



Stars4BC Survey

Thank you again for agreeing to participate in the Stars4BC* study. Stars4BC* is a study being conducted by researchers at the Cancer Prevention Institute of California and Harvard University. This study is funded by the California Breast Cancer Research Program. The goal of this study is to develop questions about people's background information. These questions will be used by researchers in future breast cancer research studies.

To make sure our questions are gathering information correctly, we will be mailing you a second survey with the same questions about a month after we receive this survey.

We appreciate your time and effort in helping us with this research study.

Stars4BC stands for Standardizing Research Surveys for Understanding Breast Cancer Inequities.

Study ID: _____

Please read the following instructions before beginning this survey.

Answer each question as best you can. Please try not to skip any questions, unless instructed to do so.

- **Check boxes may be filled in the following ways: ☐ ☒ ☐**
- **Please follow any instructions that direct you to the next question.**

Example: ☒ No → GO TO Question 4.11

- **For a question with a line after it, please write the specific information on the line provided.**

Example: ☒ Other, please specify: Spanish

- **Please do your best to answer each question on your own. But if you needed help filling out the survey because of physical or visual problems, please let us know on the additional comments sheet at the end of this survey.**

SECTION 1: HEALTH STATUS

We would like to begin by asking about your general health. This section will also ask about any physical, mental or emotional challenges you may have.

1. How would you describe your general health? [check one]

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please think about your <u>physical</u> health, which includes physical illness and/or injury. For how many days during the past 30 days would you say that your health was not good?	<hr/> Number of days
3. During the past 30 days about how many days did pain make it hard for you to do your usual activities (such as self-care, work or things you do for fun)?	<hr/> Number of days

4. Do you have a major disability or health problem that limits your activities?

- ☐ Yes
- ☐ No → go to question 8

Answer questions 5-7 ONLY if you checked YES for question 4 above

5. How long have your activities been limited because of a major disability or health problem?

#_____ days #_____ weeks #_____ months #_____ years

	None of the time	Some of the time	Most or all of the time
6. Do you need the help of other people with your <u>personal care activities</u> (such as eating, bathing, dressing, or getting around the house) because of a disability or major health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you need the help of other people with your <u>routine activities</u> (such as household chores, shopping, conducting necessary business, or getting around for other purposes) because of a disability or major health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None of the time	Some of the time	Most or all of the time
8. Are you limited in the kind OR amount of <u>work</u> you can do because of a physical or emotional problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
9. Do you currently use any special equipment, such as a cane, wheelchair, special bed, or a special telephone because of a health problem	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you receive disability benefits from Social Security?	<input type="checkbox"/>	<input type="checkbox"/>

11. During the past 30 days about how many days have you felt that you did NOT get enough rest or sleep?	_____ Number of days
12. During the past 30 days about how many days have you felt very healthy and full of energy?	_____ Number of days

13. How would you describe your emotional health? [check one]

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Thinking about your emotional health, which includes stress, depression, anxiety, and problems with emotions, for how many days during the past 30 days would you say your emotional health was not good?	_____ Number of days
15. During the past 30 days about how many days have you felt sad, blue or depressed?	_____ Number of days
16. During the past 30 days about how many days have you felt very worried, or very anxious?	_____ Number of days
17. During the last 30 days, about how many days did poor physical or emotional health keep you from doing your usual activities (such as self-care, work, things you do for fun)?	_____ Number of days

SECTION 2: ETHNICITY

We would like to know about your ethnic background and identity.

1. Are you Latina/Hispanic? **[check one]**

- ☐ Yes → go to question 2
- ☐ No → go to question 3, page 7

2. What is your Latina or Hispanic ancestry or origin? **[check all that apply]**

- | | |
|---|--|
| <input type="checkbox"/> Argentinean | <input type="checkbox"/> Panamanian |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Chicana | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Spanish (from Spain) |
| <input type="checkbox"/> Ecuadoran | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Honduran | <input type="checkbox"/> Other Latina (please specify):
_____ |
| <input type="checkbox"/> Mexican American | |
| <input type="checkbox"/> Mexican/Mexicana | |
| <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Paraguayan | |

3. Which of the following would you use to describe yourself? [**check all that apply**, even if you checked Latina/Hispanic earlier]

☐ American Indian or Alaskan Native → go to question 4, page 8

☐ Asian → go to question 7, page 9

☐ Black/African-American → go to question 10, page 12

☐ Native Hawaiian → if **ONLY** Native Hawaiian (no other boxes checked), go to Section 3, page 15

☐ Other Pacific Islander → go to question 8, page 10

☐ White → go to question 9, page 11

☐ Other (please specify): _____ → go to question 11, page 13

☐ Don't know

Answer questions on this page ONLY if you checked American Indian/Alaska Native on question 3, page 7.

4. What is your tribal heritage? **[check all that apply]**

☐ Athabascan

☐ Cahuilla

☐ Cherokee

☐ Choctaw

☐ Chumash

☐ Karuk

☐ Kumeyaay

☐ Luiseno

☐ Maidu

☐ Miwok

☐ Navajo

☐ Pomo

☐ Pueblo

☐ Sioux

☐ Tlingit

☐ Yurok

☐ Other tribe (please specify):

☐ Don't know

5. Are you enrolled in a state or federally recognized tribe?

☐ Yes

☐ No

6. **If yes to question 5**, in which tribe are you enrolled **[check one]**?

☐ Athabascan

☐ Cahuilla

☐ Cherokee

☐ Choctaw

☐ Chumash

☐ Karuk

☐ Kumeyaay

☐ Luiseno

☐ Maidu

☐ Miwok

☐ Navajo

☐ Pomo

☐ Pueblo

☐ Sioux

☐ Tlingit

☐ Yurok

☐ Other tribe (please specify):

Answer question on this page ONLY if you checked Asian on question 3, page 7.

7. Which of the following ethnic groups best describe you (such as Chinese, Filipina)? [**check all that apply**]

- ☐ Bangladeshi
- ☐ Burmese
- ☐ Cambodian (Kampuchean)
- ☐ Chinese
- ☐ Filipina
- ☐ Hmong
- ☐ Indian (India)
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian (please specify): _____

Answer question on this page ONLY if you checked Other Pacific Islander on question 3, page 7.

8. Which of the following ethnic groups best describe you (such as Samoan, Tongan)? [**check all that apply**]

☐ Fijian

☐ Guamanian/Chamorro

☐ Samoan

☐ Tongan

☐ Other Pacific Islander (please specify):

Answer question on this page ONLY if you checked White on question 3, page 7.

9. Which of the following ethnic groups best describe you? [**check all that apply**]

☐ Arab Middle Eastern

☐ Irish

☐ Non-Arab Middle
Eastern

☐ Italian

☐ English

☐ Russian

☐ Eastern European

☐ Scandinavian

☐ French

☐ Mixed European descent

☐ German

☐ Other (please specify):

Answer question on this page ONLY if you checked Black/African-American on question 3, page 7.

10. Which of the following groups best describe you? [**check all that apply**]

☐ African American

☐ Jamaican

☐ Cape Verdean

☐ Haitian

☐ Ethiopian

☐ Other West Indian/Caribbean
(please specify):

☐ Ghanaian

☐ Nigerian

☐ Brazilian

☐ Somali

☐ Other African (please specify):

☐ Other Central/South American
(please specify):

11. Do you identify with any one race or ethnic group in particular?

☐ Yes → go to question 12, next page

☐ No → go to Section 3, page 15

12. Which of the following do you most identify with? **[check one]**

- | | | |
|---|---|---|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> Haitian | <input type="checkbox"/> Scandinavian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hmong | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arab Middle Eastern | <input type="checkbox"/> Honduran | <input type="checkbox"/> Spanish-American (from Spain) |
| <input type="checkbox"/> Non-Arab Middle Eastern | <input type="checkbox"/> Indian (India) | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Argentinean | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Irish | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Italian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian (Kampuchean) | <input type="checkbox"/> Laotian | <input type="checkbox"/> White |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other African (specify):
_____ |
| <input type="checkbox"/> Chicana | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Other Asian (specify):
_____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Mexican/Mexicana | <input type="checkbox"/> Other Central/South American (specify):
_____ |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Mixed European descent | <input type="checkbox"/> Other Latina (specify):
_____ |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other Pacific Islander (specify):
_____ |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Other West Indian/Caribbean (specify):
_____ |
| <input type="checkbox"/> Ecuadoran | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other (specify):
_____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Panamanian | |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Paraguayan | |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Peruvian | |
| <input type="checkbox"/> French | <input type="checkbox"/> Puerto Rican | |
| <input type="checkbox"/> German | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Salvadoran | |
| <input type="checkbox"/> Guamanian/Chamorro | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Guatemalan | | |

SECTION 3: DETAILED ANCESTRY

The following questions are about your family's background/ancestry.

- | 1. In what state or country was: | STATE | COUNTRY |
|--|-------|---------|
| a. Your biological father born? | _____ | _____ |
| b. Your father's mother (your grandmother) born? | _____ | _____ |
| c. Your father's father (your grandfather) born? | _____ | _____ |
| d. Your biological mother born? | _____ | _____ |
| e. Your mother's mother (your grandmother) born? | _____ | _____ |
| f. Your mother's father (your grandfather) born? | _____ | _____ |

SECTION 4: GENERAL QUESTIONS

We would like to gather some basic information about you.

1. What is your age? _____
2. What is your date of birth? _____/_____/_____
Month Day Year
3. What is your current address [enter below]?

Street City State Zip Code
4. What is your sex? **[circle one]** Male Female

SECTION 5: EDUCATION AND INCOME

1. What is the HIGHEST level of school you have completed or the highest degree you have received? **[check one]**

☐ Never attended/kindergarten only

☐ 1st grade

☐ 2nd grade

☐ 3rd grade

☐ 4th grade

☐ 5th grade

☐ 6th grade

☐ 7th grade

☐ 8th grade

☐ 9th grade

☐ 10th grade

☐ 11th grade

☐ 12th grade, High School graduate

☐ 12th grade, did not graduate

☐ GED or took a test to graduate

☐ Some college, no degree

☐ Associate degree (such as AA, AS, ABA)

☐ Bachelor's degree (such as BA, BS, BBA)

☐ Master's degree (such as MA, MS, MBA)

☐ Professional degree (such as MD, DDS, JD)

☐ Doctoral degree (such as PhD, EdD)

2. Did you ever go to school outside the United States (do not include study abroad programs)? **[check one]**

☐ Yes

☐ No → skip to question 4 , page 17

3. How many years of your education took place outside the United States?

Elementary/Primary school

Years

High school/Secondary school

Years

University/Post secondary

Years

4. The next question is about the education of people in your household.
Your household includes all of the people who live with you in your home on a regular basis (children, husbands, wives, partners, roommates, other family members or friends).

INCLUDING YOURSELF, in your household, what is the HIGHEST level of school completed, or the highest degree received? [**check one**]

- ☐ None/kindergarten only
- ☐ Elementary/Primary School
- ☐ High School/Secondary School
- ☐ Some college, no degree
- ☐ Associates degree or higher
- ☐ Other: _____
- ☐ Don't Know

INCOME

5. What is your best guess of what the total income was of all family members who live with you in your household before taxes, last year? This includes money from pay checks, government benefit programs, child support, social security, retirement funds, unemployment benefits, and disability. **[check one]**

- | | |
|---|---|
| <input type="checkbox"/> \$24,000 or less | <input type="checkbox"/> \$66,000 to \$75,000 |
| <input type="checkbox"/> \$25,000 to \$35,000 | <input type="checkbox"/> \$76,000 to \$99,000 |
| <input type="checkbox"/> \$36,000 to \$45,000 | <input type="checkbox"/> \$100,000 to \$149,000 |
| <input type="checkbox"/> \$46,000 to \$55,000 | <input type="checkbox"/> \$150,000 to \$199,000 |
| <input type="checkbox"/> \$56,000 to \$65,000 | <input type="checkbox"/> \$200,000 or more |

Sometimes when relatives or friends live in the same household, they group their income and contribute to each other's support. Other times, the individuals or families keep their money separate from the rest of the household.

6. How many FAMILY members (including yourself) WHO LIVE WITH YOU contribute to help support the household? This means that they may contribute money from their pay checks, money they receive from social security, disability, benefits, gifts of money, groceries, free rent, buying appliances for the household, etc. Family means they are related to you by blood, marriage (including in-laws), partnership, or adoption.	<div style="text-align: center;"> <hr style="width: 100px; margin: 0 auto;"/> # people </div>
7. How many of these people are under 18 years of age?	<div style="text-align: center;"> <hr style="width: 100px; margin: 0 auto;"/> # people </div>
8. How many of these people are between 18 and 64?	<div style="text-align: center;"> <hr style="width: 100px; margin: 0 auto;"/> # people </div>
9. How many of these people are 65 or older?	<div style="text-align: center;"> <hr style="width: 100px; margin: 0 auto;"/> # people </div>

10. Do any non-relatives live in your household?

☐ Yes → go to question 11

☐ No → go to question 14

11. How many non-relatives live in your household?	_____
	# people

	YES	NO	Don't Know
12. Do any of these non-relatives who live in your household help financially support you or your family? This means they might give you free rent, groceries, money to help pay household bills or expenses, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you or your family help to financially support any of these non-relatives who live in your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	Don't Know
14. Do you or your family help financially support any relatives who do NOT live in your household? This means YOU may give THEM gifts of money, groceries, money to help pay rent, household bills or other expenses, buy appliances, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have any relatives who do <u>NOT</u> live in your household but <u>who help financially support you or your household family</u> ? This means THEY may give YOU gifts of money, groceries, money to help pay rent, household bills or other expenses, buy appliances, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only answer Q16 if you answered "yes" to Q15:			
16. How many <u>non-household</u> relatives help financially support you or your household family?	_____		
	# people		

SECTION 6: WEALTH

The following questions are about your current assets and debt level. Debt means any money that you owe to others (banks, credit cards, family). Assets are those things of value that you own (house, condominium, or cars). Your household includes all the family members who live with you in your home on a regular basis (children, husbands, wives, partners, in-laws, or other family members).

1. Using your best guess altogether, what is the present value of your and your household family's total savings, assets, and property? If you own property, include the total value (minus the amount you owe on your mortgage(s)), Remember, if you need to guess, that is fine. **[check one]**

☐ Less than \$0

☐ Less than \$500

☐ \$500 to \$4,999

☐ \$5,000 to \$9,999

☐ \$10,000 to \$24,999

☐ \$25,000 to \$49,999

☐ \$50,000 to \$99,999

☐ \$100,000 to \$199,999

☐ \$200,000 to \$299,999

☐ \$300,000 to \$499,999

☐ \$500,000 or more

☐ Don't know

2. Using your best guess, how much debt do you and your household family have?

This includes money you owe for student loans, credit card balances, and loans from relatives, unpaid rent and/or unpaid medical bills, but does not include your mortgage or car loans. **[check one]**

☐ \$0

☐ Less than \$2,000

☐ \$2,000 to \$4,999

☐ \$5,000 to \$9,999

☐ \$10,000 to \$19,999

☐ \$20,000 to \$49,999

☐ \$50,000 to \$99,999

☐ \$100,000 or more

☐ Don't know

SECTION 7: SAVINGS

The next question is about money you may have saved up in case of an emergency.

1. If you and your household had to live on money you currently have saved and had no other money coming in, how long could you and your household continue living at your current address and continue buying and doing the things you currently do? Using your best guess is fine. **[check one]**

- ☐ Less than a month
- ☐ 1 – 2 months
- ☐ 3 – 6 months
- ☐ 7 – 12 months
- ☐ More than 1 year

SECTION 8: INDIVIDUAL OCCUPATION/EMPLOYMENT

The following questions are about your occupation and your current employment status.

1. Which of the following best describes what you currently do?

[select the ONE choice that best describes what you currently do]

- ☐ Currently working full-time
- ☐ Currently working part-time
- ☐ Looking for work, unemployed
- ☐ Retired
- ☐ On disability permanently
- ☐ On disability for a period of time (on sick leave or maternity leave or disability leave for other reasons)
- ☐ Keeping house/homemaker
- ☐ Student
- ☐ Volunteer work/work without pay
- ☐ Other (please specify):_____

2. What is/was your usual occupation? This would be the longest-held job that best describes the kind of work you do/did:

SECTION 9: HEALTH INSURANCE

1. Are you currently covered by any kind of health insurance or other kind of health plan? **[check one]**

- ☐ Yes → go to question 2
- ☐ No → go to section 10, page 26.
- ☐ Don't know → go to section 10, page 26,

2. What kind of health insurance or health care coverage do you currently have?
[check all that apply]

- ☐ Health insurance through my job or my husband's/wife's/partner's job (such as Blue Cross, HealthNet, Kaiser etc.)
- ☐ Individual health insurance (not provided) by my job or my husband's/wife's/partner's job (such as Blue Cross, HealthNet, Kaiser, etc.)
- ☐ MediCare Part A and/or Part B (red, white and blue card)
- ☐ MediCare Part D prescription drug coverage (MediCare drug card)
- ☐ Extra insurance for MediCare (Medi-Gap)
- ☐ Medi-Cal (blue and white card)
- ☐ Other government health program (county or state)
- ☐ Military health care (such as TRICARE, VA, CHAMP-VA)
- ☐ Indian Health Service
- ☐ Single-service plan (such as dental, vision, prescriptions)
- ☐ Other: _____
- ☐ Don't know

SECTION 10: NEIGHBORHOOD

We would like to know about the area you live in. The following questions are about your current neighborhood.

1. In what year did you first move to your current address? _____
year

We would like you to define the area you consider your neighborhood.

2. Does your neighborhood have a name?

- ☐ Yes → go to question 3
- ☐ No → go to question 4, page 27
- ☐ Don't know → go to question 4, page 27

3. What is it called? _____

4. Do you have any of the following in your neighborhood? [**check all that apply**]

	Yes	No	Don't Know
A park, playground or open space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A big supermarket where you can buy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A medical clinic or health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bank or credit union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A check cashing outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A police station or sub-station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A public library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often do you feel safe in your current neighborhood? [**check one**]

None of the time	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Thinking about your neighborhood as a whole, please indicate if the following issues are a problem **[check one box for each issue listed below]:**

	Not really a problem	Minor problem	Somewhat serious problem	Very serious problem
Crime in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot of noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash and litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The next questions are about your neighbors:

[check one box for each question below]:

	Often	Sometimes	Rarely	Never
a. How often do you see neighbors talking outside in the yard, on the street, at the corner park, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do neighbors watch out for each other, such as calling if they see a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A lot	Some	Few	None
c. How many neighbors do you know by name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How many neighbors do you have a friendly talk with at least once a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How many neighbors could you call on for assistance in doing something around your home or yard or to "borrow a cup of sugar " or some other small favor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Are there any groups in your neighborhood such as community associations, social clubs, book clubs, churches/spiritual centers, or faith-based organizations?

☐ Yes → Go to question 9

☐ No → Go to question 10, page 31

☐ Don't know → Go to question 10, page 31

9. Are you actively involved in any of these groups?

☐ Yes

☐ No

Please check the answer that best applies to you and your neighborhood.
Both local and within walking distance means within a 10-15 minute walk from your home.

	Strongly disagree	Disagree	Agree	Strongly agree
10. I can do most of my shopping at local stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. There are stores within easy walking distance of my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. There are many places to go within easy walking distance of my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. It is easy to walk to a transit stop (bus, train) from my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11: NATIONALITY/IMMIGRATION

Earlier, we asked about your family's background. Now we would like to know about your background.

1. In what country were you born?

2. In what state or country did you spend the most time growing up?

If you were born in the United States go to Section 12: Language, page 34. If not, go to question 3.

3. How old were you when you first came to this country to live?

_____ years old

4. Have you gone back to live for at least 3 years in the country in which you were born?

☐ Yes → go to question 5

☐ No → go to question 6, page 33

5. What is the most recent year you returned to live in the US?

_____ year

6. The following are a list of reasons that people give for coming to the United States. Please tell us how important each one of these reasons was for you and/or your family to come to the US.

	Does not apply to my situation	Somewhat important	Important	Very important
To find employment or a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To improve your life or that of your family and look for better opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To join other family members already living in the US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To improve the future of the children in your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of the political situation in your country of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You (or your family) were mistreated for political reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get a better education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of marital or family problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12: LANGUAGE

We would like to know about which languages you speak and prefer.

1. What languages do you speak at home?

2. Which languages did you speak while growing up?

a. If you listed more than one language, which language did you speak the most?

If you only speak English at home, go to Section 13, page 38. If not, go to question 3 below.

For questions 3 – 6, please check the best answer for you.

	Not at all	Poorly	Ok	Well	Very well
3. How well do you speak English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How well do you understand spoken English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How well do you read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How well do you write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When you talk with a doctor or nurse, would you find it helpful to have someone with you who could translate what you are saying and what your doctor or nurse is saying to you?

- ☐ Yes
- ☐ No
- ☐ Don't know/Have not seen a doctor or nurse

8. What language would you feel most comfortable **speaking** with your doctor or nurse? _____

9. In which language are you most comfortable **reading** medical or health care information? _____

	Only English	Both English and other language(s)	Only other language(s)
10. What language do you speak with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In what language are the TV shows, radio stations, or newspapers that you usually watch, listen to, or read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In which language do you usually think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you do NOT speak English, answer questions 13 – 18.

If you do speak English, skip to question 19, page 37.

13. Does anyone in your household speak English?

☐ Yes → go to question 14

☐ No → go to question 15

14. In general, how well do they speak English? [check one]

Not at all	Poorly	Fairly well	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Does anyone in your household read English?

☐ Yes → go to question 16

☐ No → go to question 17

16. In general, how well do they read English? [check one]

Not at all	Poorly	Fairly well	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Does anyone in your household write English?

☐ Yes → go to question 18

☐ No → go to question 19, page 37

18. In general, how well do they write English? [check one]

Not at all	Poorly	Fairly well	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. INCLUDING yourself, when you were 13 years old, did anyone in your household speak English?

- ☐ Yes, I and/or someone else spoke English → go to question 20
- ☐ No → go to section 13, page 38
- ☐ Don't know → go to section 13, page 38.

20. How well did you/they speak English? **[check one box]**

Not at all	Poorly	Fairly well	Well	Very well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 13: WRITTEN LANGUAGE

The following questions are about your comfort with written medical information in your preferred or native language. So, for example, if you speak mostly or only Spanish, answer the questions assuming the written information would be in Spanish. If you speak mostly or only Cantonese, answer the questions assuming the written information would be in Chinese. If you speak mostly or only English, answer the question assuming the written information would be in English.

	Very difficult	Difficult	Easy	Very easy	Does not apply to me. No prescriptions
1. How easy is it for you to read and understand the instructions written on a prescription bottle about how to take a medicine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very difficult	Difficult	Easy	Very easy	Does not apply to me. Have not received written information
2. How easy is it for you to read and understand WRITTEN information that you receive from doctors or other medical workers about your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None of the time	Some of the time	Most of the time	All of the time	Does not apply to me. Have not received written information
3. How often do you have someone (like a family member, friend, hospital/clinic worker, or caregiver) help you read medical information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you have trouble understanding things about an illness you may have because of difficulty understanding written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not confident	Somewhat confident	Confident	Very confident
5. How confident are you filling out forms by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 14: COMFORT WITH NUMBERS

The following questions are about your comfort with numbers.

	Very poor	Poor	Fair	Good	Very good
1. How good are you at working with fractions (such as $\frac{1}{2}$, $\frac{1}{4}$, $1\frac{1}{2}$)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How good are you at working with percentages (such as 6%, 18%)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How good are you at calculating a 15% tip on a meal or other service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How good are you at figuring out how much a shirt will cost if it is 25% off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not helpful	Some-what helpful	Helpful	Very helpful	Does not apply. I do not read newspapers.
5. When reading a newspaper, how <i>helpful</i> do you find tables and graphs that are part of the story?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Always prefer numbers	Prefer numbers more than words	Equally prefer words and numbers	Prefer words more than numbers	Always prefer words
6. When people tell you the chance of something happening, do you prefer that they use <i>words</i> (“it rarely happens”) or <i>numbers</i> (“there is a 1% chance”)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When you hear a weather forecast, do you prefer predictions using <i>percentages</i> (such as “there will be a 20% chance of rain today”) or predictions using only <i>words</i> (such as “there is a small chance of rain today”)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Not very often	About half the time	Often	Very often
8. How often do you find numerical information (such as graphs or tables with numbers) to be useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 15: SEXUALITY

The last section in the survey asks about some personal topics. Although the questions may be sensitive, they are important. Your answers may help us to understand why women who are diagnosed and treated for breast cancer may go through the experience differently. Please know that your answers to these questions will remain confidential.

1. Do you think of yourself as:

- ☐ Straight/heterosexual
- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Other (please specify) _____

2. Since you have been sexually active, have your sexual partners been:

- ☐ All men
- ☐ Mostly men
- ☐ Equally men and women
- ☐ Mostly women
- ☐ All women
- ☐ Does not apply/Not sexually active

3. People are different in their sexual attraction to other people. Which best describes your feelings? Are you:

- ☐ Only attracted to males
- ☐ Mostly attracted to males
- ☐ Equally attracted to males and females
- ☐ Mostly attracted to females
- ☐ Only attracted to females
- ☐ Not sure

4. What was your sex when you were born?

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Other (please specify) _____

5. Have you ever used hormones to either change your sex (from a man to a woman or from a woman to a man) or to make yourself look more like a man or a woman (such as increase/decrease breast or genital size)?

- ☐ Yes
- ☐ No
- ☐ Don't know

6. Which of the following best describes your current relationship status?

- ☐ Legally married/registered domestic partners
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Living with a partner to whom you are not married
- ☐ In a relationship but not living with partner
- ☐ Single
- ☐ Other (please specify): _____

7. What is the gender of your current or most recent partner or spouse?

- ☐ Male
- ☐ Female
- ☐ Other (please specify): _____

Date Survey Completed: _____

**Thank you very much for participating in this survey.
Your answers are very helpful and we appreciate your time and effort.
If you have any additional comments that you would like to share, or if
someone helped you answer the questions, please tell us about it in
the space below.**

**When we receive the survey in the mail, we will send you a check for
\$10.00 to thank you for your time.**

**Also, so that we can be sure we are collecting information correctly, we
will mail you a second copy of the survey in about a month after we
receive this one. We will send you another check for \$10.00 when we
receive the second survey. Thank you again for your participation.**