



The Center for
Cancer Prevention and Treatment

St. Joseph Hospital 
ST. JOSEPH
HEALTH SYSTEM

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 50-59
 30-39 60-69
 40-49 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:

- | | |
|--|---|
| <input type="checkbox"/> Seldom or never get sick | <input type="checkbox"/> Recently moved into the area |
| <input type="checkbox"/> No insurance or lost insurance | <input type="checkbox"/> Don't know where to go for care |
| <input type="checkbox"/> Don't use doctors/treat myself | <input type="checkbox"/> Usual place in this area no longer available |
| <input type="checkbox"/> Cost of medical care | <input type="checkbox"/> Can't find provider who speaks my language |
| <input type="checkbox"/> Native/traditional healer | <input type="checkbox"/> Prefer a different place for health care needs |
| <input type="checkbox"/> I DO see a doctor as needed | |
| <input type="checkbox"/> 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 Not sure/ Don't know
 60 65

| | True | False | |
|---|--------------------------|--------------------------|--------------------------|
| 12. If you or one of your family members had colorectal cancer or polyps you should start screening at a younger age than others. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Screening decreases deaths from colorectal cancer. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Only people with signs and/or symptoms of colorectal cancer need screening. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. You can always tell if you have colorectal cancer because it causes symptoms. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. Having a family history of colorectal cancer increases your chance of developing the disease. | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Agree | Disagree | Don't know |
| 17. Colorectal cancer is not a problem for Pacific Islanders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I have no control over getting colorectal cancer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If I have colorectal cancer it will kill me anyway, so there is no point in getting screened. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If I have colorectal cancer I don't want to know about it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Colorectal cancer screening is embarrassing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I am not comfortable talking about colorectal cancer with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I am afraid/concerned that some colorectal cancer screening procedures are painful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Stress causes colorectal cancer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Agree | Disagree | Don't Know |
| 25. I can remain healthy by getting regular colorectal cancer screenings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. I am interested in colorectal cancer screening. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I am interested in colorectal cancer screening because someone close to me had/has cancer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank You.