PROJECT 7: Healthcare Disparities

By completing this survey, I consent to participating in the colorectal cancer education study. I understand that my participation is voluntary. I may refuse to answer any question or discontinue my involvement at any time. The data that is collected through this survey will be kept confidential to the extent allowed by law.

Demographic Information

1. Please check the box for your age category
   - [ ] 18-29
   - [ ] 30-39
   - [ ] 40-49
   - [ ] 50-59
   - [ ] 60-69
   - [ ] 70 and older

2. Please check the box for the highest grade of education you have completed?
   - [ ] Less than high school education
   - [ ] Some college
   - [ ] Graduated high school
   - [ ] Community college (For example, A.S. or A.A.)
   - [ ] Vocational, business, or trade school
   - [ ] College graduate (For example, B.S. or B.A.)
   - [ ] Ministry/divinity college
   - [ ] Graduate or professional school

3. What is your gender?
   - [ ] Female
   - [ ] Male

4. Would you describe or identify your race/ethnicity as... (Check all that apply)
   - [ ] Chamorro
   - [ ] Samoan
   - [ ] Marshallese
   - [ ] Native Hawaiian
   - [ ] Tongan
   - [ ] Other Pacific Islander, please specify __________________________
   - [ ] Other, Non-Pacific Islander, please specify __________________________

5. Have you received a referral for cancer screening?
   - [ ] Yes
   - [ ] Don’t know/not sure
   - [ ] No

6. Where were you born?
   - [ ] The continental United States
   - [ ] Polynesia (Hawai’i, American Samoa, Samoa, Tonga, New Zealand)
   - [ ] Micronesia (Guam, Republic of Marshall Islands, Palau, Pohnpei, Yap, Chuuk)
   - [ ] Melanesia (Fiji, Vanuatu)
   - [ ] Other please specify __________________________
7. Have you ever heard of a Sigmoidoscopy, Colonoscopy, or FOBT (Fecal Occult Blood Test) to look for signs of cancer or other problems in your colon?
☐ Yes  ☐ Don’t know/not sure
☐ No

8. During the past 12 months, how many times have you seen a doctor? ____ Times

9. I do not see a doctor because:
☐ Seldom or never get sick  ☐ Recently moved into the area
☐ No insurance or lost insurance  ☐ Don’t know where to go for care
☐ Don’t use doctors/treat myself  ☐ Usual place in this area no longer available
☐ Cost of medical care  ☐ Can’t find provider who speaks my language
☐ Native/traditional healer  ☐ Prefer a different place for health care needs
☐ I DO see a doctor as needed
☐ Other reason: Please specify:________________________________________

10. During the past 12 months, how many times have you seen a Native/traditional healer? ____ Times

11. Colorectal cancer screening should start at which age?
☐ 50  ☐ 55  ☐ 60  ☐ 65  ☐ Not sure/ Don’t know

12. If you or one of your family members had colorectal cancer or polyps you should start screening at a younger age than others.
☐ True  ☐ False

13. Screening decreases deaths from colorectal cancer.
☐ True  ☐ False

14. Only people with signs and/or symptoms of colorectal cancer need screening.
☐ True  ☐ False

15. You can always tell if you have colorectal cancer because it causes symptoms.
☐ True  ☐ False

16. Having a family history of colorectal cancer increases your chance of developing the disease.
☐ True  ☐ False

17. Colorectal cancer is not a problem for Pacific Islanders.
☐ Agree  ☐ Disagree  ☐ Don’t know

18. I have no control over getting colorectal cancer.
☐ Agree  ☐ Disagree  ☐ Don’t know

19. If I have colorectal cancer it will kill me anyway, so there is no point in getting screened.
☐ Agree  ☐ Disagree  ☐ Don’t know

20. If I have colorectal cancer I don’t want to know about it.
☐ Agree  ☐ Disagree  ☐ Don’t know

21. Colorectal cancer screening is embarrassing.
☐ Agree  ☐ Disagree  ☐ Don’t know

22. I am not comfortable talking about colorectal cancer with others.
☐ Agree  ☐ Disagree  ☐ Don’t know

23. I am afraid/concerned that some colorectal cancer screening procedures are painful.
☐ Agree  ☐ Disagree  ☐ Don’t Know

24. Stress causes colorectal cancer.
☐ Agree  ☐ Disagree  ☐ Don’t Know

25. I can remain healthy by getting regular colorectal cancer screenings.
☐ Agree  ☐ Disagree  ☐ Don’t Know

26. I am interested in colorectal cancer screening.
☐ Agree  ☐ Disagree  ☐ Don’t Know

27. I am interested in colorectal cancer screening because someone close to me had/has cancer.
☐ Agree  ☐ Disagree  ☐ Don’t Know

Thank You.