

## eAppendix B. Preventive Health Study Survey Questionnaire

Hello, my name is \_\_\_\_\_, and I'm calling on behalf of the U. S. Department of Defense. The Department has contracted with Zogby Analytics to conduct a survey for the Department's TRICARE Program, which is the office that manages health care for the military.

May I speak with (Title & Last Name for ranked)/(First Name for all others)?

Yes → **CONTINUE**

No one here by that name/Wrong number → **END**

Not available right now/Not a good time → **DISPOSITION FOR APPOINTMENT**

### IF NEEDED:

➤ *What is the TRICARE Program?*

TRICARE is the Office of the Department of Defense that manages health care for the military services.

➤ *What is Zogby Analytics?*

Zogby International is an international researcher company that conducts research for several government departments, including the Department of Defense.

➤ *How did you get (my/his/her) name?*

The TRICARE program sends us a list of people who have a completed claim for purchased health care in one of the TRICARE Continental United States (CONUS) regions.

### CONTINUE WITH TEXT BELOW

The Department is conducting a short survey to find out why some health care beneficiaries do not receive their preventive care cancer screenings on a routine basis. You can help make health services better for future members and their families by answering a few questions. The survey takes only about 10 minutes. Would it be all right to proceed with my questions?

Yes → **CONTINUE**

No, not a good time → **DISPOSITION FOR APPOINTMENT**

Providing information in this survey is voluntary. There is no penalty, nor will your benefits be affected if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative. Your survey response will be treated as confidential; identifying information will be used only by person engaged in, and for the purposes of, the survey research.

However, if during this survey you indicate a direct threat to harm yourself or others, we are required to forward information about that threat to appropriate authorities for action, which will likely involve their contacting you.

Here is the first question:

**CONTINUE—BEGIN**

<b>Primary Care Manager (PCM) Knowledge and Health Care Settings</b>
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- Q1. Do you know who your Primary Care Manager, or PCM, is by name or team?
- |                          |   |
|--------------------------|---|
| Yes .....                | 1 |
| No.....                  | 2 |
| Not sure/Don't know..... | 8 |
- Q2. Are you satisfied with your current or Primary Care Manager and the clinic staff?
- |   |   |
|---|---|
| Yes, I am satisfied with my PCM.....                              | 1 |
| I like my PCM but not the clinic staff.....                       | 2 |
| I am not satisfied with my PCM, but I like the clinic staff.....  | 3 |
| Neither — I am not satisfied with my PCM or the clinic staff..... | 4 |
| Not sure/Don't know.....  | 8 |
- **IF RESPONDENT CHOOSES 1 or 2, GO TO Q5.**
- Q3. Are you aware that you can change your Primary Care Manager?
- |           |   |
|-----------|---|
| Yes ..... | 1 |
| No.....   | 2 |
- Q4. In the last 12 months, where did you go most often for your health care?
- |                                    |   |
|------------------------------------|---|
| My PCM.....                        | 1 |
| Urgent care clinic.....            | 2 |
| Emergency department (ED) .....    | 3 |
| Other (Please specify: _____)..... | 4 |
| Not sure/Don't know.....           | 8 |
- Q5. What is your age now?
- NOTE: If the respondent does not wish to state his/her age, interviewer can provide the age range selections below. If the respondent does not wish to state his/her age or age range, interviewer will use the age provided from the Defense Enrollment Eligibility Reporting System (DEERS).  
[Record respondent age]

<b>General Cancer Screening Questions</b>
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- Q6. What system do you usually use to remind yourself to make your cancer screening appointments? Please choose 1 answer that best suits you.
- |  |   |
|--|---|
| I remember to schedule an appointment when my birthday comes around.....         | 1 |
| I set a calendar reminder to myself to make sure I schedule an appointment ..... | 2 |

- I wait to schedule an appointment until I receive a mail, newsletter, e-mail, or text notification from my PCM or my health care insurance provider .....3
- I have my spouse or significant other remind me to schedule an appointment .....4
- Other (Please specify: \_\_\_\_\_) .....5
- I don't have a process or reminder to make me schedule for an appointment.....6
- Q7. Do you think cancer screening is an important tool in the early detection of cancer?
- Not important .....1
- Somewhat important .....2
- Important.....3
- Not sure/Don't know.....8
- Q8. Do you have any family or friends who have or have had cancer? If yes, has this affected your decision to getting your cancer screenings?
- I don't have any family or friends who have or have had cancer .....1
- I am more inclined to getting my cancer screenings.....2
- I am less inclined to getting my cancer screenings.....3
- No, it has not made a difference to me to getting my cancer screenings.....4
- Not sure/Don't know.....8
- Q9. Has your Primary Care Manager ever discussed the need to get a cancer screening exam?
- Yes .....1  
(Please go to Q10)
- No.....2  
(Please go to Q11)
- Not sure/Don't know.....8  
(Please go to Q11)
- Q10. Did you end up scheduling for a cancer screening exam?
- Yes .....1
- No.....2
- Not sure/Don't know.....8
- Q11. Which source do you rely on to receive information on the recommended screening guidelines?
- I get my information through my doctor.....1
- I read about it in the TRICARE newsletters, handbooks, and other educational materials.....2
- I get my information through television ads, commercials, and other media.....3
- I get my information through a friend or family member.....4
- I consciously research the information on my own .....5
- Other (Please specify: \_\_\_\_\_) .....6
- Q12. When you last scheduled for a cancer screening exam, were the available times convenient for you? (NA means not applicable)
- Yes.....1

- (Please go to Q15)
- No.....2
- (Please go to Q13)
- NA/I haven't scheduled an exam yet.....3
- (Please go to Q13)
- Q13. Would you be more likely to go to your cancer screenings during, before, or after normal working hours?
- Before normal working hours .....1
- During normal working hours.....2
- After normal working hours.....3
- No, it doesn't matter .....4
- Not sure/Don't know.....8
- Q14. Do you know how to schedule a cancer screening test?
- Yes .....1
- No.....2
- Not sure.....3
- Q15. For the time(s) that you did not schedule a cancer screening test, which of the following explain(s) why you did not seek screening? You can choose more than 1 answer.
- I did not know that screenings were a covered benefit.....1
- .....
- I did not know that cancer screenings do not require co-payments.....2
- .....
- Child care was not available .....3
- .....
- Transportation service was not available .....4
- .....
- Preferred gender was not available .....5
- .....
- Convenient appointment times were not available .....6
- Other (please specify) .....5
- This question doesn't apply to me — I typically do schedule screening appointments 7
- Don't know/No answer .....8
- Q16. Would you prefer that the doctor performing the screening test be the same gender as you are?
- Yes, I prefer the same gender .....1
- No, it doesn't matter .....2
- Not sure/Don't know.....8

- Q17. Would you be more likely to complete all your cancer screenings if there was an opportunity to accomplish them all in 1 day?
- Yes .....1  
 No.....2  
 Not sure/Don't know.....8
- Q18. What other concerns do you have that may prevent you from scheduling your next cancer screening? (OPEN-ENDED)
- Q19. What is one thing you would recommend to TRICARE to help encourage you to get your preventive care screenings? (OPEN-ENDED)
- Q20. Where was your last cancer screening exam performed?
- At a medical treatment facility (MTF).....1  
 At a network civilian provider's office.....2  
 Other (please specify: \_\_\_\_\_) .....3  
 Never had one/NA .....4
- Q21. Has a change in your duty station or your significant other's duty station prevented you from getting your cancer screenings on time?
- Yes .....1  
 (If you wish to share, please provide additional information: \_\_\_\_\_)  
 No.....2  
 NA/Not sure/Don't know.....8

<b>Predetermined Questions for Cancer Screenings</b>
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<p>Note: Computer-aided telephone interviewing (CATI) interviewers should not ask a 24-year-old beneficiary any questions related to mammography or colon cancer screening. Breast cancer screening questions below are only for women ages 42 to 64 years. Cervical cancer screening questions below are only for women ages 21 to 64 years. Colon cancer questions below are for men and women ages 51 to 64 years.</p>
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<p><b>Breast Cancer Screening Questions</b> <i>(for women ages 42 to 69 years only; if not in this gender group and age range, GO TO Cervical Cancer–Related Questions)</i></p>
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- Q22. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
- Yes .....1  
 No.....2  
 NA, I had a double mastectomy<sup>a</sup> .....3  
 (Please go to Q26)  
 Not sure/Don't know.....8
- Q23. To the best of your knowledge, what is the recommended age for women to start having mammogram screenings?

➤ *Please type in their response.*

Q24. To the best of your knowledge, how often should the average woman get a mammogram?

➤ *Please type in their response.*

Q25. For the time(s) that you did not schedule a mammogram, which of the following explain(s) why you did not seek the screening procedure? You can choose more than 1 answer.

- |  |   |
|--|---|
| I or someone I know had a bad experience, discomfort, pain, or false positive .....        | 1 |
| I do not want anyone to look at me .....   | 2 |
| I do not want anyone to touch me .....   | 3 |
| I do not want to have a physical (for example: weight check or blood pressure check) ..... | 4 |
| Other (please specify) .....   | 5 |
| This question doesn't apply to me — I typically do schedule screening appointments.....    | 6 |
| Don't know/No answer .....   | 8 |

<p><b>Cervical Cancer Screening Questions</b> <i>(for women ages 21 to 64 years only; if not in this gender group and age range, GO TO Colon Cancer–Related Questions)</i></p>
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Q26. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- |   |                    |
|---|--------------------|
| Yes .....   | 1                  |
| No.....   | 2                  |
| NA, I had a total hysterectomy <sup>1</sup> ..... | 3                  |
|   | (Please go to Q30) |
| Not sure/Don't know.....                          | 8                  |

Q27. To the best of your knowledge, what is the recommended age for women to start having a Pap test?

➤ *Please type in their response.*

Q28. To the best of your knowledge, how often should women have a Pap test?

➤ *Please type in their response.*

Q29. For the time(s) that you did not schedule a Pap test, which of the following explain(s) why you did not seek the screening procedure? You can choose more than 1 answer.

- |  |   |
|--|---|
| I or someone I know had a bad experience, discomfort, pain, or false positive .....        | 1 |
| I do not want anyone to look at me .....   | 2 |
| I do not want anyone to touch me .....   | 3 |
| I do not want to have a physical (for example: weight check or blood pressure check) ..... | 4 |
| Other (please specify) .....   | 5 |

This question doesn't apply to me—I typically do schedule screening appointments.....	6
Don't know/No answer.....	8

<sup>1</sup>According to the U.S. Preventive Services Task Force and American Cancer Society, there are specific cancer screening guidelines for patients who had a hysterectomy, mastectomy, and gender reassignment surgeries.

<p><b>Colon Cancer Screening Questions</b> <i>(for ages 51 to 75 only; if not in this age range, GO TO Closing Line)</i></p>
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- Q30. Sigmoidoscopy and colonoscopy are exams in which a lighted tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you had either of these exams?
- |                  |   |
|------------------|---|
| Yes .....        | 1 |
| No.....          | 2 |
| Don't know ..... | 8 |
- Q31. To the best of your knowledge, what is the recommended age for men and women to start having colon cancer screenings?
- *Please type in their response.*
- Q32. To the best of your knowledge, how often should the average person have colon cancer screenings?
- *Please type in their response.*
- Q33. Has your PCM ever discussed the different cancer screening options for colon cancer and what they are? They are colonoscopy, sigmoidoscopy, and a fecal occult blood test.
- |                          |   |
|--------------------------|---|
| Yes .....                | 1 |
| No.....                  | 2 |
| Not sure/Don't know..... | 8 |
- Q34. If you haven't had a colonoscopy or sigmoidoscopy because of fear of the procedure or inconvenience, would you have a fecal occult blood test if your physician had offered this option? (A fecal occult blood test is a stool test whereby the patient places his/her samples of their stool on a special card or cloth and then sends it to a lab to detect cancer.)
- |                          |   |
|--------------------------|---|
| Yes .....                | 1 |
| No.....                  | 2 |
| Not sure/Don't know..... | 8 |
- Q35. Has any of the following caused you to not get an invasive procedure like a sigmoidoscopy or colonoscopy?
- |   |   |
|---|---|
| I or someone I know had a bad experience, discomfort, pain, or false positive ..... | 1 |
| I do not want anyone to look at me .....  | 2 |
| I do not want anyone to touch me .....  | 3 |

I do not want to have a physical (for example: weight check or blood pressure check)	4
Other (please specify)	5
This question doesn't apply to me — I typically do schedule screening appointments.	6
Don't know/No answer	8

<b>About You</b>
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Q36. In general, how would you rate your overall health?	
Excellent	1
Very good	2
Good	3
Fair	4
Poor	8
Q37. What is the highest grade or level of school that you have completed?	
8th grade or less	1
Some high school, but did not graduate	2
High school graduate or General Educational Development (GED) tests	3
Some college or 2-year degree	4
4-year college graduate	5
More than 4-year college degree	6
Don't know/No answer	8
Q38. What is your current employment status?	
I am a full-time employee, working outside the home	1
I am a part-time employee, working outside the home	2
I work from home	3
I do not work (for example: out of work, retired, student, homemaker, unable to work)	4
Don't know/No answer	8
Q39. Do you currently live on base or off base?	
I live on base or on post	1
I don't live on base. I live in a residential community	2
Q40. Are you of Hispanic or Latino origin or descent?	
Yes, Hispanic or Latino	1
No, not Hispanic or Latino	2
Q41. What is your race? Please mark one or more.	
White	1
Black or African American	2
Asian (eg, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)	3
Native Hawaiian or Other Pacific Islander	4



American Indian or Alaskan Native .....	5
Don't know/Does not wish to answer [do not read] .....	8
Q42. Do you have other health insurance?	
I have other health insurance .....	1
No.....	2
Not Sure/Don't know .....	8

<b>Closing Line</b>
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- “We truly appreciate you taking the time to assist us with this survey. Those are all the questions I have for you. Thank you for your help. If you wish to schedule a preventive care screening, please contact your primary care manager or provider. Have a good day. Goodbye.”

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<b>MEDICAL TERMINOLOGY</b>
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Colonoscopy – an endoscopic (internal) examination of the large bowel and part of the small bowel with the use of a fiber optic (or charge coupled device [CCD]) camera to detect cancer.

Fecal occult blood test – a stool test in which the patient places his/her samples of the stool on a special card or cloth and then sends it to a lab to detect cancer.

Gender reassignment – genital reconstruction, a surgical procedure to alter one's genitals to those of the preferred gender.

Hysterectomy – removal of the uterus and cervix.

Mammogram – an examination of the breast with the use of x-ray to detect cancer.

Mastectomy – removal of the breast(s).

Pap test – a screening test used to detect cancer, in which an instrument opens the vaginal canal and allows the collection of cells from the opening of the cervix.

Sigmoidoscopy – a minimally invasive medical examination of the large intestine, from the rectum through the colon, to detect cancer.

<sup>a</sup>According to the U.S. Preventive Services Task Force and American Cancer Society, there are specific cancer screening guidelines for patients who had a hysterectomy, mastectomy, and gender reassignment surgeries.