



Project HEAL

HEAL

Health through Early Awareness and Learning

First Name: _____

Last Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Cell Carrier/Provider: _____

Email address: _____

Date of birth: _____

In this survey we are going to ask you some questions about cancer and testing for it. You may or may not have any knowledge about these things, and this is ok. Even if you have not heard of cancer or ways of testing for it, this is important for us to know. You can mark a 'not sure' response to any question if you just don't know the answer.

Later during the course of the project we will have one more survey for you to complete on these same topics. We will share our findings back to you so that you know what happened with the project.

We thank you for your patience with this important part of the project.

Please read each question carefully.

Feel free to ask the members of the HEAL staff to assist you if you need any help or have any questions.

Let's begin!

We are interested in your thoughts about the HEAL workshops!

Thank you for taking part in the HEAL project. Your answers on this survey will help to see if the project is making a difference in your community. Please give your honest and best answers.

For each question, please **place an x in the box** that most closely reflects your attitude or feeling. **Other** questions will ask you to **write in** your answer. There are no right or wrong answers - we are interested in your honest opinions.

Please answer the following question.	All	Most	Some	None
How much of the booklets did you read?				

Which workshops did you attend? (mark all that apply)

- Workshop #1 (Overview of Cancer)
- Workshop #2 (Breast/Prostate Cancer)
- Workshop #3 (Colorectal Cancer)

What one thing do you remember most from the workshops you attended? (write in answer)

Have you shared the knowledge from Project HEAL workshops with any of the below? (Mark all that apply)

- Family members
- Friends
- Co-workers
- Congregation members
- None
- Other: _____

The next few questions are about the HEAL Newsletters:

Did you receive newsletters from Project HEAL:

- Yes
- No
- Not sure

How many newsletters do you remember getting?

- 1
- 2
- 3
- 4 or more
- Don't remember

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not get
I enjoyed getting newsletters about the program					
The HEAL newsletters kept me engaged in the program.					
The HEAL newsletters kept me informed about the program					

What do you like **best** about the newsletters? _____

What do you like **least** about the newsletters? _____

The next few questions are about the HEAL text messages:

Did you receive text messages on your phone from the Project HEAL:

- Yes
- No
- Not sure
- I do not or cannot receive text messages on my phone

How many text messages do you remember getting?

- 1
- 2-3
- 4-6
- 7 or more
- Don't remember
- Does not apply

Do you remember receiving Project HEAL text messages about... (please check **all** that apply)

- Healthy living
- Breast cancer
- Prostate cancer
- Colorectal cancer
- Religion/spirituality
- None of the above
- Other _____
- Does not apply

How much do you agree or disagree with the following statements? (please check ONE)	Strongly Disagree	Disagree	Agree	Strongly Agree	Did not get
I enjoyed getting text messages about the program					
The HEAL text messages kept me engaged in the program.					
The HEAL text messages kept me informed about the program					

What do you like **best** about the text messages? _____

What do you like **least** about the text messages? _____

Would you like to continue to receive text messages from Project HEAL?

- Yes
- No
- Not sure

To make sure we have your most current information, please provide your:

Cell Phone Number: _____

Cell Phone Provider: _____

Do you have any **other comments** about the workshop that you have not already mentioned?

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- _____ Within the past year (anytime less than 12 months ago)
- _____ Within the past 2 years (1 year but less than 2 years ago)
- _____ Within the past 5 years (2 years but less than 5 years ago)
- _____ 5 or more years ago
- _____ Don't know /Not sure
- _____ Never

These next few questions are about colorectal cancer:

Do you agree or disagree with the following statements?	Disagree	Agree	Not Sure
Colorectal cancer is cancer of the colon or rectum.			
Colorectal cancer affects only older White men.			
Risk of colorectal cancer becomes greater as a person gets older.			
Both men and women are at risk for colorectal cancer.			
Colorectal cancer begins as a growth in the colon or rectum.			
Bleeding is a symptom to report to your doctor.			
Colorectal cancer screening is not necessary if there are no symptoms.			
Finding colorectal cancer early will save your life.			
The treatment for colorectal cancer may not be as bad if the cancer is found early.			

We would like to ask you about a test called Fecal Occult Blood test or FOBT:

This test is done to check for colon cancer. It is done at home, using a set of 3 cards, to check if your stools have blood. To do this test, you need to take some of the stool and smear it on the card. Then, you return the card to the doctor's office to be tested.



Have you ever heard of this test?

___ Yes ___ No ___ Don't know/Not sure

If yes, please go to the next page (page 9) of the survey.

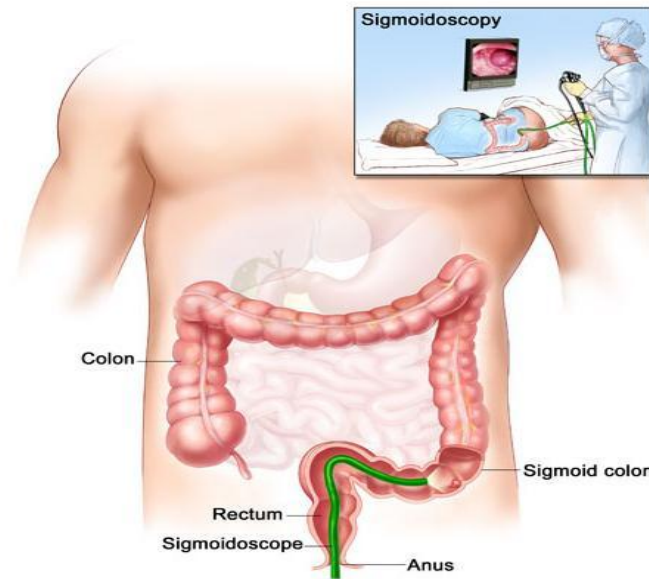
If no or don't know/not sure, please skip to page 11 of the survey.

Do you agree with the following statements?	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
A FOBT will help find colorectal cancer early.					
A FOBT will decrease your chances of dying from colorectal cancer.					
A FOBT will help you not worry as much about colorectal cancer.					
I am afraid to have a FOBT because I might find out something is wrong.					
A FOBT is embarrassing.					
I do not have time to do a FOBT.					
The cost would keep me from having a FOBT.					
I do not need to do a FOBT because I have no problems.					
I do not have the privacy to do a FOBT.					
I would have trouble having an FOBT because I do not have health insurance.					

We would like to ask you about a test called Sigmoidoscopy:

Sigmoidoscopy is an exam in which a tube is inserted in the rectum to examine the bowel for signs of cancer or other health problems. During the sigmoidoscopy, **you are awake**.

Sigmoidoscopy



Have you ever heard of a flexible sigmoidoscopy? Yes No Don't know/Not sure

If yes, please go to the next page (page 12) of the survey.

If no or don't know/not sure, please skip to page 13 of the survey.

[If you have never heard of a Sigmoidoscopy, please SKIP to page 13 of the survey.]

Have you ever had a flexible sigmoidoscopy? _____ Yes _____ No _____ Don't know/Not sure

If yes, when did you have your last flexible sigmoidoscopy? _____ Month _____ Year

If yes, how long has it been since you had your last sigmoidoscopy?

- _____ Within the past year (12 months ago or less)
- _____ Between 1 and 2 years ago (more than 12 months but less than 24 months ago)
- _____ Between 2 and 3 years ago (more than 24 months but less than 36 months ago)
- _____ Between 3 and 5 years ago (more than 36 months but less than 60 months ago)
- _____ Between 5 and 10 years ago
- _____ More than 10 years ago
- _____ Never
- _____ Don't know/Not sure

Are you thinking about having a sigmoidoscopy in the next 6 months or so? _____ Yes _____ No
 _____ Don't know

Do you have an appointment to get a sigmoidoscopy within the next 6 months? _____ Yes _____ No

Has a health care provider recommended that you have a sigmoidoscopy this year to check your bowel for cancer?

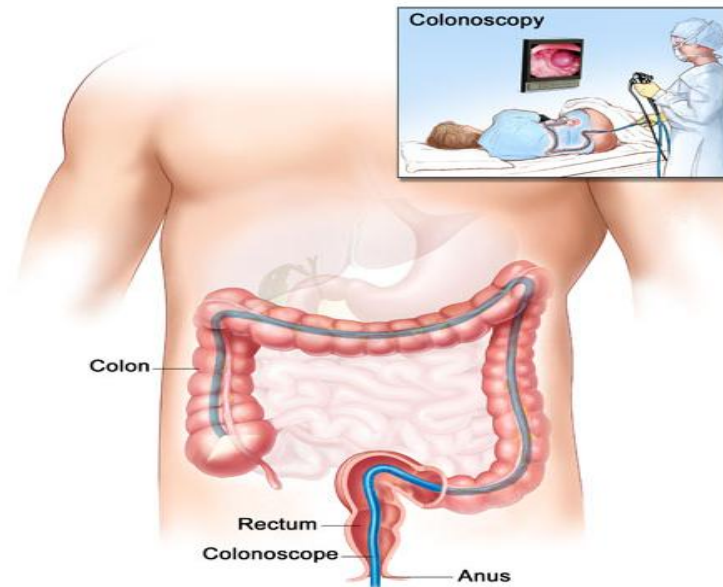
_____ Yes _____ No _____ Don't know/don't remember

	Not at all Confident	Not very Confident	Confident	Very Confident
How confident are you that you can schedule and complete a sigmoidoscopy?				

We would like to ask you about a test called Colonoscopy:

A colonoscopy is an exam in which a tube is inserted in the rectum to examine the bowel for signs of cancer or other health problems. During the colonoscopy you are given medicine **to put you to sleep.**

Colonoscopy



Have you ever heard of a colonoscopy? Yes No Don't know/Not sure

If yes, please go to the next page (page 14) of the survey.

If no or don't know/not sure, please skip to page 16 of the survey.

Do you agree with the following statements?	Disagree	Agree	Not Sure
A colonoscopy will help find colorectal cancer early.			
A colonoscopy will decrease your chances of dying from colorectal cancer.			
A colonoscopy will help you not worry as much about colorectal cancer.			
I am afraid to have a colonoscopy because I might find out something is wrong.			
A colonoscopy is embarrassing.			
I do not have time to do a colonoscopy.			
The cost would keep me from having a colonoscopy.			
I feel anxious about having a colonoscopy because I don't really understand what will be done.			
Having a colonoscopy is painful.			
Do you agree with the following statements?	Disagree	Agree	Not Sure
Having to follow a special diet and take a laxative or enema would keep me from having a colonoscopy.			
I am afraid to have a colonoscopy because of the possibility there may be bleeding or tearing of the colon.			
Having a colonoscopy might mean that a person is gay or bisexual.			
I would have trouble having a colonoscopy because I do not have health insurance.			

These next few questions are about breast cancer:

A mammogram is an x-ray picture of the breast. When you get a mammogram, your breast is placed between two plastic plates and pressed while the x-ray picture is taken.

When did you have your last mammogram?

- Within the past 12 months
- More than 12 months ago
- I've never had a mammogram

Have you thought about getting a mammogram in the next 6 months?

- Yes
- No

Do you have an appointment to get a mammogram within the next 6 months?

- Yes
- No

*Different women have different ideas about getting a mammogram.
Tell us what you think.*

	Yes	No	Not Sure
Are you too busy to get a mammogram?	_____	_____	_____
Would having a mammogram be too painful for you?	_____	_____	_____
Do you have a way to get to the mammogram place?	_____	_____	_____
Can having a mammogram actually cause breast cancer?	_____	_____	_____
Would having a mammogram be too embarrassing for you?	_____	_____	_____
Is the mammogram place open when you have time to go?	_____	_____	_____
Would the cost of a mammogram be a problem for you now?	_____	_____	_____
Would having a mammogram make you worry about having breast cancer?	_____	_____	_____

Tell us what you think a mammogram can do.

- Do mammograms find all breast cancers?
- Do you need a mammogram if your breasts feel fine?
- Can having a mammogram help set your mind at ease?
- Can a mammogram reduce your risk of dying from breast cancer?
- Can a mammogram find a breast lump before it's big enough to feel?

Yes	No	Not Sure
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___

Tell us what you think about breast cancer.

- Do most breast lumps turn out to be cancer?
- Can bumping or bruising the breasts lead to breast cancer?
- Can touching, rubbing, or squeezing the breasts lead to breast cancer?
- Are older women more likely to get breast cancer than younger women?
- Are Black women more likely to die from breast cancer than White women?
- If a breast lump isn't bothering you, is it best just to leave it alone?

Yes	No	Not Sure
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___
___	___	___

Tell us what you think about breast cancer treatment.

- Can breast cancer be treated without removing the breast?
- Is the treatment for breast cancer worse than the cancer itself?
- Does breast cancer that is found early have a good chance of being cured?

Yes	No	Not Sure
___	___	___
___	___	___
___	___	___

Would you say your chances of getting breast cancer in the next 10 years are:

- ___ Higher than other Black women your age
- ___ About the same as other Black women your age
- ___ Lower than other Black women your age

We want to thank you very much for your participation!