# Questionnaire

## Cancer prevention in females with and without obesity –

## Does perceived and internalised weight bias determine cancer prevention behaviour?

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| Sample | Questions | Answer categories |
| Cancer Screening Behavior | | |
| If age ≥ 20 | * For women aged 20 and above a Pap smear test is classified as a cancer prevention screening offered and financed by health insurances. How often do you use the Pap smear test? | * Never * less than once a year * once a year * twice a year * more than twice a year * Prefer not to say |
| If age ≤ 30 | * Have you had an HPV vaccination? | * Yes * No * Prefer not to say |
| If age ≥30 | * For women aged 30 and above a clinical breast examination conducted by a gynecologist is classified as a cancer prevention screening, which is offered and financed by health insurances. How often do you use the clinical breast examination? | * Never * less than once a year * once a year * twice a year * more than twice a year * Prefer not to say |
| Full sample | * Do you examine your breasts yourself? | * Yes * No * Prefer not to say |
| Full sample | * If yes, how often do you self-examine your breast? | * daily * several times a week * once a week * several times a month * once a month * less than once a month * infrequent * I do not know * I prefer not to say |
| If age ≥50 | * For women aged 50 and above a mammography screening is classified as a cancer prevention screening, which is thus offered and financed by health insurances. Have you ever used a mammography screening? | * Yes * No * Prefer not to say |
| If age ≥50 | * If yes, how often did you use a mammography screening? | * Once * Twice * Three times * Four times * Five times * More than five times * I do not know * I prefer not to say |
| If age ≥50 | * For women aged 50 and above a fecal occult blood test is classified as a cancer prevention screening, which is thus offered and financed by health insurances. Have you ever used a fecal occult blood test? | * Yes * No * Prefer not to say |
| If age ≥50 | * If yes, how often did you use a fecal occult blood test? | * Once * Twice * Three times * Four times * Five times * More than five times * I do not know * I prefer not to say |
| If age ≥50 | * Have you ever used a colonoscopy? | * Yes * No * Prefer not to say |
| If age ≥50 | * If yes, how often did you use a colonoscopy? | * Once * Twice * Three times * Four times * Five times * More than five times * I do not know * I prefer not to say |
| Weight Status | | |
| Full sample | * Please state your body height and current body weight | * Open answer category |
| Full sample | * How do you perceive yourself? Would you consider yourself to be underweight, of normal weight, overweight, or obese? | * Extremely underweight * underweight * Slightly underweight * Normal weight * Slightly overweight * overweight * Extremely overweight * I do not know * I prefer not to say |
| Experienced Weight Bias | | |
| Full sample | * The following questions are about your experiences with health care professionals of different disciplines. Have you ever felt inadequately treated by the following doctors? * Physicians * Gynecologists * Proctologists * Dermatologists * Dentists * Orthopedists | * Yes * No * I do not know * Prefer not to say |
| If bmi > 30 | * Have you ever felt excluded or discriminated because of your body weight? | * Yes * No * I do not know * Prefer not to say |
| If bmi > 30 | * Have you ever felt excluded or discriminated because of your body weight by a health care professional of the following disciplines? * Physicians * Gynecologists * Proctologists * Dermatologists * Dentists * Orthopedists | * Yes * No * I have not visited yet * I do not know * Prefer not to say |
| Internalized Weight Bias | | |
| If bmi > 30 | * In the following you hear some statements how people might feel about their weight. Please state to what extent you agree with the statement on a scale from 1 (I completely disagree) to 7 (I completely agree). * As an overweight person, I feel that I am just as competent as anyone. * I am less attractive than most other people because of my weight. * I feel anxious about being overweight because of what people might think of me. * I feel anxious about being overweight because of what people might think of me. * Whenever I think a lot about being overweight, I feel depressed. * I hate myself for being overweight. * My weight is a major way that I judge my value as a person. * I don’t feel that I deserve to have a really fulfilling social life, as long as I’m overweight. * I am OK being the weight that I am. * Because I’m overweight, I don’t feel like my true self. * Because of my weight, I don’t understand how anyone attractive would want to date me. | * strongly disagree * disagree * slightly disagree * neither agree nor disagree * slightly agree * agree * strongly agree * I do not know * I prefer not to say |
| Cancer awareness | | |
| If age ≥ 20 | * Health insurances provide cancer prevention screenings. Which gynecological cancer prevention screenings that are conducted by gynecologists are offered and financed for women aged 20 and above? | * [Do not read loud; multiple answers possible] * Pap smear test * ultrasound examination * Clinical examination of the breast * mammography screenings * others: note * Prefer not to say |
| If age ≤ 30 | * Did you know that there is a vaccination for Human Papilloma Viruses (HPV) that protects against cervical cancer? | * Yes, I knew that * No, I did not know that * Prefer not to say |
| If age ≥30 | * From the age of 30, health insurances provide and finance another cancer prevention screening. Do you know which cancer prevention screening that is? | [Do not read loud; multiple answers possible]   * Pap smear test * ultrasound examination * Clinical examination of the breast * mammography screenings * others: note * Prefer not to say |
| If age ≥50 | * From the age of 50, health insurances provide and finance another cancer prevention screening. Do you know which cancer prevention screening that is? | [Do not read loud; multiple answers possible]   * Pap smear test * ultrasound examination * Clinical examination of the breast * mammographie screenings * others: note * Prefer not to say |
| If age ≥50 | * From the age of 50, health insurances provide and finance colorectal cancer prevention screening. Do you know which additional colorectal cancer prevention screening that are offered? | [Do not read loud; multiple answers possible]   * Colonoscopy * Fecal occult blood test (FOBT) * Others: note * Prefer not to say |
| Full sample | * Have you been diagnosed with a cancer disease that is currently gone? | * Yes * No * Prefer not to say |
| Full sample | * Are you currently been diagnosed with any caner disease? | * Yes * No * Prefer not to say |
| Full sample | * Has someone in your social environment (e.g., family members, friends, colleagues) ever been diagnosed with a cancer disease? | * Yes * No * Prefer not to say |
| Full sample | * Have you ever had a benign tumor disease that is currently gone? | * Yes * No * Prefer not to say |
| Confounding variables | | |
| Full sample | * Are you statutorily or privately health insured? | * Statutorily health insured * Privately health insured * Prefer not to say |
| Full sample | * In which year are you born? | * Prefer not to say |
| Full sample | * What is your highest educational degree? | * Still in school * No degree * Secondary school I * Secondary school II * Advanced technical college certificate * Higher education (university degree) * Other * Prefer not to say |
| Full sample | * Are you currently employed? | * Yes * No * Prefer not to say |
| Full sample | * Please state your marital status | * Single * Married * Married but separated * Divorced * Widowed * Prefer not to say |
| Full sample | * How many people live in your household? | * Prefer not to say |
| Full sample | * How much is your monthly household income? | * Less than 500 Euros a month * 500 < 1000 Euros a month * 1000 < 1500 Euros a month * 1500 < 2000 Euros a month * 2000 < 2500 Euros a month * 2500 < 3000 Euros a month * 3000 < 3500 Euros a month * 3500 < 4000 Euros a month * 4000 < 4500 Euros a month * ≥ 4500 Euros a month * I do not know * Prefer not to say |
| Full sample | * What is your marital status? | * Married and living together * Married and living separately * Single * Divorced * widowed |