Cancer Clear & Simple Qualtric Survey

Baseline____ Follow-up____
Date_____

Have you:

1. Shared what you've learned about cancer with your family, friends and/or co-workers?
Yes No

2. Shared information about local cancer resources with your family, friends and/or co-workers?
Yes No

3. Been physically active for 30 minutes at least 5 times a week?
Yes No

4. Ate a healthy diet that includes a variety of fruits and vegetables?
Yes No

5. Stopped smoking, or encouraged a loved one to stop smoking?
Yes No N/A

6. Limited daily alcohol consumption to no more than one drink for women and two drinks for men?
Yes No N/A

7. Protected yourself from excessive sun exposure?
Yes No

8. Protected yourself and your partner from HPV?
Yes No N/A

9. Talked with family members to learn your family health history?
Yes No

10. Talked with your health care provider about your family health history?
Yes No

11. Had a regular physical exam that included a cancer screening (if appropriate)?
Yes No

12. Paid attention to changes in your body (such as a lump in my breast or a cough that doesn't go away), and talked to your health care provider if the changes last more than two weeks?
Yes No

13. Please share other healthy behaviors that you practice: