

# Family CARE Project

## Nine-Month Follow-Up Brief Questionnaire

### Contact Information

If you have any questions, please call  
the Family CARE Project staff:  
or toll free:

### Mailing Address

- ▶ Mark boxes with an "x" or completely fill in. Please do not use check marks.
- ▶ Please use a pencil or blue or black pen.
- ▶ Cleanly erase or clearly mark any answers you wish to change.
- ▶ Choose only ONE answer.
- ▶ Some questions ask about dates. It is okay to guess when you do not know an exact number.

### Start Here ▼

- i**-1 This question is about the stool blood test, also known as a fecal occult blood test (FOBT), a test to check for colorectal cancer. IT IS DONE AT HOME using a set of 3 cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from 3 separate bowel movements and return the cards to be tested.

**1 Have you done a stool blood test using a "HOME" test kit within the PAST YEAR?**

- ☐ Yes If Yes, fill in month and year Month   Year
- ☐ No
- ☐ Not sure

- i**-2 The following questions ask about colonoscopy, a test to check for colorectal cancer. A colonoscopy examines the entire colon using a narrow, lighted tube that is inserted in the rectum. With the colonoscopy: you are given medicine through a needle in your arm to make you sleepy; you need someone to drive you home; and you may need to take the rest of the day off from your usual activities.

**2 Have you had a colonoscopy within the PAST YEAR?**

- ☐ Yes If Yes, fill in month and year Month   Year
- ☐ No If No, skip to question 5 on page 2
- ☐ Not sure If Not sure, skip to question 5 on page 2

**3 Why did you have your MOST RECENT colonoscopy?**

- ☐ Part of a routine exam or check-up
- ☐ Because of a symptom or health problem
- ☐ Follow-up of an earlier abnormal test
- ☐ Other, please explain ▶

◀ Print clearly

PLEASE DO NOT WRITE IN THIS AREA

4

Who was the provider that performed the colonoscopy procedure?

First Name









Last Name













Clinic Name



















Clinic Address



















City
















State



Zip Code






If you **HAVE HAD** a colonoscopy within the **PAST YEAR**, skip to ①-6 below

5

Do you intend to have a colonoscopy in the next 6 months?

- ☐ I definitely will not have a colonoscopy in the next 6 months
- ☐ I probably will not have a colonoscopy in the next 6 months
- ☐ I possibly will not have a colonoscopy in the next 6 months
- ☐ I am undecided if I will or will not have a colonoscopy in the next 6 months
- ☐ I possibly will have a colonoscopy in the next 6 months
- ☐ I probably will have a colonoscopy in the next 6 months
- ☐ I definitely will have a colonoscopy in the next 6 months

5a

Is **COST** currently one of the **MOST** important reasons you have not had a colonoscopy?

- ☐ Yes
- ☐ No
- ☐ Not sure

①-6

Please indicate your beliefs about having a colonoscopy using the adjectives below. Each question has a pair of words that have opposite meanings, good-bad for example. First, consider which side your beliefs are leaning toward (good, bad, or neither). Then, think about how strong your beliefs are (how much good or how much bad) and mark the choice that seems most like your beliefs.

6

I believe that having a colonoscopy is. . .

		Extremely ▼	Very ▼	Somewhat ▼	Neither/ Nor ▼	Somewhat ▼	Very ▼	Extremely ▼	
6a	Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
6b	Desirable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undesirable
6c	Favorable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfavorable
6d	Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unimportant
6e	Effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Effective
6f	Useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Useless

7

Please indicate how much you agree or disagree with each of these statements.

		Strongly Disagree ▼	Disagree ▼	Neither Agree nor Disagree ▼	Agree ▼	Strongly Agree ▼
7a	I believe that colorectal cancer is serious ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b	I believe that colorectal cancer is harmful ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c	I believe that colorectal cancer is a significant disease ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d	I believe that colorectal cancer has serious negative consequences ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e	I am at risk for getting colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f	It is possible that I will get colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g	I am susceptible to getting colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h	It is likely that I will get colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i	Having a colonoscopy can prevent the onset of colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7j	Colonoscopy works in preventing colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7k	Having a colonoscopy is effective in preventing colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7l	If I have a colonoscopy, I am less likely to get colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7m	I am able to get a colonoscopy to prevent the onset of colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7n	Having a colonoscopy to prevent the onset of colorectal cancer is easy for me ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7o	I can get a colonoscopy to prevent the onset of colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7p	Having a colonoscopy for prevention of colorectal cancer is convenient for me ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**i-8** The questions ON THE NEXT PAGE ask about the information you received from us about colorectal cancer as part of this project. This includes the information you received during the telephone session with the cancer risk specialist and all of the printed materials that you received in the mail as part of this project including the educational brochure, visual aids, and the personal letter you received after your telephone session.

8

Thinking about ALL of the health-prevention information about colorectal cancer that you received as part of this project, using a scale where 1 means NOT AT ALL and 7 means VERY MUCH, to what extent did you think:

		Not at All						Very Much
		1	2	3	4	5	6	7
		▼	▼	▼	▼	▼	▼	▼
8a	The information was EXAGGERATED ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b	The information was OVERBLOWN ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c	The information was OVERSTATED ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d	The information was MANIPULATIVE ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e	The information was MISLEADING ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f	The information was EXPLOITATIVE ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g	The information was DISTORTED ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9

Please indicate how much you agree or disagree with the following statements.

		Strongly Disagree	Generally Disagree	Generally Agree	Strongly Agree
		▼	▼	▼	▼
9a	I get frightened when I think I could get colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b	Thinking about getting colorectal cancer makes me afraid ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9c	I get a bad feeling just thinking about the possibility of getting colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9d	Thinking about my chances of getting colorectal cancer makes me uncomfortable ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9e	I dread getting colorectal cancer ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9f	I can't think about getting colorectal cancer without feeling afraid ►	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10

Have you been diagnosed with colorectal cancer within the PAST YEAR?

☐ Yes

☐ No If No, skip to question 12 on page 5

☐ Not sure If Not sure, skip to question 12 on page 5

**10a** What was the date of your colorectal cancer diagnosis?

Month   Year

**11** Have you received treatment for colorectal cancer (such as chemotherapy, radiation, or surgery) within the **PAST YEAR**?

- ☐ Yes If *Yes*, skip to question 12 below
- ☐ No If *No*, skip to question 11a below
- ☐ Not sure If *Not sure*, skip to question 12 below

**11a** Please write the reason(s) you **HAVEN'T** been treated for colorectal cancer within the **PAST YEAR**.

Please write any reasons below ▼

▼ Print clearly

**12** What is today's date? Month/Day/Year   /   /

**13** May we contact you again to notify you of future cancer-related research?

- ☐ Yes
- ☐ No

**i**-end Thank you for completing this questionnaire and participating in the Family CARE Project. If you have any questions, please call the Family CARE Project office using our toll-free number: . Please return your completed questionnaire within the next TWO WEEKS using the postage-paid envelope provided. Thank you!