

Prostate Cancer Screening Questionnaire

Please answer questions 1 – 2 **BEFORE** watching the video
“Is a PSA test right for you?”

Date completed: _____

1. How far along are you with this decision? Please check one.

- I have not yet thought about options
- I am considering the options
- I am close to choosing an option
- I have already chosen an option

2. At this time, which screening option are you leaning toward? Please check one.

- No screening now
- Screening now
- Unsure

****NOW WATCH THE VIDEO****

Please answer questions 3 – 27 **AFTER** watching the video.

Now that you have seen the video about PSA (prostate specific antigen) testing to screen for prostate cancer, we would like to ask you questions about prostate cancer screening and the PSA blood test.

3. How much of the video did you watch? Please check one.

- All of it
- Part of it
- Did not watch it

4. If you did not watch all of the video, please tell us why. Please check one.

- No time
- Not interested
- Prefer written information
- Already made my decision
- Too confusing
- Other _____

5. Who do you think should make this decision? Please check one.

- Mainly my doctor should make the decision, while knowing my opinion.
- My doctor and I should both make the decision.
- Mainly I should make the decision, while knowing my doctor's opinion

6. How far along are you with this decision? Please check one.

- I have not yet thought about options
- I am considering the options
- I am close to choosing an option
- I have already chosen an option

7. At this time, which screening option are you leaning toward? Please check one.

- No screening now
- Screening now
- Unsure

8. Do you know which options are available to you? Please check one.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | Probably yes | Unsure | Probably no | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Do you know the benefits of each option? Please check one.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | Probably yes | Unsure | Probably no | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Do you know the risks and side effects of each option? Please check one.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | Probably yes | Unsure | Probably no | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Are you clear about which benefits matter most to you? Please check one.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | Probably yes | Unsure | Probably no | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**YOUR ANSWERS TO THE NEXT SET OF QUESTIONS WILL HELP US TO IMPROVE
THE VIDEO**

12. Did the video help you recognize that a decision needs to be made? Please check one.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all | A little | Somewhat | Quite a bit | A great deal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Did the video help you know that the decision depends on what matters most to you?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all | A little | Somewhat | Quite a bit | A great deal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Did the video help you think about how involved you want to be in this decision?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all | A little | Somewhat | Quite a bit | A great deal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Did the video prepare you to talk to your doctor about what matters most to you?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all | A little | Somewhat | Quite a bit | A great deal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. How helpful is the video in helping you make a decision about screening options?

Please check one.

- Very helpful
- Somewhat helpful
- A little helpful
- Not helpful

17. Would you recommend this video to other people who are facing the same decision?

Please check one.

- I would definitely recommend it
- I would probably recommend it
- I would probably not recommend it
- I would definitely not recommend it

YOUR ANSWERS TO THE NEXT SET OF QUESTIONS WILL TELL US HOW WELL THE VIDEO PRESENTED THE IMPORTANT POINTS ABOUT THE DECISION YOU ARE FACING.

18. Out of 100 men, about how many of them will eventually die of prostate cancer?

Please check one.

- Between 0 and 25
- Between 25 and 50
- Between 51 and 75
- Between 76 and 100
- I am not sure

19. Does having an elevated PSA test always mean you have prostate cancer?

Please check one.

- Yes
- No
- I am not sure

20. Both the PSA test and prostate biopsy... (Please check one)

- Will always find a prostate cancer that is really there
- May miss a prostate cancer that is really there
- I am not sure

21. Many men with prostate cancers found by PSA tests will die of something else before the prostate cancer causes any problems, especially if they are older. Please check one.

- True
- False
- I am not sure

22. PSA Tests... (Please check one)

- May not help a man live longer, even if prostate cancer is found
- May find slow growing cancers that would not have caused problems
- Both of the above are true
- I am not sure

YOUR ANSWERS TO THE NEXT SET OF QUESTIONS WILL HELP US TO KNOW HOW STRONGLY YOU FEEL ABOUT THE CHOICES YOU FACE.

On a scale from 1 to 10, where 1 is not at all important and 10 is very important, please check one number:	Not at all Important	Very Important
23. How important is it to you to try to find prostate cancer early?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
24. How important is it to you to know whether you have prostate cancer?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
25. How important is it to you to avoid surgery that may cause side effects (for example pain, difficulty getting an erection, or dribbling of urine)?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
26. How important is it for you to avoid worry from a false alarm (for example, the PSA level is high but a biopsy then shows no cancer)?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	

27. PLEASE WRITE ANY ADDITIONAL COMMENTS ABOUT THE VIDEO OR THE BOOKLET HERE