p> <p>*Put response into correct category below.</p> <p>01No reason/never thought about it</p> <p>02 Didn't need it/didn't know I needed this type of test</p> <p>03 Doctor didn't order it/didn't say I needed it</p> <p>04 Haven't had any problems</p> <p>05 Put it off/didn't get</p> | | | <p>NC specific proposed for 2011</p> <p>What is the main reason that you've not had a pap smear recently?</p> <p><i>[Randomize order of 1-6 each time].</i></p> <p>1 It costs too much</p> <p>2You don't have insurance</p> <p>3You haven't gone to the doctor at all</p> <p>4You don't have time</p> <p>5You don't think you need one</p> <p>6It's uncomfortable</p> <p>8Something else.</p> <p>[List:_____]</p> <p><i>Do not read.</i></p> <p>7 Don't know /Not sure</p> <p>9 Refused</p> |

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|--|--|--|--|--|--|
| | | <p>around to it</p> <p>06 Too expensive/no insurance/cost</p> <p>07 Too painful, unpleasant, or embarrassing</p> <p>08 Had hysterectomy</p> <p>09 Don't have doctor</p> <p>10 Had an HPV DNA test</p> <p>11 Had HPV vaccine</p> <p>12 Other</p> <p>97 Refused</p> <p>99 Don't know</p> | | | |
| | | <p>NAF.215_00.000</p> <p>Question Text: Fill (IF PAPHAD1=1 and most recent screening exam LE 3 years from system date) "Was your most recent Pap Test recommended by your doctor or other health professional?"</p> <p>Else (IF PAPHAD1=2, or PAPHAD1+1 and GT 3 years from system date or RPAP21=R,D)</p> <p>"In the past 12 months, has a doctor or other health professional RECOMMENDED that you have a PAP test?"</p> <p>1 Yes</p> <p>2 No</p> <p>3 Did not see a doctor in</p> | | | |

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| | | <p>the past 12 months 7 Refused 9 Don't know</p> | | | |
| | | <p>NAF.217_00.000</p> <p>QuestionText: Would a reminder to have a pap test from your doctor or other health professional be helpful to you?</p> <p>1 Yes 2 No 7 Refused 9 Don't know</p> | | | |
| <p>15. When do you expect to have your next Pap test?</p> <p>Mark only one.</p> <p>A year or less from now More than 1 but not more than 3 years from now More than 3 but not more than 5 years from now Over 5 years from now Am not planning to have another If I have symptoms When doctor/health care provider recommends I am not planning to have another because</p> | | | | | |

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| <p>I got or am planning to get the HPV vaccine I am not planning to have another because I got or am planning to get the HPV test Instead</p> | | | | | |
| | | | | | <p>NC specific proposed for 2011 5. Which of the following would be MOST likely to encourage you to get a Pap test? <i>[Randomize order of 1-5 each time]</i> 1 Your doctor recommending it, 2 An operator at an 800-number telling you where you can get a Pap test you can afford, 3 Getting a test you take yourself at home, 4 Getting a coupon in the mail for a free or low cost screening, 5 A friend or family member telling you why Pap tests are important, or 6 Something else. [List]</p> <p><i>Do not read:</i> 8 Nothing would make me get a Pap smear. 7 Not sure 9 Refused</p> |

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| | | | | | <p>NC specific proposed for 2011</p> <p>There is a toll free number you can call to get help finding a place to get a low-cost or free Pap smear. They can also send you a new kind of Pap test you can take at home. Would you like me to give you that number?</p> <p>Yes [Read: The number is 877 698 3781]</p> <p>No</p> |
| | <p>17.19 Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?</p> <p>1.Yes 2.No 7.Don't know / Not sure 9.Refused</p> | <p>QuestionText: Have you had a hysterectomy?</p> <p>1 Yes 2 No 7 Refused 9 Don't know</p> | <p>Have you ever had a hysterectomy, that is, surgery to remove your uterus?</p> <p>Yes1 No5</p> | <p>56. Have you had a hysterectomy? A hysterectomy is an operation to remove the uterus (womb).</p> <p>1. Yes 2. No</p> | <p>18.7 Have you had a hysterectomy?</p> <p>Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).</p> <p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>requested for 2011 for NC</p> |