# Questionnaire

## Cancer prevention in females with and without obesity –

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

|  |  |  |
| --- | --- | --- |
| 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
 |