

## **Internet Based Education for Prostate Cancer Screening**

Please help us to understand the best ways to educate men about prostate cancer screening on the Internet. We appreciate all feedback. Thank you very much for your time and participation in our project.

### **1. Do you use a computer at home?**

- ☐yes GO TO #2  
☐no GO TO #8

### **2. What type of computer do you have at home?**

- ☐PC (e.g., Dell, Gateway, Compaq)  
☐Mac (Apple)  
☐other (please describe: \_\_\_\_\_)  
☐not sure

### **3. How old is your computer in your home?**

- ☐less than 2 years old  
☐2-5 years old  
☐greater than 5 years old  
☐not sure

### **4. On your computer at home, do you have? (check all that apply)**

- ☐CD-ROM drive  
☐USB port (e.g, memory sticks connect to the USB port on a computer)  
☐Not Sure

### **5. Do you have an internet connection for your home computer?**

- ☐yes GO TO # 6  
☐no GO TO # 8

### **6. How do you connect to the Internet on your home computer?**

- ☐through the telephone line ("Dial-up")  
☐high speed connection (Broadband, DSL, cable etc.)  
☐other (please describe: \_\_\_\_\_)  
☐not sure

### **7. How often do you use the Internet at home? (please check one)**

- ☐never or rarely  
☐a few times a year  
☐a few times per month  
☐once per week  
☐several times per week  
☐daily

### **8. Do you use a computer at work?**

- ☐yes  
☐no GO TO #17

### **9. Can you use your work computer for personal use?**

- ☐yes  
☐no GO TO #17

**10. Do you have an Internet connection on your work computer?**

☐ yes  
☐ no GO TO #14

**11. Can you use the Internet for personal use at work?**

☐ yes  
☐ no GO TO #17

**12. How do you connect to the Internet on your work computer?**

☐ through the telephone line ("Dial-up")  
☐ high speed (Broadband, DSL, cable etc.)  
☐ other (please describe: \_\_\_\_\_)  
☐ not sure

**13. How often do you use the Internet at work? (please check one)**

☐ never or rarely  
☐ a few times a year  
☐ a few times per month  
☐ once per week  
☐ several times per week  
☐ daily

**14. What type of computer do you have at work?**

☐ PC (e.g., Dell, Gateway, Compaq)  
☐ Mac (Apple)  
☐ other (please describe: \_\_\_\_\_)  
☐ not sure

**15. On your computer at work, do you have? (check all that apply)**

☐ CD-ROM drive  
☐ USB port (e.g, memory sticks connect to the USB port on a computer)  
☐ Not Sure

**16. How old is your computer at work?**

☐ less than 2 years old  
☐ 2-5 years old  
☐ greater than 5 years old  
☐ not sure

**17. If you do not have access to a high speed Internet connection at home or work, would you be willing to go to another location (e.g., the hospital, library, friend's computer, Internet café) to access our prostate cancer screening website on the Internet?**

☐ yes (please indicate which of the above options would be most convenient for you: \_\_\_\_\_)  
☐ no  
☐ not sure

**18. If you are not comfortable accessing the Internet on your own, would you ask a friend or family member to help you use our prostate cancer screening website?**

☐ yes  
☐ no  
☐ not sure

**19. Would you prefer to receive health-related information on the Internet or as a booklet? (please check one)**

Internet \_\_\_\_ Booklet \_\_\_\_

**20. Why are you here today? (check all that apply)**

\_\_\_\_ For a check-up

\_\_\_\_ Illness

\_\_\_\_ To bring a friend/relative to a doctor's appointment

\_\_\_\_ For blood tests or other laboratory work

\_\_\_\_ Other (please specify): \_\_\_\_\_

**21. If you are here today to bring a friend/relative to a doctor's appointment, are you also a patient in this clinic?**

\_\_\_\_ yes      \_\_\_\_ no      \_\_\_\_ N/A

**22. How old are you? \_\_\_\_\_**

**23. What is your marital status?**

\_\_\_\_ Never married    \_\_\_\_ Married    \_\_\_\_ Living as married    \_\_\_\_ Separated/Divorced    \_\_\_\_ Widowed

**24. How far did you go in school? (please check one)**

\_\_\_\_ less than high school    \_\_\_\_ high school graduate or GED    \_\_\_\_ vocational/trade school    \_\_\_\_ some college

\_\_\_\_ college graduate    \_\_\_\_ some graduate school    \_\_\_\_ graduate/professional degree

**25. To what racial/ethnic group do you belong?**

\_\_\_\_ Black/African American    \_\_\_\_ Hispanic/Latino    \_\_\_\_ Asian/Pacific Islander    \_\_\_\_ Native American

\_\_\_\_ Caribbean or West Indian    \_\_\_\_ White    \_\_\_\_ Other: \_\_\_\_\_

**Thank you very much for completing this questionnaire. We sincerely appreciate your time.**

This next section asks you to look at the information that is on the back of a container of a pint of ice cream and answer a few questions about it. We are asking these questions because we are interested in the best ways to communicate medical and numerical information to people. *Participants are given a hard copy of the NVS nutrition label to hold and to which they can refer, as needed, while the interviewer asks the 6 questions out loud and records the responses.*

Nutrition Facts	
Serving Size	1/2 cup
Servings per container	4
Amount per serving	
Calories 250	Fat Cal 120
	%DV
<b>Total Fat</b> 13g	20%
Sat Fat 9g	40%
<b>Cholesterol</b> 28mg	12%
<b>Sodium</b> 55mg	2%
<b>Total Carbohydrate</b> 30g	12%
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	8%

\* Percent Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

*Questions to be asked by the interviewer.*

**READ TO SUBJECT:** This information is on the back of a container of a pint of ice cream.

## **QUESTIONS**

1. If you eat the entire container, how many calories will you eat? \_\_\_\_\_

**Answer** 1,000 is the only correct answer

2. If you are allowed to eat 60g of carbohydrates as a snack, how much ice cream could you have? \_\_\_\_\_

**Answer** Any of the following is correct:

1 cup (or any amount up to 1 cup)

Half the container

*Note: If patient answers "2 servings" ask, "How much ice cream would that be if you were to measure it into a bowl?"*

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42g of saturated fat each day, which includes 1 serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? \_\_\_\_\_

**Answer** 33 is the only correct answer

4. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? \_\_\_\_\_

**Answer** 10% is the only correct answer

Pretend you are allergic to the following substances:

Penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream? Yes \_\_\_\_\_ No \_\_\_\_\_ DK \_\_\_\_\_

**Answer** No

6. (Ask only if patient responds "no" to question 5): Why not? \_\_\_\_\_

**Answer** Because it has peanut oil.

Weiss, D. et al., (2005). Quick Assessment of Literacy in Primary Care: The Newest Vital Sign. *Annals of Family Medicine*, 3(6): 514-522.