

Instructions:

- Please use a black or blue pen to complete this form.
- Mark **X** to indicate your answer. If you want to change your answer, darken the box **XS** and mark the correct answer.

1. Before this survey, had you ever heard of the University of California, Davis Comprehensive Cancer Center?

- ☐ Yes
☐ No

CANCER SCREENING

2. A colonoscopy is a test to look for colorectal cancer. A medical provider inserts a tube with a camera in the rectum to examine the bowels. Have you ever had a colonoscopy?

- ☐ Yes
☐ No → GO TO QUESTION 4

3. How long has it been since you had your last colonoscopy?

- ☐ Within the past year (anytime less than 12 months ago)
☐ Within the past 2 years (at least 1 year but less than 2 years ago)
☐ Within the past 5 years (at least 2 years but less than 5 years ago)
☐ Within the past 10 years (at least 5 years but less than 10 years ago)
☐ 10 or more years ago
☐ Don't know

4. A stool or fecal blood test is done at home to check for colorectal cancer. You send your stool sample to your medical provider or a lab for testing. Have you ever done a stool or fecal blood test to check for colorectal cancer?

- ☐ Yes
☐ No → GO TO QUESTION 6

5. How long has it been since your most recent at home stool or fecal blood test to test for colorectal cancer?

- ☐ Within the past year (anytime less than 12 months ago)
☐ Within the past 2 years (at least 1 year but less than 2 years ago)
☐ Within the past 3 years (at least 2 years but less than 3 years ago)
☐ Within the past 5 years (at least 3 years but less than 5 years ago)
☐ 5 or more years ago
☐ Don't know

6. When you are outdoors in the sun, how often do you wear sunscreen?

- ☐ Rarely or never
☐ Sometimes
☐ Usually
☐ Always

7. Have you ever had your skin examined by a health professional for signs of skin cancer?

- ☐ Yes
☐ No
☐ Don't know



CANCER SCREENING: Questions 8-12 are for females only. Males, please go to question 13.

8. A mammogram is an X-ray of each breast to look for breast cancer. Have you ever had a mammogram?

☐ Yes

☐ No → GO TO QUESTION 11

9. How old were you when you had your first mammogram?

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10. How long has it been since you had your last mammogram?

☐ Within the past year (anytime less than 12 months ago)

☐ Within the past 2 years (at least 1 year but less than 2 years ago)

☐ Within the past 3 years (at least 2 years but less than 3 years ago)

☐ Within the past 5 years (at least 3 years but less than 5 years ago)

☐ 5 or more years ago

☐ Don't know

11. The next questions are about cervical cancer. A Pap smear is a procedure to test for cervical cancer where a medical provider takes a sample of cells from the cervix. Have you ever had a Pap smear?

☐ Yes

☐ No → GO TO QUESTION 15

12. How long has it been since you had your last Pap smear?

☐ Within the past year (anytime less than 12 months ago)

☐ Within the past 2 years (at least 1 year but less than 2 years ago)

☐ Within the past 3 years (at least 2 years but less than 3 years ago)

☐ Within the past 5 years (at least 3 years but less than 5 years ago)

☐ 5 or more years ago

☐ Don't know

CANCER SCREENING: Questions 13-14 are for males only. Females, please go to question 15.

13. The next questions are about prostate cancer. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. Have you ever had a PSA test?

☐ Yes

☐ No → GO TO QUESTION 15

14. How long has it been since you had your last PSA test?

☐ Within the past year (anytime less than 12 months ago)

☐ Within the past 2 years (at least 1 year but less than 2 years ago)

☐ Within the past 3 years (at least 2 years but less than 3 years ago)

☐ Within the past 5 years (at least 3 years but less than 5 years ago)

☐ 5 or more years ago

☐ Don't know

Questions 15-16 are for parents of children ages 9+. All others, please go to question 17.

15. Have your child(ren) received one or more doses of the Human Papillomavirus (HPV) vaccine?

☐ Yes → GO TO QUESTION 17

☐ No

☐ Don't know → GO TO QUESTION 17



16. Which of the following explains your reason(s) for your child(ren) not being vaccinated for HPV?

Mark all that apply.

- ☐ Don't know enough about the HPV vaccine
- ☐ Doctor did not recommend it
- ☐ Don't think the vaccine is needed
- ☐ Did not know the vaccine could prevent cancer
- ☐ Financial factors: too expensive or not covered by insurance
- ☐ Safety concerns with the vaccine
- ☐ Other, please specify:

TOBACCO USE

17. Have you ever smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

- ☐ Yes
- ☐ No → GO TO QUESTION 20

18. In the past 30 days, how often did you smoke?

- ☐ Every day
- ☐ Some days
- ☐ Not at all → GO TO QUESTION 20

19. A low dose CT scan (LDCT) is a 2-minute long, low radiation CT scan for lung cancer. This screening is for people who are 50-80 years old, who smoke now, or quit within the last 15 years (after 2008), and smoked 20 pack-years. Pack years = packs per day x years smoked.

Examples of pack years: 20 pack years = ½ packs per day x 40 years
20 pack years = 2 packs per day x 10 years

Have you ever had a lung cancer screening?

- ☐ Yes
- ☐ No

ENVIRONMENTAL QUESTIONS

20. What is the primary source of drinking water at your home?

- ☐ Municipal/tap water (including both filtered and unfiltered)
- ☐ Private well water (including both filtered and unfiltered)
- ☐ Bottled water or trucked in water
- ☐ Other water source, please specify:
- ☐ Don't know

21. Do you have any concerns about the air quality around your home and its impact on cancer risk?

Mark all that apply.

- ☐ I am concerned about the impact of wildfire smoke
- ☐ I am concerned about the impact of industrial air pollution
- ☐ I am concerned about the effect of air pollution on the safety of food from my garden or the market and impact on my cancer risk
- ☐ I am concerned about the effects of air pollution on the safety of my water and impact on my cancer risk

HEALTH CARE ACCESS AND EXPERIENCES

22. Where do you go to seek medical help? Mark all that apply.

- ☐ Clinic or health center
- ☐ Doctor's office or HMO
- ☐ Hospital emergency room
- ☐ Hospital outpatient department
- ☐ Some other place

23. In the past 12 months, was there a time when you needed to see a doctor, but could not?

- ☐ No, I was able to see a doctor without any barriers

Yes, there was a time I could not go to a doctor. Please mark all of the following reasons why you could not go to a doctor that apply.

- ☐ I couldn't get an appointment
- ☐ My insurance was not accepted
- ☐ Insurance did not cover
- ☐ Language problems
- ☐ Transportation problems
- ☐ Hours were not convenient
- ☐ There was no child care for children at home
- ☐ I didn't have time
- ☐ I couldn't afford/cost too much
- ☐ I have insurance but the deductible/copay cost was too much
- ☐ I had no insurance
- ☐ Other, please specify:
- ☐ Don't know

24. Have you ever been treated unfairly or been discriminated against when getting medical care because of the following reasons? Mark all that apply.

- ☐ Your race/ethnicity
- ☐ Your gender/sexual orientation
- ☐ Your disability status
- ☐ Other, please specify:
- ☐ None of the above

HEALTH STATUS: The next questions are about your overall health.

25. How tall are you without shoes?

Feet Inches

26. How much do you weigh without shoes?

lbs

- ☐ Don't know

27. About how long has it been since you last saw a doctor or medical provider for a routine check-up?

- ☐ One year ago or less
- ☐ More than 1 up to 2 years ago
- ☐ More than 2 up to 5 years ago
- ☐ More than 5 years ago
- ☐ Never
- ☐ Don't know

28. Has your doctor ever diagnosed you with any of the following conditions? Mark all that apply.

- ☐ Heart disease
- ☐ Lung disease
- ☐ Ulcer or stomach disease
- ☐ Liver disease
- ☐ Cancer
- ☐ Osteoarthritis or degenerative arthritis
- ☐ Rheumatoid arthritis
- ☐ High blood pressure
- ☐ Diabetes
- ☐ Kidney disease
- ☐ Anemia or other blood disease
- ☐ Depression
- ☐ Back pain
- ☐ HIV
- ☐ Other, please specify:
- ☐ None of the above

29. Have you ever been told by a doctor or other health professional that you have or had cancer of any kind?

- ☐ Yes
- ☐ No → GO TO QUESTION 34

30. What kind of cancer(s)?

31. How old were you when you were first diagnosed with cancer?

32. Since your cancer diagnosis, did your doctor ever recommend a clinical trial?

- ☐ Yes, but I did not choose to participate
- ☐ Yes, I participated in a clinical trial
- ☐ No, the doctor did not recommend a clinical trial for me
- ☐ Don't know or don't remember
- ☐ I don't know what a clinical trial is

33. Since your cancer diagnosis, did you donate any tissue (e.g., blood, cells, etc.) for cancer research?

- ☐ Yes
- ☐ No, but I would be willing to do so
- ☐ No, and I don't want to do so
- ☐ Don't know

PERSONAL CHARACTERISTICS

34. What was your sex given at birth?

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer
- ☐ Don't know

35. What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender male
- ☐ Transgender female
- ☐ Agender
- ☐ Genderqueer or Genderfluid
- ☐ Māhū
- ☐ Muxe
- ☐ Non-binary
- ☐ Questioning or Unsure
- ☐ Two-Spirit
- ☐ Prefer not to answer
- ☐ None of the above, please specify:

36. What is your sexual orientation?

☐ Heterosexual or Straight

☐ Gay

☐ Lesbian

☐ Bisexual

☐ Asexual

☐ Pansexual

☐ Queer

☐ None of the above, please specify:

37. Are you of Hispanic, Latino/a, or Spanish origin? Mark all that apply.

☐ No, not of Hispanic, Latino or Spanish origin

☐ Yes, Mexican, Mexican American, Chicano/a

☐ Yes, Salvadoran

☐ Yes, Guatemalan

☐ Yes, other Hispanic, Latino or Spanish origin, please specify:

38. What is your racial identity? Mark all that apply and print origins.

☐ White (Print, for example, German, Irish, Lebanese, Egyptian, etc.):

☐ Black or African American (Print, for example, African American, Haitian, Nigerian, Ethiopian, Somali, etc.):

☐ American Indian or Alaska Native (Print name of enrolled or principal tribe(s), for example, Navajo Nation, Nome Eskimo Community, etc.):

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian, please specify:

☐ Native Hawaiian, Chamorro, Samoan, or other Pacific Islander

39. Where were you born?

☐ In the United States

☐ In another country, please specify country name:



In the past 12 months, how often were the following things true?	Often True	Sometimes True	Never True
40. Someone in your household cut the size of meals or skipped meals because there wasn't enough money for food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Someone in your household was worried about being forced to move (for example, because of eviction or foreclosure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Lack of reliable transportation kept someone in your household from medical appointments, work, or from getting things needed for daily living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. What is your primary source of health care coverage? Mark only one.

- ☐ A plan purchased through an employer or union (including plans purchased through another person's employer)
- ☐ A plan that you or another family member buys on your own
- ☐ Medicare
- ☐ Medi-Cal
- ☐ TRICARE (formerly CHAMPUS), VA or Military
- ☐ Alaska Native, Indian Health Service, Tribal Health Services
- ☐ Some other source
- ☐ None (no coverage)
- ☐ Don't know/not sure

44. What is the highest grade or level of schooling you completed?

- ☐ Less than 8 years
- ☐ 8 through 11 years
- ☐ 12 years or completed high school
- ☐ Post high school training other than college (vocational or technical)
- ☐ Some college
- ☐ College graduate
- ☐ Postgraduate



