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ABSTRACT

A summative research program sought to determine the impact, benefits, and consequences of "Feeling Good"--a series of hour and half-hour broadcasts oriented toward health, produced by Children's Television Workshop for airing on public television, and targeted toward the adult viewing population. The research procedure was a variant of experimental design embedded in a survey research context. The research findings demonstrated that a television health series like "Feeling Good" can effect improvement in reported viewer health behavior and knowledge. Also, it was felt that evaluation of the net impact of "Feeling Good" on viewers beyond a simple assessment of reported selected behaviors and knowledge was not possible due to the subtlety of program topics. (HAB)

IMPACTS, BENEFITS, AND CONSEQUENCES OF FEELING GOOD

An Assessment of a Health Series Broadcast on Public Television

Volume I
Main Findings

Conducted for

CHILDREN'S TELEVISION WORKSHOP

Response Analysis Corporation
Princeton, New Jersey

January 1976

RAC 3798

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INTRODUCTION

Objectives

The research described herein is a major part of a summative research program to determine the impact, benefits, and consequences of Feeling Good, a series of hour and half-hour broadcasts oriented toward health, produced by CTW for airing on public television, and targeted toward the adult viewing population.

Research Procedure

The research procedure is a variant of experimental design embedded in a survey research context. The research was designed to:

- Provide measures of effectiveness in terms of specific behavioral and cognitive goals which were identified before any shows were broadcast.
- Compensate for the small proportion of the adult population who were expected to be viewers of the series.
- Provide control features which would enable investigators to differentiate effects of viewing Feeling Good from artifacts of the survey procedure.

To aid the reader in understanding this report, following is a summary of the research design as implemented.* Implementation varied somewhat from the original design because of changes in the programming of Feeling Good.

The study was conducted in four cities across the United States: Boston, Massachusetts; Dallas, Texas; Jacksonville, Florida; and Seattle, Washington.

a. Telephone screening to permit classification of respondents in terms of their likelihood of viewing Feeling Good.

To compensate for the small proportion of the adult population who were expected to be viewers, a screening interview was conducted over the telephone with a large sample of telephone households. Approximately 22,000 completed interviews were obtained using quota procedures. An estimate of likelihood of viewing was derived from the screens, and high likelihood viewers were oversampled. Since the original show topic list included a majority of items beamed toward women, they too were oversampled.

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*Details of the design as implemented may be found in Volume II of this document, Methods and Procedures.

b. Mail questionnaires sent before the first episode to selected subsamples identified in the telephone screening.

A questionnaire was sent to selected subsamples of the screened population for the purpose of formulating a baseline of knowledge and behavior regarding health topics scheduled for coverage in the series. Five thousand sixty-three respondents completed this questionnaire.

c. Interim data collection points, geared to episodes of the series.

Originally scheduled were ten interim data collection points, or approximately one every two weeks throughout the first broadcast year. Each data collection point was geared to specific episodes of the series and, in addition, contained several items for trending across the season. At each point 500 responses were to be sought.

With the change in program format, the number of interim data collection points was revised from ten to three.

d. Postseries data collection among identified viewers and nonviewers of Feeling Good.

A posttest evaluation instrument was sent to all respondents returning questionnaires in other measures. This wave provided an overall evaluation of changes which took place since the pretest, and a comparative measure of viewers and nonviewers.

e. A control panel in the same cities to estimate effects of repeated measurements on sample response.

To provide a basis for estimating "panel" effect, about 2,000 respondents from the telephone screening interviews were identified and matched to the main sample in terms of propensity to view the series. This control sample received only one interim measure (500 people) or the postseries instrument (1,500 people). Panel effect is discussed in more detail on page x.

f. Other features of the research design.

An incentive of $1 was sent with each mail questionnaire. No incentives were used in the followup.

No attempt was made to control attrition from the panel. Once an individual did not respond to a measure and followup, he or she was dropped from the experimental group.

Modifications on the Original Design

In late January, after the preseries data collection and airing of 11 of the 26 episodes, Feeling Good was discontinued for a period of two months. Beginning in April, it was reintroduced in a half-hour version, greatly changed in format and concentrating more on cognitive than behavioral change. This hiatus in broadcast, and change in program format and intent, necessitated some changes in the research design.*

a. The number of interim measures was reduced from ten to three, covering shows 1-4, shows 5-8, and shows 9-11. One-fourth of the panel effects control sample (approximately 500 people) were sent the third interim measure to evaluate the effects of repeated measurements.

b. About 3,300 respondents remained who had been pretested but not sent an interim measure. These were sent an additional questionnaire in April shortly after the series was reintroduced which baselined their responses to specific topics covered in Season B shows 4-8.**

c. The posttest, then, covered both cognitive and behavioral items from November through January and repeated those cognitive questions baselined in the April cognitive baseline questionnaire.

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* One consequence of these design changes is a paucity of pretest to posttest measures of behavioral change -- a major part of the original analysis plan.

**The modified research design covered only shows 4-8 of Season B. Reasons for covering only these five shows were as follows:

- The programming schedule allowed only a 4-5 week advance notice of show topics, barely sufficient lead time for design of the baseline instrument.
- Early Season B shows were difficult to assess with this research design, e.g. -- aging.
- We were concerned about memory decay; hence, a 4-5 week recall period was regarded as a maximum.
- Enlarging the number of shows covered would have carried the research into late May and June, a difficult mail response time period due to vacations.

d. There were essentially three comparison groups within the posttest sample:

1. Individuals receiving the preseries measure, an interim measure, and the posttest.

2. Individuals receiving the preseries measure, the Season B cognitive pretest, and the posttest.

3. Individuals receiving only the posttest (the remaining panel effects control sample -- approximately 1,500 people).

See page vii for a diagrammatical display of the research procedure.

Summary of Design Modifications

Outlined below are the main points of the original research design and the changes necessitated by the suspension of programming during February and March and resulting alteration in program format.

Original Design	Modified Design
Telephone screening phase	No change
Behavioral baseline questionnaire	No change
Ten interim data collection points geared to episodes of the series	Three interim data collection points covering the first eleven full-hour productions of the series Remaining respondents from unused seven interim measures were sent an additional measure baselining information to be covered on shows aired after production had resumed
Panel effects control sample of about 2,000 to be sent postseries measure	Approximately one-fourth (about 500 people) were sent the third interim measure to establish panel effects to that point. The remainder (about 1,500 people) were sent the postseries measure
Postseries measure sent to identified viewers and nonviewers of *Feeling Good*	No major change, except this measure now covered programs from both program formats

Glossary of Terms Used in Report

Much of the research reported here is quite technical and involves the repeated use of several key words and phrases. Many steps have been taken in this research to control key variables and to account for differences stemming from viewing patterns. For these reasons, a glossary of key words and phrases used throughout the report has been provided to help the reader better understand the report.

Season A: Refers to the initial 11 hour-long episodes of Feeling Good broadcast during November, December, and January.

Season B: Refers to the resumption of broadcast schedule in April with a half-hour version featuring Dick Cavett as host.

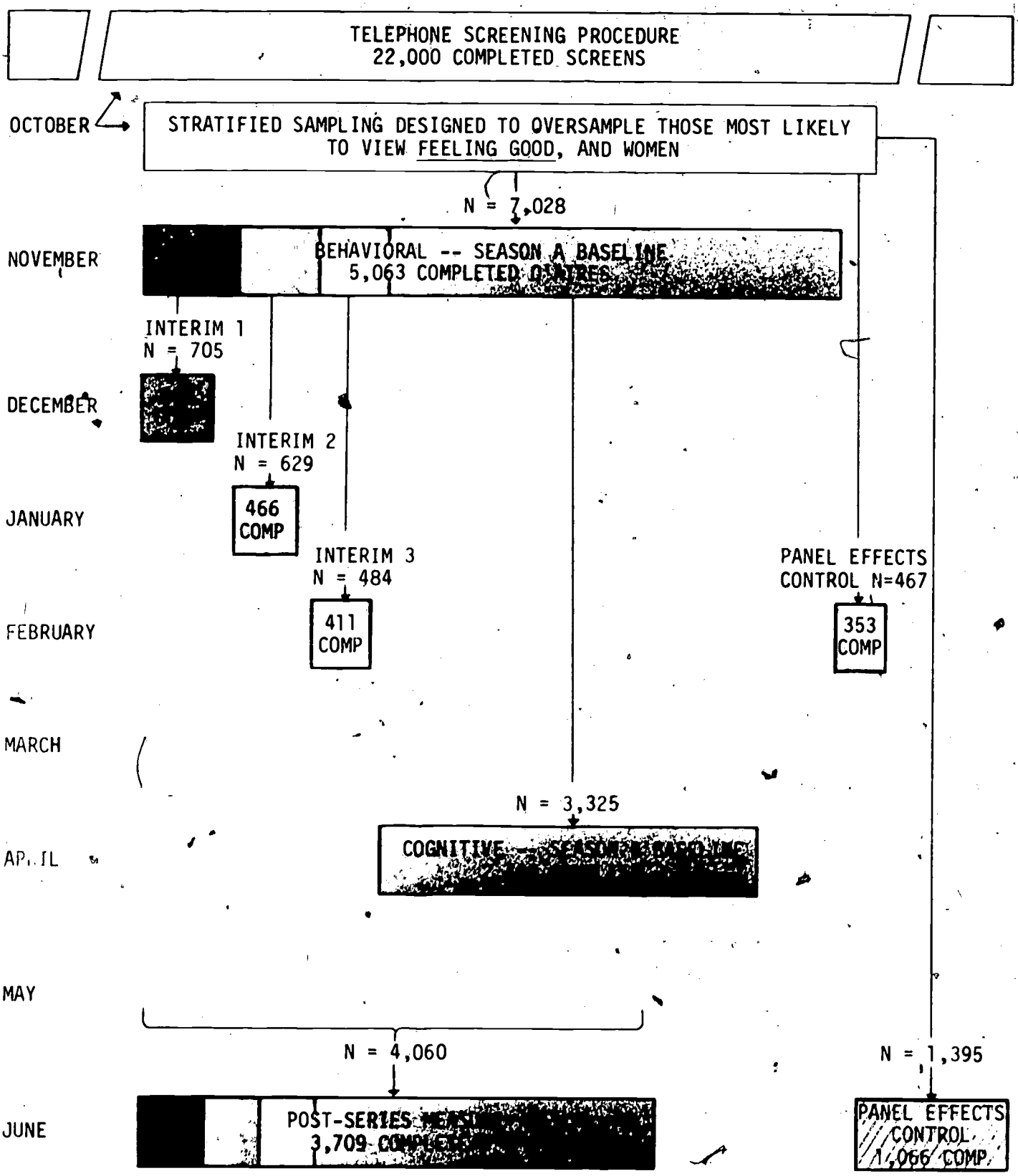
Season A Baseline, Behavioral Baseline, November Baseline: All refer to the questionnaire mailed to all panel respondents in November intending to baseline health behavior, attitudes, and knowledge scheduled for inclusion in the planned 26 hour-long episodes of Feeling Good.

Season B Baseline, Cognitive Baseline, Cognitive Pretest: All refer to the questionnaire mailed in April intended to baseline specific information scheduled to be covered in the fourth through eighth episodes of Season B.

Experimental Group, Pretested Group, Panel Group: Respondents pretested in November and continuing in the panel.

Control Group, Panel Effects Control Group: Respondents not pretested at any time except for the telephone screen in October.

Research Procedure for Feeling Good



ments do not add to total due to follow-up procedures employed. See Volume 2, hodological Report, for full methodology.

Sampling and Interviewing

The data were gathered by means of a four-city sample design. Mail procedures were utilized for all phases of data collection with the exception of the screening phase, which was conducted via the telephone.

Because of the relevance of the subject matter of several programs to women, the design called for oversampling women. This was accomplished by sampling the female population at a rate of two times that of the male population. Also, to ensure that the research included a large sample of potential viewers, adults with a high propensity to view a health series were oversampled. The male-to-female ratio, one to two, was the same for each of the three viewer propensity groups.

In addition, each propensity group was sampled at a different rate. The high viewing propensity group comprised 43% of the sample while the middle group was 28% and the low group, 27%.

Instruments*

Seven basic data collection instruments were used:

- A telephone interview form for the screening procedure.
- Six different self-administered mail questionnaires, which were completed at different points in the research:
  - A questionnaire baselining specific health behaviors and knowledge, hereafter referred to as the November baseline.
  - An interim questionnaire covering the first four Season A shows measuring cognition, behavior and viewing -- referred to as Interim I.
  - An interim questionnaire covering Season A shows 5-8 measuring cognition, behavior and viewing. A modified version of the questionnaire used for followup procedures. Both questionnaires referred to as Interim II.
  - An interim questionnaire covering the last three shows before Feeling Good was discontinued for two months measuring cognition, behavior and viewing. There was also a modified version of this questionnaire sent to approximately one-fourth (about 500 people) of the panel effects control sample. These questionnaires are referred to respectively as Interim III, and Interim III Panel Control.

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*Copies of instruments are bound into Volume II, Methods and Procedures.

- A questionnaire baselining information scheduled for inclusion in shows 4-8 of the resumed programming, referred to as Season B baseline.

- A questionnaire sent to all individuals responding to an interim questionnaire or the Season B baseline questionnaire. Content covered both Season A and B health behavior and cognition, as well as viewing behavior over both seasons. A slightly modified version of this instrument was used for the remainder of the panel effects control sample.

Possible Sources of Error

There are a number of possible sources of error in this research which we see falling into three categories:

- Errors due to situational variance.
- Errors due to method variance.
- Errors due to respondent variance.

Let us consider them one at a time and the attempts we have made to lessen possible biases resulting from these errors. Please note, however, that some errors span categories -- i.e., they could be placed in one category as well as another.

Errors due to situational variance refers to interactions between the respondent and interviewer or, more directly, since this is a self-administered questioning process, with the research process itself. The variables of concern are:

a. Reactivity

As a result of prior questioning and perusal of the instrument itself, it would not have been difficult for a respondent to surmise the objective of the research. Respondents may have reported significantly more frequent health behaviors to help "improve" the results of the research. Although not directly measurable, this would occur most frequently in the behavioral checklists in various instruments as well as in the reported viewing section.

Reactivity is a two-edged sword. It may also have been an advantage in that increased consciousness of health matters may have stimulated some respondents to remember health-related behavior they had forgotten.

Very little could be done to control for this type of behavior save accommodating some assumption of reactivity into any evaluations of both viewing and nonviewing publics.

b. Evaluation apprehension

Sensitivity may arise from fear of scrutiny and the general motivation to show a socially acceptable pattern of health habits. This may, for example, have led to overreporting of socially desirable behavior, or stretching of the time constraints mentioned in the questioning in order to report a particular behavior.

As a control for this type of behavior we emphasized the time period of interest in the instructions and in the wording of each question -- e.g., "Have you done these things in the past two months?"

c. Pretest sensitization and panel effects

The research took place over as many as four different occasions for some individuals: telephone screening, preseries November baseline, an interim measure or Season B baseline, and the posttest.

Thus, there was opportunity for people in the sample to be made more aware of health issues than they might otherwise have been. Such heightened awareness, to the extent that it occurred, may or may not have had an influence on the viewing of the series, and on health-related behavior and knowledge (e.g., getting a physical examination).

Another type of sensitization is learning from prior questioning. Respondents in Season B were administered the same questionnaire both before and after broadcast and thus had opportunity to learn from the instrument.

The learning effect may be evaluated by examining respondents under identical circumstances with the exception of pretesting. This design was employed in the analysis of posttest data. Respondents interviewed in November and receiving both preseries A and preseries B, and posttest instruments, were evaluated against respondents interviewed in November, receiving an interim measure and the posttest. The latter did not see the Season B pretest and thus should provide a reliable control.

To provide a basis for estimating panel effect, we identified a segment of respondents from the telephone screening interviews and matched them to the main sample in terms of their propensity to view the series.

This control sample did not receive any measures prior to the one in which they were the control; about 500 for the third interim measure, and about 1,500 for the posttest. Data from these instruments (with respect to health behavior, attitudes and knowledge) have been compared with findings from the main sample on the Interim III measure and posttest. Thus, members of the control sample received only the screening and one other measure, while the main sample was exposed to a series of measures.

d. Self-selection bias

In our initial research proposal we included at least one city as a control basis for adjusting data for viewer self-selection -- i.e., the tendency of people to expose themselves to communications which they accept. Observed changes in viewer knowledge, attitudes and behavior may come about because they are the kinds of people who would watch a health show, rather than as a result of the stimulus of the show itself. This effect may have been exaggerated by the screening of potential respondents to include more high-likelihood viewers in the research.

Since Feeling Good was broadcast nationwide, the notion of a control city could not be implemented. Instead, we attenuated some of the bias from self-selection with two different analytic models. In the analysis of postseries data, two basic types of comparison predominate:

- Changes tabulated by level of viewing -- high, low and none -- and,
- Changes tabulated by viewing of a specific show or stimulus.

We felt that a nonviewer who was much like a viewer both demographically and psychographically would serve as a control for viewer self-selection.

For this reason, an attempt was made to match viewers and nonviewers on several demographic and psychographic variables:

1. Degree of worry about health
2. Education
3. Sex
4. Presence of pre-school and teenage children in the home
5. Age
6. Race

When originally envisioned, it was expected that within the experimental group there would be many more nonviewers than viewers to provide a pool from which to draw "matched nonviewers." As data became available, however, it became apparent that the number of viewers of either Season A or B was about equal to the number of nonviewers. Thus, nonviewers and "matched nonviewers" became virtually the same population.

We then compared frequent viewers (viewed 4 or more shows) with less frequent viewers (viewed 1-3 shows) and nonviewers across demographic subgroups in an attempt to get a fix on viewer self-selection. If frequent viewers were demographically different from nonviewers, it would be evidence of some systematic bias. There were, however, no differences in excess of 5% between any two subgroups, implying no demographic self-selection.

In the case of viewing a specific show, a different tack was taken. We believe that there is a built-in control for viewer self-selection in the analysis of knowledge, attitudes and behaviors related to viewing specific programs -- respondents who reported viewing other shows but not the show in question. Although it is true that viewers of a particular show are more likely to be contaminated by self-selection bias than are viewers of other shows, we believe the amount of control provided to be adequate for analytic purposes. These comparisons are made for show-specific viewing analyses in Chapters 2, 4, and 5.

*Please see Volume II, Methods and Procedures, for demographic descriptions of frequent viewers, less frequent viewers, and nonviewers.

Errors due to method variance are common to the methods used in this research. Mail procedures, self-administered questionnaires and panel procedures are vulnerable to the following kinds of error:

a. Respondent cooperation problems

Inadequate completion rate does not seem to have been a problem with panel completion rates at 80% and higher for most phases of the research. For the nonresponse bias to be important, a large nonresponse must coincide with large differences between the response and nonresponse segments.*

b. Memory lapse and telescoping connected with recall procedures

Respondents, in some measures, were asked to recall material presented as much as seven or eight months earlier. Several aided recall procedures were employed to attenuate any bias which may have resulted. Various procedures employed include: providing a rundown of segments of each show for viewing recall, and employing a picture of the regular cast of "Mac's Place" to aid in recall of Season A viewing.

c. Sensitivity of the viewing measure

In some measures, particularly the interim measures, we chose to label a respondent a viewer if he reported viewing only part of a show. Thus, a reported viewer may or may not have seen the segment dealing with a given topic and may, in fact, understate show effect.

Errors due to respondent variance include:

a. Poor memory or lack of recall

b. Breaking of the panel sequence (different respondents within a household responding to various measures) was not a factor in this study. Fewer than 4% of respondents reported that someone else filled out a previous questionnaire sent to them.

*Kish, Leslie, Survey Sampling, New York: John Wiley and Sons, Inc., 1965, p. 535.

A Review of the Expectations on Findings

In our original research proposal we stated that Feeling Good had ambitious and laudable objectives: to induce behavior in relevant audience segments beneficial to their health.

We will again review with the reader the considerations which led us to expect only modest measurable success for the health series during its first season.

1. The show claimed one-half to one hour of viewer time per week, which is not a lot of time in terms of impact.

2. Only a small proportion of the total television audience could be expected to attend to the health series.

3. Only a portion of viewers of the health series would be responsive to any one show or segment.

   For example, the subjects of prenatal care and colon-rectum cancer are of concern to only a small portion of the total viewing audience.

4. Health care attitudes and values are extremely value-laden and therefore not readily amenable to change.

Report Organization

This report is organized into four separate volumes:

		# of Pages
Volume I:	This document. A presentation of main findings and conclusions, with a moderate amount of methodology.	136
Volume II:	Methods and procedures. All aspects of research design and interviewing experience, plus a set of the supporting documents (e.g., interviewer training and instruction materials, copies of questionnaires used).	144
Volume III:	Detailed tabulations. Computer printouts bound into five documents of this size.	
	Volume IIIA. Telephone screening interview data and behavioral baseline data.	125
	Volume IIIB. Interim I and II data.	342
	Volume IIIC. Interim III data and Interim III panel control data.	468
	Volume IIID. Postseries interview data: Questions 1-10.	198
	Volume IIIE. Postseries interview data: Questions 11-38.	318
Volume IV:	A magnetic data tape record for use in further analysis.	

Notes on Reading Tables

1. The bases shown in parentheses in the tables are actual numbers of respondents in each category. These bases would be used when estimating the statistical significance of percentage differences.

   Percentages are derived from weighted frequencies, which are shown in the separately bound detailed tabulations. Any repercentaging which the reader may wish to do should utilize these weighted frequencies.

2. All differences discussed in the report are at the 5% level of significance or beyond -- i.e., the chances are less than 5 out of 100 that differences as large could occur by chance.

Contents of This Volume (I)

The first part of this volume is dedicated to an exposition on the state of health knowledge, attitudes and behaviors existing in the four experimental cities prior to broadcast of Feeling Good. Subsequent chapters attempt to describe the problems encountered in the research, our methods for dealing with them and, finally, meaningful findings related to viewing of the series.

Expectations and Findings

Health care is externally anchored in the delivery system to which people have become accustomed, and to social class and other factors. Health care attitudes and behaviors are internally anchored to one's self-image, among other relatively enduring value systems. Therefore, before the health series Feeling Good was broadcast, our expectations were that certain health attitudes and behaviors would be heavily value-laden and highly resistant to change. Conversely, we felt there were matters of health which, because they were more easily dealt with by the individual, although not less important, would be more amenable to change.

> The series, overall, had a measurable impact on viewer behavior and cognition in health areas both less critical and more deeply value-related. Beyond some predilection toward health-oriented media offerings, viewers consistently demonstrated more knowledge about health matters and a greater proclivity to take steps to improve or safeguard their health than nonviewers.

Impact on Behavior

Although some results are somewhat contaminated by artifacts of the research, viewing Feeling Good and frequency of viewing appear to be related to respondent behavior. Most health areas which showed measurable change were those directly under respondent control and accomplished with a minimum of effort. Some examples are:

- Posting the local poison control center's telephone number
- Having more fresh fruit or fruit juice daily
- Writing down symptoms before visiting a doctor

There are also examples of viewing impact on behaviors requiring more effort:

- Having a blood pressure check-up
- Women examining their breasts for lumps

Many of the series treatments were projected toward effecting behavioral changes on the part of limited segments of the viewing public -- e.g., improved prenatal care (pregnant women), and more sensitive handling of sibling rivalry toward newborn babies (parents of young children). Other series treatments were targeted toward effecting behaviors cyclical in nature -- e.g., periodic physical and dental examinations. Still others were intended to raise viewer awareness of such matters as the role of paramedical personnel and mobile emergency heart teams. These and similar behaviors and levels of awareness were difficult to assess with a survey design of this nature.

Most easily assessable were behaviors within health areas pertaining to a majority of the Feeling Good audience.

The Season B show on vision and eyesight demonstrated the largest impact on the viewing audience:

- Thirty-two percent of the vision show viewers reported having a vision check within the past two months, proportionately double the number of nonviewers.
- More than twice as many viewers as nonviewers reported taking a pre-school child for a vision test, 9% as opposed to 4%.

The series also demonstrated some "pass-along" effect:

- Viewers were more likely than nonviewers to suggest that a friend or relative have a blood pressure check.
- Women viewers were also more likely than nonviewers to suggest a Pap test to a friend or relative.

Impact on Knowledge

Those viewing Feeling Good episodes on the following health topics demonstrated higher knowledge of these areas than their nonviewing counterparts:

- High blood pressure
- Breast cancer, colon-rectum cancer
- Teenage alcoholism
- Cigarette smoking
- Vision problems -- glaucoma and amblyopia

Format Preference

Viewers were divided on format preference. Although both formats had some demonstrable effect, adults with less than a high school education preferred the more patently entertaining "Mac's Place" version while college-educated adults preferred the half-hour version with Dick Cavett.

Limitations

The reader should be mindful of these considerations which prevent drawing of more substantive findings from the research:

- The viewing audience of any one show averaged about 10% of all respondents.
- Much of the sample is a highly selective one having been prescreened for interest in health matters and further screened by selective exposure.
- The target audience for any one show or topic ranged from a very small proportion of adults (prenatal care) to almost all adults (vision).

The reader should also be aware that the research effort was intended to assess the series' impact in a substantial number of health areas treated during the first year's programming. We have reported here mainly those items showing statistically significant behavioral or cognitive changes among viewers. These results constitute a limited proportion of the items covered by Feeling Good. Volume III of this report, Detailed Tabulations, contains all comparisons made between viewing and nonviewing groups.

For these and other reasons delineated in the report findings, most of the impact of Feeling Good was limited to that portion of the viewing audience with a need for specific information delivered, which is, by definition, a small proportion of the total population.

Conclusion

The research has demonstrated that a television health series like Feeling Good can effect improvement in reported viewer health behavior and knowledge.

Summary

With the various possible biases associated with the research and resulting difficulty of assessing causality, the treatment of many findings has been quite tentative. While some of the programs have not had visible positive behavioral or cognitive impact, several shows, of both Seasons A and B, have had clearly significant effects on some of their viewers.

Some programming treated topics which were subtle and thus difficult to assess with a survey design of this nature -- attitudes toward doctor-patient communication, for example. Other programming, particularly in the hour version, treated topics targeted to very small audience segments -- also difficult to assess without larger samples.

Accordingly, we cannot evaluate the net impact of Feeling Good on viewers beyond a simple assessment of reported selected behaviors and knowledge.

The series has provided some benefits to viewers:

- Forty-eight percent of those viewing Feeling Good found the health information useful.
- Forty-one percent of those viewing Feeling Good reported learning something they didn't know before.

Feeling Good has not, however, been proven effective in delivering specialized health information to small subpopulations in need of it, e.g. -- information about proctoscopic examinations to men over 40, and information about early prenatal care to pregnant women, etc. -- while at the same time maintaining an appeal to the broad majority of the viewing audience. Whether any television series could do both remains an open question.

CHAPTER 1

PRESERIES BASELINE MEASURE

This chapter reports on data collected in the initial baseline study described in the introduction. The findings are intended to provide the reader with a clear understanding of the status of health attitudes, knowledge and behaviors in four cities at the time of this research. The four cities are Boston, Dallas, Jacksonville, and Seattle. The data are based on 5,063 respondents who:

- Completed the telephone screening interview
- Completed the behavioral baseline questionnaire

In this questionnaire, people were asked to complete series of questions on:

- General health
- Physical, dental, and blood pressure examinations and information
- Health habits
- Opinions about health
- Sources of health information

In addition, parents of children under 18 and women were asked to complete a series of questions pertaining to them.

More detailed information may be found in the detailed tabulations.

Note on Reading Tables

Except as noted, table differences from 100% are "not reported" or "no answer."

Summary: Chapter 1

Page*

Health Habits

1. Four in ten adults (42%) worry about their own or their family's health. Nevertheless, a large majority believe their own health is at least average or better (88%), and the health of their family is average or better (85%). 9

2. The population in the four survey cities is aware of the need for various health examinations and substantial proportions report having them.

Report Examinations in the Past Year	Total Adults	Page*
• Blood pressure	77%	12
• Physical	50%	11
• Dental	48%	13

3. Only minorities of adults report not currently practicing basic health habits: asking a doctor to explain something he said which was not understood; limiting alcohol consumption; having fruit or fruit juice daily; exercising daily; and eating foods low in saturated fat. 15

4. The majority of adults display consistently conscientious and socially acceptable attitudes about health care practices. 16

5. Only small proportions of respondents report either trying to get information on a variety of health care needs or sending for information offered on television in the six months preceding the November 1974 interviews. 17,18

Cancer

6. A majority of adults (76%) believe that the cure rate for breast cancer when discovered early is very good. 19

7. Two of three women had a Pap test in the past year (64%) or a breast examination by a doctor (68%). 20

*The page references are to the "Findings in Detail" section of this report.

Children's Health

8. A majority of parents report:

The following proportions report their children have had:

General Health Status

1. A great majority of adults believe their health is as good as or better than average (Table 1-1).

Table 1-1

Status of Health

	Total Adults (5,063)			
	Personal Health Is...		Family Health Is...	
Better than most	42%	88%	42%	85%
Just about average	46		43	
Not as good as most	7		2	
Not sure	4		2	

2. Four in ten adults, 42%, report worrying about their own health or the health of someone in their households (Table 1-2).

Table 1-2

Worry About Health

	Total Adults (5,063)	
Yes, worry a lot	14%	42%
Yes, some worry	28	
Yes, worry a little	31	
No worry at all	26	

3. A large majority, 80%, receive health care in a doctor's office or group practice (Table 1-3).

Table 1-3

Source of Health Care

	Total Adults (5,063)
Visits to . . .	
Doctor's office or group practice	80%
Hospital clinic	9
Clinic not in a hospital	8
Some other place	2
Never went to doctor	1

1. Physical Exams

Half the adult population report having a physical examination in the past year (Table 1-4).

Women are more likely to have been examined in the past year than men -- about six women in ten (58%) have had a physical examination in the past year, compared with 38% of men who have been examined in that time period. In fact, one-third of men report that they have not had such an exam in the past three years.

Table 1-4

Physical Exams

	Total Adults (5,063)		Men (1,373)		Women (3,622)	
Had physical examination						
0- 3 months ago	17%		13%		20%	
3- 6 months ago	15	50%	11	38%	17	58%
6-12 months ago	18		14		21	
1-3 years ago	22		26		19	
More than 3 years ago	14	47%	21	59%	9	38%
Never	11		12		10	
			33%			

2. Blood Pressure Check-ups

Three-fourths (77%) of adults report having had their blood pressure checked in the past year (Table 1-5). Two-thirds (65%) say their blood pressure was normal.

Four in ten adults (44%) say they wish they knew more about their blood pressure than they were told and about half (48%) say they suggested that someone else have a blood pressure check.

Table 1-5
Blood Pressure

	Total Adults		Men		Women	
	(5,063)		(1,373)		(3,622)	
Had blood pressure checked						
0- 3 months ago	40%		35%		43%	
3- 6 months ago	19	77%	17	69%	21	82%
6-12 months ago	18		17		18	
1-2 years ago	12		16		10	
More than 2 years ago	9	22%	12	29%	6	17%
Never	1		1		1	

	Total Adults
	(5,063)
Respondent's blood pressure was. . .	
High	11%
Normal	65
Low	4
Not told anything	16
Do you wish you knew more than you were told at that time?	
Yes	44%
No	46
Have you ever suggested a blood pressure check to someone else?	
Yes	48%
No	46

3. Dental Examinations

Almost seven in ten adults say they have ever had an asymptomatic dental examination (Table 1-6). This behavior is correlated both with education and income -- e.g., 82% with a college education and 79% with incomes of $15,000 or over report dental exams versus 41% with less than a high school education and 57% with incomes less than $10,000 annually.

Nearly half (48%) of those responding have visited the dentist in the last year, while slightly more than half (51%) say they go to the dentist at least annually.

Table 1-6

Dental Care

	Total Adults (5,063)
a. Dental Visits	
Go to dentist when teeth not bothering...	
Yes	69%
No	26
Have you thought about going?*	
Yes, plan to go	6%
Yes, might go	5
Yes, don't plan to go	4
No, haven't thought about it	11
b. Recency	
When was last check-up when teeth not bothering you?**	
0- 3 months ago	17%
3- 6 months ago	15
6-12 months ago	16
1-2 years ago	15
c. Frequency	
Usually, how often do you go?**	
Every 6 months	26%
Every year	25
Every 2 years	6
Less than every 2 years	2
No regular time	9

*Asked of those answering "no" to "go to dentist when teeth not bothering..."

**Asked of those answering "yes" to "go to dentist when teeth not bothering..."

4. Dental Disclosing Tablets

The majority of respondents (72%) have heard of a dental "disclosing tablet" but only about a fourth (28%) have ever used one (Table 1-7).

Table 1-7

Dental Disclosing Tablets

	Total Adults (5,063)
a. Have you heard of dental "disclosing tablets?"	
Yes	72%
No	24
b. Have you ever used dental "disclosing tablets?"*	
Yes	28%
No	70

*Asked of all respondents.

Health Habits

Table 1-8 shows that on five health-related items, people were asked if they do it now, try to do it now, or do not do it now. Majorities of adults at least try to do something in each of the health habit items, but action varies considerably from item to item.

- Three-fourths of respondents indicate that they ask the doctor to explain things they don't understand.
- Two-thirds report limiting their alcohol consumption.
- Half have fruit or fruit juice and exercise daily.
- One-third eat foods which are low in saturated fat.

Table 1-8

Health Habits

	Total Adults (5,063)		
	Do Now	Try to Do Now	Do Not Do Now
Ask doctor to explain when he tells you something you don't understand	75%	16	6
Limit alcohol consumption	66%	13	16
Have fruit or fruit juice daily	48%	28	20
Exercise daily	48%	35	14
Eat foods low in saturated fat	35%	36	26

(Table reads across rows -- i.e., 75% of adults now ask their doctor to explain when he tells them something they don't understand, 16% try to do this, and 6% do not do this.)

Opinions About Health

The majority of adults consistently display socially acceptable attitudes about health care practices. They think illness can largely be avoided and that people should have periodic dental and physical examinations (Table 1-9).

Table 1-9

Opinions About Health

	Total Adults (5,063)		
	Mostly Agree	Mostly Disagree	No Opinion
A person can have high blood pressure and not know it	88%	6	5
Being healthy is how well you look after yourself	82%	13	3
A person should visit the dentist every six months	74%	18	6
No matter how careful you are, you can expect illness in your lifetime	20%	72	6
Regular physical examinations are worthwhile only if something is wrong	15%	80	3
There is not much you can do to keep from getting sick	11%	84	3

(Table reads across rows.)

Health Information

1. Medical Emergencies

Most people (73%) keep a number handy which they can call for emergency medical help. However, only a minority (28%) have a number to call in case of poisoning (Table 1-10).

Table 1-10

Medical Emergency, Poison Control

	Total Adults (5,063)
Are phone numbers written down?	
Poison control center	
Yes	28%
No	66
Where to get emergency medical help	
Yes	73%
No	24

2. Seeking Health Information

Only small minorities of adults tried to get information on a variety of health care needs in the past six months, ranging from 3% requesting information on a drinking problem to 12% seeking information about a dentist (Table 1-11).

Table 1-11

Seeking Health Information

	Total Adults (5,063)		
	Tried	Didn't Try	Already Knew
Information about. . .			
Dentist	12%	21	65
Breast self-exam	8%	34	54
Pap test	6%	30	62
Blood pressure	5%	38	56
Heart check-up	4%	42	52
Drinking problem	3%	63	31

(Table reads across rows -- e.g., 12% tried to get information about a dentist, 21% did not try and 65% already knew that information.)

3. Information from Radio and Television

Only a very small minority (3%) report sending for health information offered on radio or television in the six months preceding the November 1974 interview. However, nearly half (45%) say they get more information now from the broadcast media than they did six months ago (Table 1-12).

Table 1-12

Information from Radio and Television

	Total Adults (5,063)
In the last six months have you sent for any health information that you saw offered on television?	
Yes	3%
No	96
Amount of information from radio and TV	
More now than six months ago	45%
About the same . . .	32
Less now . . .	2

Women's Health

1. Breast Cancer

Most people (76%) believe that with early detection, the chance of recovery from breast cancer in women is "very good" (Table 1-13).

Table 1-13

Detection and Recovery from Breast Cancer

If breast cancer in women is detected early, do you think that the chance of recovery is . . .

	Total Adults (5,063)
Very good	76%
Fair	16
Poor	1
I don't know	5

Only about one-third (35%) report recommending a friend or relative have her breasts examined by a doctor (Table 1-14).

Table 1-14

Recommending Breast Exams

Have you suggested to a friend or relative of yours that she have a doctor examine her breasts?

	Total Adults (5,063)
Yes	35%
No	64

A majority (68%) of women interviewed report that they have had their breasts examined by a doctor within the past year (Table 1-15). This finding is correlated with respondent education. Three-fourths (75%) of those with some college report the behavior while 68% with a high school education and 55% with less education report this behavior.

Table 1-15

Breast Examinations

	Total Women (3,622)
When was last breast examination?*	
Within last 12 months	68%
More than 12 months ago	22

2. Pap Tests

Almost all women have heard of a Pap test (98%), and know what it is for (96%). Two-thirds (64%) say they have had a Pap test within the past year (Table 1-16). About the same proportion say they have a test at least annually (68%).

Table 1-16

Pap Test

	Total Women (3,622)
When was last Pap test?*	
Within last 12 months	64%
More than 12 months ago	24

*"Never had one" excluded.

Children's Health

Respondents with children under 18 at home were asked to complete an additional series of questions about their children's health.

1. Children's Snacks

Most parents . . .

- Say they have thought about trying to change what their children eat for snacks (69%)
- Say they have tried to effect such a change (62%)
- Believe the type of snacks eaten matters a lot to a child's health (58%)
- Say their children's snacks are at least half composed of sweet foods (58%)

While men believe that their children eat mostly sweets for snacks more often than women (33% of men and 24% of women), they are less likely to have tried to bring about a change (54% of men and 67% of women).

2. Keeping Medicines and Household Cleaners from Children's Reach

A vast majority of parents of pre-school children (93%) say they have thought about keeping such materials from children's reach, and 92% report having removed all or some of these materials.

3. Shots and Immunizations

Majorities of parents of children under six years old say their child has had:

- A DPT shot (86%)
- Oral polio vaccine (82%)
- A rubella shot (68%)
- A regular measles shot (66%)

Minorities of parents say:

- An eyesight test (36%)
- A hearing test (31%)

As might be expected, the above findings are related both to income and education with the upper ends of both scales reporting these behaviors with more regularity.

CHAPTER 2

INTERIM MEASURES

Summary: Chapter 2

	Page
1. Every hour-long Feeling Good episode garnered at least 6% of all respondents as viewers and some shows had as many as 20% of all respondents reporting some viewing.	36, 46,57
2. Viewing of Feeling Good had a behavioral impact as evidenced by reporting of the following habits:	
• A breast self-examination was reported by viewers more than others.	37,47
• Making an effort to have more fruit or fruit juice was reported by viewers more than others.	37,47
• Placing the telephone number of the local poison control center near their telephone was reported by significantly more viewers than other respondents.	47
• Writing down symptoms before visiting a doctor was reported by 21% of viewers, 14% more than nonviewers.	56
3. Viewing also had a measurable positive effect on level of knowledge concerning various health topics. Viewers knew more than nonviewers that:	
• High blood pressure is more common among blacks than whites.	37
• Steaming vegetables is better, nutritionally, than boiling them.	37
• Fruit helps clean a person's teeth.	47
• Colon-rectum cancer is diagnosed via a proctoscopic examination and has a high cure rate with early detection.	53
4. At least one in five respondents reported being involved in ten or more specific health behaviors during the two months preceding the interview. These are behaviors most directly under the respondent's immediate control; e.g., dieting, looking at a health pamphlet, cutting down on cholesterol, etc.	33, 43,54

Page

5. Behaviors reported by only a small minority (less than 20%) include:

   - Encouraging someone to get early prenatal care — 33,43,54
   - Asking for health information offered on television — 33,43,54
   - Writing down symptoms before visiting a doctor — 54

6. Generally, levels of knowledge about health matters are high, both among viewers and nonviewers. Respondents were clearly knowledgeable about all but a few health topics. Only a small minority knew that:

   - High blood pressure can occur completely without symptoms. — 45
   - High blood pressure is more common among black people than white people. — 35,55
   - Children of problem drinkers and nondrinkers are disproportionately more likely to have drinking problems themselves. — 45

CHAPTER 2

INTERIM MEASURES

Introduction to Interim Measures

The next three sections contain data about the first 11 episodes of Feeling Good. Several instruments were originally intended to provide point-in-time estimates of viewing Feeling Good and the effects of viewing on knowledge and behaviors. Data on viewing of specific topics and related knowledge and behaviors were to be accumulated to provide sufficient sample sizes for analysis at the season's completion.

Because the research design was altered as a result of the show format change, these interim reports must stand relatively alone to reflect the impact of Season A on specific health knowledge and behaviors. These data do provide:

1. An estimate of the level of viewing Feeling Good.
2. Some indication of the effects of viewing through the comparison of direction of viewer/nonviewer differences.

Each episode was an hour long and covered several health topics. An instrument was designed to measure health behaviors, knowledge and viewing respectively for shows 1-4, 5-8 and 9-11. The three questionnaires were similar in format, each containing a section on behaviors (with 13 common items), a section on knowledge items keyed to shows covered, and a section on respondent demographic information.

Analysis

The analysis was conducted from two directions: one direction covered a survey of respondent health behaviors and knowledge, and the other differences between viewers and nonviewers of various shows. Small samples of viewers prevented further analysis by demographic subgroups.

As discussed in the introduction, we expected to encounter some degree of self-selection among survey respondents. We have attempted to attenuate the bias from self-selection in Interims II and III with the analytic model discussed in the introduction.

There are a number of other important conditions operating which limit the inferences we can draw from the data regarding viewer/nonviewer differences in knowledge, attitudes and behaviors.

- The number of viewers of any one program is quite small, which results in high sampling errors for estimating proportions.
- The treatment given any topic in the one-hour show was but a section of the hour and may have been as little as ten minutes.

Operational Definitions and Limitations

The operational definition of "viewer" in the following sections is a respondent who watched an episode imparting specific information. However, this designation of respondents as "viewers" may be based on exposure to as little as ten minutes of one show. A designated viewer may not, for example, have watched the particular segment we are keying on.

The operational definition of "viewers of other shows" is a respondent who watched another show covered in the instrument, but not an episode imparting information keyed to the question.

Several items were repeated in each instrument for trending and comparing results with other research. Individuals reporting viewing of any show were analyzed as viewers on these items. The latter designation is keyed with a @.

The decision rule for designating a finding statistically significant varied according to the viewing subgroups compared. When show-specific items were involved, a test for statistical significance was made on differences between viewers of a particular show and viewers of other shows but not that one. For general items not covered in the interviewing period of a particular instrument, significance tests were performed on differences between viewers of one or more shows and nonviewers of any show.

From the small demographic subgroup sample sizes among viewers and nonviewers of specific shows, it has also been difficult to determine whether Feeling Good reached any significant proportions of the various target audiences. Although the research did attempt to maximize sample sizes among potential target audiences, the meager size of such audiences made it difficult to extract meaningful estimates of viewing, behaviors and knowledge. We have therefore, when appropriate, commented on effects on total adults dichotomized by viewing/nonviewing, and on demographic subgroups of the total population.

Given these explicit limitations, the consideration of direction and consistency of change across behavioral items becomes more meaningful than simply examining changes in individual items themselves.

Table 2-1 shows the behavioral items which appeared in each of the three interim instruments. There are no significant differences across interim measures on any set of items. Even though the respondent instructions stressed reporting of behaviors done in the past two months, the relatively high behavioral reports indicate that some respondents stretched the time period to allow reporting of less recent behaviors (telescoping). Assuming, however, that the effects of inflated self-reported behaviors are equally evident among all demographic and viewing subgroups, these comparisons should not be biased.

Table 2-1

Behavioral Checklist Items Repeated in Interim Measures I, II, and III

	Total Adults *		
	Interim I (518)	Interim II (466)	Interim III (411)
Looked at an article or pamphlet about health	75%	77%	80%
Made a special effort to have more fresh fruit or fruit juice	62%	60%	66%
Had your blood pressure checked	39%	44%	48%
Started a diet to lose weight	38%	44%	37%
Increased your exercise	38%	46%	44%
Cut down on cholesterol	33%	39%	35%
Asked a doctor to explain something you didn't understand	33%	42%	32%
Gone for an asymptomatic physical examination	26%	31%	22%
Gone for an asymptomatic dental examination	26%	22%	25%
Encouraged someone pregnant to see a doctor for early prenatal care	13%	12%	13%
	Total Women		
	Interim I (378)	Interim II (338)	Interim III (297)
Done a breast self-examination	75%	72%	74%
Had a breast examination by a doctor	30%	36%	31%
Had a Pap test	28%	28%	28%

*%of total adults (and total women where applicable) reporting behaviors.
Interim I covered shows from November 18 to December 15.
Interim II covered shows from December 16 to January 12.
Interim III covered shows from January 13 to February 2.

Section A: Interim I

This section contains data covering the first four episodes of Feeling Good -- shows broadcast during the weeks of November 18, November 25, December 2, and December 9. The data are based on 518 respondents to this questionnaire.*

Note: Analysis of Feeling Good viewer/nonviewer differences in this section follows this model:

Viewers: Respondents who report viewing a show in which the behavioral and/or cognitive item under discussion was covered.

Viewers of other shows: Respondents who report viewing at least one of the four shows covered in this instrument but not the show imparting the specific information under discussion.

Nonviewers: Respondents who report no viewing at all of the shows covered in this instrument.

Several behavioral items not covered in these four shows were also included in the behavioral checklist. Analysis of these items is by viewers of any show versus nonviewers of any show. These items are clearly identified.

Included for descriptive purposes are tables of behavior and knowledge questions for the entire sample.

Note on Reading Tables

Except as noted, table differences from 100% are "not reported" or "no answer."

*Please see Volume II, Methods and Procedures, for response rates.

Health Behaviors

In relating a general catalogue of their health behaviors over the past two months, demographic subgroups varied in their reports.

Adults 55 and older were more likely than younger adults to report:

- A blood pressure test.
- Encouraging someone else to have a physical.
- Cutting down on cholesterol.
- Using a steamer to cook vegetables.

Respondents with less than a high school education reported these behaviors more often than more educated adults:

- A blood pressure test.
- A physical exam without having symptoms.
- Asking a doctor to explain something not understood.

Some other meaningful demographic group differences are:

- Younger adults, under 35, were most likely to report taking a child under 6 for shots or immunizations.
- Women were more likely than men to encourage someone else to have a physical, make a special effort to have fresh fruit, ask a doctor to explain something not understood, and make an effort to cut down on the amount of sweets eaten by their children.

Since the middle of October 1974, most adults (at least half) have:

- Looked at an article or pamphlet about health (75%).
- Made a special effort to have more fresh fruit or fruit juice (62%).
- Encouraged someone else to have a physical examination (54%).

These three, and other behaviors questioned, appear in the table on the following page (Table 2A-1).

Table 2A-1
Health Behaviors

Since the middle of October have you. . .	Total Adults (518) Yes	No	Not Sure/ Doesn't Apply
Looked at an article or pamphlet about health	75%	20	2
Made a special effort to have more fresh fruit or fruit juice	62%	36	1
Encouraged someone else to have a physical examination	54%	44	1
Made an effort to cut down on the amount of cake, cookies and candy, etc., your children eat	44%	30	24
Had your blood pressure checked by a doctor, nurse, or someone else who knows how	39%	58	1
Started a diet in order to lose weight	38%	59	2
Increased the amount of exercise you do	38%	61	1
Purposely cut down on eggs, meat, butter or milk because they have a lot of cholesterol in them	33%	65	1
Asked a doctor to explain when he told you something you didn't understand	33%	58	8
Gone to a doctor or clinic for a physical examination, even though nothing was bothering you	26%	70	2
Gone to a dentist for a check-up, even though your teeth were not bothering you	26%	70	4
Used a steamer to cook your vegetables	22%	76	1
Encouraged someone who is pregnant to go to the doctor early in her pregnancy	13%	76	10
Taken a pre-school child to get shots or immunizations	11%	67	20
Taken a self-quiz on drinking habits from newspapers, TV, or a pamphlet	9%	84	6
Asked for some information about health that was offered on television	5%	92	2
Taken a pre-school child for an eyesight or hearing test	5%	68	25

The following were asked of women only. . .	Total Women (378) Yes	No	Not Sure/ Doesn't Apply
Examined your own breasts for lumps	75%	23	*
Had a breast examination by a doctor	30%	69	0
Had a Pap test	28%	69	2

*Less than .5%.

Health Knowledge

Large majorities of respondents report the correct answer to all knowledge questions except one -- the knowledge that black people are more likely than white people to have high blood pressure (only 21%).

Table 2A-2, on the opposite page, shows that majorities ranging from nearly two-thirds (61%) to almost all (99%) know the information presented in the first four episodes of Feeling Good.

Education is positively correlated with level of health knowledge on many of these items -- more educated adults were most likely to know:

- High blood pressure is more common among black people than white people. One in six adults has high blood pressure.
- The risk of heart disease is hereditary.
- Steaming of vegetables provides more nutritious vegetables than boiling them. Many fast foods are high in fat with low vitamin levels.
- Allied health personnel can treat more than half the cases a doctor normally treats.
- The optimal frequency for women to examine their own breasts is once a month.

Higher knowledge of some areas is demonstrated by younger adults. Respondents under 35 were more likely to know:

- The optimal frequency for a breast self-examination.

However, they were less likely to know:

- One of six adults has high blood pressure, and complications and controlling techniques of the condition.

Table 2A-2

Health Knowledge

Proportion of respondents answering each question correctly:	Total Adults (518)
A pregnant woman should. . .*	
See a doctor early in her pregnancy	99%
Watch her diet more carefully	68%
Cholesterol is found in eggs and dairy products	98%
A woman who has already had one healthy child only needs to see a doctor a couple of times when she becomes pregnant again	95%[1]
If discovered early, most cases of breast cancer can be controlled	94%
A child under six should have shots or immunizations for:*	
DPT (diphtheria, whooping cough, tetanus)	94%
Polio	93%
Rubella	86%
You can have high blood pressure and not know it	93%
Walking is not much good as physical exercise	86%[1]
Symptoms of heart problems are. . .*	
Sudden chest pains	85%
Shortness of breath	76%
Pains in the chest and stomach	70%
A good weight control program consists of eating less and exercising more	83%
Alcoholism is easier to treat in its later stages when symptoms are more definite	83%[1]
Meals that you get at fast-food eating places are high in fat and low in vitamin content	82%
A lump in the breast almost always means a woman has cancer	82%[1]
Eating a lot of fried foods over the years can have a bad effect on your heart	79%
High blood pressure. . .*	
Can lead to stroke, kidney disease and kidney problems	76%
Can easily be controlled with medication	70%
If other people in your family have heart disease, the chances of your having it are above average	69%
About one in six Americans has high blood pressure	61%
High blood pressure occurs more frequently among black people than among white people	21%

*Multiple correct answers.

[1]"Mostly disagree" correct answer.

Viewing of Feeling Good

Season A -- Shows 1-4

As expected, only small minorities of respondents indicated viewing any one of the four Feeling Good episodes reported on in this first interim measure. As shown in the table below, viewership ranged from a low of 6% of the fourth show to a high of 14% of the first show.

There are fewest demographic differences for the fourth show where recall should be the highest.

It appears that the typical viewers of the first four shows were women, the more educated, and parents of pre-school children.

Table 2A-3

Season A Show Viewing*

	Show 1	Show 2	Show 3	Show 4
TOTAL (518)	14%	7%	10%	6%
Education:				
College (268)	16%	8%	12%	7%
High school graduate (183)	13%	6%	7%	6%
Less than high school graduate (65)	5%	5%	9%	2%
Sex:				
Male (139)	10%	2%	6%	3%
Female (378)	15%	10%	12%	8%
Children:				
Under 6 (135)	19%	11%	12%	6%
6-17 (199)	13%	7%	9%	6%
None at home (239)	12%	7%	10%	8%
Age:				
18-34 (229)	12%	8%	9%	6%
35-54 (167)	17%	5%	10%	5%
55+ (117)	9%	8%	11%	6%

(Cell entries are percent of subgroup reporting they watched a particular show.)

*Shows covered in Interim I questioning instrument broadcast November 18 through December 15, 1974.

Impact of Viewing on Behaviors and Knowledge

Although only one of the behaviors asked about in this questionnaire (breast self-examination) was reported by statistically different proportions of viewers and nonviewers of Feeling Good, all but a few of these behaviors were reported by more viewers than nonviewers. It is apparent from these findings that viewers both know more about these health topics and are more prone to practice these good health habits. Unfortunately, the cause of these differences cannot be totally and finally explained by viewing of the programs. Some part of this disproportionality must be traced to viewer self-selection.

The findings:*

- Viewers (women) were more likely to report examining their own breasts for lumps (87% of viewers, 75% of nonviewers, and 64% of viewers of other shows).

- Although not specifically covered in one of these four shows, three other items were reported significantly more often by viewers -- making an effort to have more fresh fruit, asking a doctor to explain something not understood, and looking at an article about health.

Viewers were also more knowledgeable about:

- Blood pressure -- More than a third who watched the Feeling Good blood pressure show knew that blacks are more likely than whites to have high blood pressure, while only 19% of nonviewers knew.

- Nutrition -- Nine of ten who watched the nutrition segment knew the benefits of steaming vegetables against 77% of those who did not watch.

The reader should note that the sample sizes of viewers are quite small for some of these items and, although viewers appear to know more on almost all items, the differences are not large enough to be found statistically significant.

*All findings on this page are significant at the 95% confidence level.

Table 2A-4

Health Behaviors

Since the middle of October have you . . .	Total Adults (518)* Viewers %	(Base)	Viewers of Other Shows %	(Base)	Nonviewers %	(Base)
Looked at an article or pamphlet about health@	88	(141)	--	--	71	(377)#
Made a special effort to have more fresh fruit or fruit juice@	74	(141)	--	--	59	(377)#
Encouraged someone else to have a physical exam@	57	(141)	--	--	52	(377)
Made an effort to cut down on sweets kids eat@	47	(141)	--	--	43	(377)
Started a diet to lose weight	46	(49)	48	(77)	36	(392)
Asked a doctor to explain something you didn't understand@	41	(141)	--	--	31	(377)#
Cut down on cholesterol	39	(36)	42	(90)	31	(392)
Increased your exercise	39	(64)	54	(62)	35	(392)
Had your blood pressure checked	37	(64)	31	(62)	41	(392)
Gone for an asymptomatic dental exam@	32	(141)	--	--	24	(377)
Used a steamer to cook your vegetables	29	(83)	25	(43)	21	(392)
Gone for an asymptomatic physical exam@	22	(141)	--	--	26	(377)
Taken a pre-school child for immunizations	18	(64)	20	(62)	9	(392)
Encouraged someone pregnant to get early prenatal care	17	(83)	7	(43)	13	(392)
Took a self-quiz on drinking habits on TV, etc.	13	(36)	9	(90)	8	(392)
Asked for health information shown on TV@	8	(141)	--	--	4	(377)
Taken a pre-school child for a hearing or eyesight test@	4	(141)	--	--	6	(377)

*Percent of subgroups (viewers, nonviewers) reporting behavior.

@These items were included in the checklist in order to provide a baseline for comparison of this research with other research being conducted. They were not specifically covered in shows 1-4.

#Differences significant at the 95% confidence level.

Table 2A-5

Health Behaviors

Since the middle of October have you . . .	Total Women (378)* Viewers %	(Base)	Viewers of Other Shows %	(Base)	Nonviewers %	(Base)
Examined your own breasts for lumps	87	(52)	64	(50)	75	(276)#
Had a Pap test@	27	(114)	--	--	28	(264)
Had a breast exam by a doctor	21	(52)	22	(50)	33	(276)

*Percent of subgroups (viewers, nonviewers) reporting behavior.

@These items were included in the checklist in order to provide a baseline for comparison of this research with other research being conducted. They were not specifically covered in shows 1-4.

#Difference significant at the 95% confidence level.

• Section B: Interim II

This section contains data covering the second four episodes of Feeling Good -- shows broadcast during the weeks of December 16, December 23, December 30, and January 6. The questionnaire was sent in early January. The data are based on 466 respondents to this questionnaire.*

Note: Analysis of Feeling Good viewer/nonviewer differences in this section follows this model:

Viewers: Respondents who report viewing a show in which the behavioral and/or cognitive item under discussion was covered.

Viewers of other shows: Respondents who report viewing at least one of the four shows covered in this instrument but not the show imparting the specific information under discussion.

Nonviewers: Respondents who report no viewing at all of the shows covered in this instrument.

Several behavioral items not covered in these four shows were also included in the behavioral checklist. Analysis of these items is by viewers of any show versus nonviewers of any show. These items are clearly identified.

Included for descriptive purposes are tables of behavior and knowledge questions for the entire sample.

Note on Reading Tables

Except as noted, table differences from 100% are "not reported" or "no answer."

*Please see Volume II, Methods and Procedures, for response rates.

Health Behaviors

This instrument represents the first behavioral and knowledge report for these respondents since the baseline questionnaire in November. The reader should note that the data covered in this section are not much different from those reported in the previous section.

Similar patterns to those established in the first interim measure emerge among these respondents.

Adults 55 and older were again more likely to report:

- A blood pressure test.
- Cutting down on cholesterol.

Women under 55 were twice as likely to report having a Pap test in the past two months.

Respondents with less than a high school education more often than more educated respondents reported:

- Cutting down on cholesterol.
- Making efforts to have more fresh fruit.
- Moving poisonous materials from children's reach.

Behavioral reports positively correlated with education are:

- Starting a weight loss diet.
- Increasing exercise.
- Seeking information on hospitalization insurance.

Some other meaningful findings are:

- Parents were more likely to -- place the poison control center telephone number near their own telephone, move poisonous materials from children's reach.
- Women, more than men, reported -- starting a diet, making efforts to have more fresh fruit, moving poisonous materials, and cutting down on children's sweet snacks.

As was the case in the first interim report, large proportions of respondents report a host of health-related behaviors during the past two months. Again, the behaviors most frequently reported are those most easily accomplished immediately in the home -- starting a diet, increasing exercise, looking at a health pamphlet, etc.

The table on the next page details proportions of respondents reporting specific behaviors.

Table 2B-1
Health Behaviors

Since the middle of November have you. . .	Total Adults (466) Yes	No	Not Sure/ Doesn't Apply
Looked at an article or pamphlet about health	77%	18	4
Made a special effort to have more fresh fruit or fruit juice	60%	37	1
Increased the amount of exercise you do	46%	53	1
Had your blood pressure checked by a doctor, nurse, or someone else who knows how	44%	55	0
Started a diet in order to lose weight	42%	55	3
Asked a doctor to explain when he told you something you didn't understand	42%	49	9
Purposely cut down on eggs, meat, butter or milk because they have a lot of cholesterol in them	39%	58	2
Made an effort to cut down on the amount of cake, cookies and candy, etc., your children eat	37%	30	31
Asked for information on hospitalization or medical insurance	35%	62	2
Moved poisonous and other harmful materials out of young children's reach	32%	37	29
Gone to a doctor or clinic for a physical examination, even though nothing was bothering you	31%	67	2
Gone to a dentist for a check-up, even though your teeth were not bothering you	22%	74	1
Placed the number of the local poison control center near your phone	18%	79	2
Encouraged someone who is pregnant to go to the doctor early in her pregnancy	12%	71	16
Asked for some information about health that was offered on television	6%	91	2

The following were asked of women only. . .	Total Women (338) Yes	No	Not Sure/ Doesn't Apply
Examined your own breasts for lumps	72%	26	1
Had a breast examination by a doctor	36%	62	*
Had a Pap test	28%	70	1

*Less than .5%.

Health Knowledge

Again, large respondent majorities knew the correct answers to most of the health knowledge questions asked in this instrument. Only two items were known by fewer than half of all respondents.

- Nearly half of those responding knew that children of problem drinkers are likely to have drinking problems of their own (48%), but only 13% knew that teetotalers' children are also more likely than normal to have drinking problems.
- Fewer than one of ten (9%) responding knew that there are no symptoms which almost always go along with high blood pressure.

Table 2B-2 on the facing page shows the proportions of respondents answering each question correctly.

More educated and younger respondents are most likely to respond correctly on the majority of these questions.

Education is positively correlated with level of health knowledge on many of these items -- college educated respondents were more likely to know that:

- High blood pressure can be totally without symptoms.
- Medical emergencies such as heart attacks can receive life-saving treatment outside of hospitals.
- Cigarette smoking causes the heart to speed up.
- There are preventive measures for heart attacks.

Younger respondents also answered a proportionally higher number of questions correctly. Those aged 18-54 were more likely to know:

- Which is nutritionally the most balanced meal.
- Pregnant women need to be more careful of their prenatal diet.
- Emergency medical care outside a hospital can be given to a person who has a heart attack.
- There are preventive measures for heart attacks.
- Women should have Pap tests regularly.

Table 2B-2

Health Knowledge

Proportion of respondents answering each question correctly:	Total Adults (466)
A pregnant woman should. . .*	
See a doctor early in her pregnancy	98%
Watch her diet more carefully	79%
Fruit. . .*	
Contains vitamins and minerals	97%
Helps clean your teeth	42%
All women, regardless of their age or number of children, should have a Pap test regularly	95%
You can have high blood pressure and not know it	93%
A Pap test is for cervical cancer	93%
If she feels all right, a pregnant woman only needs to see a doctor once or twice before she has her baby	93%[1]
Babies should be talked to as grown-ups instead of in baby-talk to stimulate language development	85%
Besides watching your diet, there is not much you can do to prevent heart attacks	85%[1]
High blood pressure. . .*	
Can easily be controlled with medication	83%
Can lead to stroke, kidney disease and kidney problems	71%
Cigarette smoking. . .*	
Increases chance of heart attack	81%
Cuts down on the oxygen breathed	71%
Causes the heart to beat faster	45%
Cervical cancer caught early has a cure rate of nearly 100%	80%
The effects of cigarette smoking on the body can be reversed when a person quits	72%
Not much can be done outside a hospital for a person who has a heart attack	71%[1]
What is the best way to control bleeding from a cut. . .	
Apply pressure with clean cloth for 10 minutes	58%
Almost any snack between meals is bad for children's teeth	54%[1]
Which of the following types of teenagers are more likely to drink more than other teenagers. . .*	
Children of problem drinkers	48%
Children of people who don't drink at all	13%
Which of these things almost always goes along with high blood pressure. . .	
None of these	9%

*Multiple correct answers.

[1]"Mostly disagree" correct answer.

Viewing of Feeling Good

Season A -- Shows 5-8

Viewership of these four Feeling Good shows follows a similar pattern to the viewing of the first four shows. An average of 10% of the pre-selected respondents watched each show. Again, there are few demographic differences in viewing, although women and younger respondents watched in greater numbers than men and those 35 and older.

Table 2B-3

Season A Show Viewing*

	Show 5	Show 6	Show 7	Show 8
TOTAL (466)	12%	8%	10%	10%
Education:				
College (222)	10%	8%	10%	11%
High school graduate (176)	13%	9%	10%	8%
Less than high school graduate (66)	11%	8%	13%	8%
Sex:				
Male (124)	8%	4%	5%	9%
Female (338)	15%	10%	13%	11%
Children:				
Under 6 (122)	14%	9%	10%	12%
6-17 (192)	11%	10%	9%	8%
None at home (212)	12%	7%	12%	12%
Age:				
18-34 (198)	16%	14%	13%	10%
35-54 (174)	9%	6%	10%	11%
55+ (91)	11%	2%	6%	9%

*Shows covered in Interim II questioning instrument broadcast December 16 through January 12, 1975.

Impact of Viewing on Behaviors and Knowledge*

There were two behaviors which viewers of Feeling Good reported significantly more often than nonviewers:

- Making an effort to have more fresh fruit or fruit juice.
- Placing the number of the local poison control center near their phone.

Although viewers of other shows reported these behaviors more frequently than nonviewers, implying some degree of self-selection, the degree of difference between viewers and others is great enough to presuppose genuine learning.

Even though viewers in general were also more likely to report the following behaviors, none were covered in any of these four shows:

- Looking at an article about health.
- Cutting down on cholesterol.
- Increasing exercise.
- Sending for health information from television.
- Examining their breasts for lumps (asked of women only).

Consistent with the data covering the first four shows, viewers continue to provide higher self-reports of behavior. Again, this indicates some viewer self-selection but also points to some element of show effect on behavior. For example, 31% of viewers report posting the number of the local poison control center, as compared to 14% of viewers of other shows, and 16% of nonviewers. Eighty-one percent of viewers, 38% of viewers of other shows, and 60% of nonviewers report making a special effort to have more fresh fruit or fruit juice -- a clear example of show effect, without self-selection.

It is apparent from these data that behaviors requiring little initiative by respondents are those which show the greatest change among viewers. It is also those less ambitious behaviors which show changes among viewers in general. Those behaviors which may take place over a lengthy time period are difficult to assess with this design in that these changes will likely occur after the respondent completes the questionnaire.

Viewers were also more aware that:

- Fruit -- Viewers were more aware that fruit helps clean your teeth than were viewers of other shows (57% vs. 38%).

*All findings on this page are significant at the 95% confidence level.

Table 2B-4

Health Behaviors

Since the middle of November have you . . .	Total Adults (466)* Viewers %	(Base)	Viewers of Other Shows %	(Base)	Nonviewers %	(Base)
Looked at an article or pamphlet about health@	87	(123)	--	--	73	(328)#
Made a special effort to have more fresh fruit or fruit juice	81	(69)	38	(54)	60	(328)#
Increased your exercise@	55	(123)	--	--	43	(328)#
Had your blood pressure checked	52	(52)	44	(71)	43	(328)
Tried to cut down on kids' sweets	51	(69)	43	(54)	36	(328)
Cut down on cholesterol@	50	(123)	--	--	35	(328)#
Started a diet to lose weight@	48	(123)	--	--	42	(328)
Moved poisonous or harmful materials from children's reach	47	(59)	35	(54)	30	(328)
Asked a doctor to explain something you didn't understand	46	(69)	48	(54)	39	(328)
Sought information on hospitalization insurance	46	(49)	46	(74)	32	(328)
Gone for an asymptomatic physical exam@	34	(123)	--	--	31	(328)
Placed the number of the local poison control center near your phone	31	(69)	14	(54)	16	(328)#
Gone for an asymptomatic dental exam	28	(49)	27	(74)	21	(328)
Encouraged someone pregnant to get early prenatal care	23	(49)	12	(74)	11	(328)
Sent for health information offered on TV@	14	(123)	--	--	3	(328)#

*Percent of subgroups (viewers, nonviewers) reporting behavior.

@These items were included in the checklist in order to provide a baseline for comparison of this research with other research being conducted. They were not specifically covered in shows 5-8.

#Differences significant at the 95% confidence level.

Table 2B-5

Health Behaviors

Since the middle of November have you . . .	Total Women (330)*					
	Viewers		Viewers of Other Shows		Nonviewers	
	%	(Base)	%	(Base)	%	(Base)
Examined your own breasts for lumps@	82	(93)	--	--	68	(237)#
Had a breast exam by a doctor@	37	(93)	--	--	36	(237)
Had a Pap test	29	(56)	38	(37)	28	(237)

*Percent of subgroups (viewers, nonviewers) reporting behavior.

@These items were included in the checklist in order to provide a baseline for comparison of this research with other research being conducted. They were not specifically covered in shows 5-8.

#Difference significant at the 95% confidence level.

• Section C: Interim III

This section contains data covering the last three hour-long episodes of Feeling Good -- shows broadcast during the weeks of January 13, 20 and 27. The data are based on 411 respondents to this questionnaire.*

Note: Analysis of Feeling Good viewer/nonviewer differences in this section follows this model:

Viewers: Respondents who report viewing a show in which the behavioral and/or cognitive item under discussion was covered.

Viewers of other shows: Respondents who report viewing at least one of the three shows covered in this instrument but not the show imparting the specific information under discussion.

Nonviewers: Respondents who report no viewing at all of the shows covered in this instrument.

Several behavioral items not covered in these three shows were also included in the behavioral checklist. Analysis of these items is by viewers of any show versus nonviewers of any show. These items are clearly identified.

Some discussion of panel effects is included in this section. A more complete discussion of these effects may be found in Chapter 5 of this volume.

Included for descriptive purposes are tables of behavior and knowledge questions for the entire sample.

Note on Reading Tables

Except as noted, table differences from 100% are "not reported" or "no answer."

*Please see Volume II, Methods and Procedures, for response rates.

Panel Effects*

One-fourth of the panel effects control group, 500 people, was sent the Interim III questionnaire. There is some evidence of panel effect among the Interim III experimental group respondents. On the average, 5% fewer panel members than controls report a particular behavior. For knowledge items, there is little or no difference between panel and control viewers on the average. However, among viewers of other shows, 5% more panel members than controls knew correct answers. Panel bias has been considered in significance calculations. Panel results contradictory to findings in the control sample have not been reported as significant. There was no difference in viewing behavior between the two groups.

The patterns, proportionately more reported behaviors and less reported knowledge for control respondents, hold true across all demographic subgroups in roughly the same proportions.

The higher proportion of reported behaviors among the control group is probably a form of telescoping among those respondents. This questionnaire represents the first opportunity control respondents have had to report any behavior. The Interim III group had already completed the baseline instrument in which they were asked about the same or similar behaviors. Although question wording and format were different from the baseline to Interim III, the experimental group had, in fact, been given an opportunity to report these behaviors and thus were less prone to telescope the time period again for reporting on the interim measure.

One other explanation of these higher control group behavioral self-reports is that of a higher commitment on the part of the experimental group respondents. The interim questionnaire is the second mail instrument received by the experimental group and the second dollar incentive. They have already cooperated twice in the research (telephone screen and behavioral baseline) and so feel a "part" of the research and follow the questionnaire instructions more assiduously.

A more readily explicable result is the proportionately higher knowledge shown by the experimental group. These respondents had already completed one questionnaire and had extracted some learning from many similar topics and questions contained in that questionnaire. These examples of research artifacts, panel learning and reactivity, can have compounded or contradictory effects. Panel effect can and has been estimated from our panel/panel control comparisons stated above. We can only infer that biases due to reactivity contradicted themselves and had no bearing on "within group" comparisons, i.e. -- comparisons within the panel group or panel control group.

*A more detailed exposition on panel effects, including some examples, may be found in Chapter 5 of this document.

Health Behaviors and Knowledge

This instrument represents the first behavioral and cognitive report for these respondents since the baseline questionnaire in November. These data are keyed to the last three hour-long episodes of Feeling Good broadcast during January and February. The reader should note that many of the questions asked are similar in content to those reported in the previous sections. Behavioral reports that do not differ demographically from those in the previous sections will not be repeated here.

> One subject covered in this measure, hypertension, also received considerable exposure on commercial public service broadcasts and other media. It is therefore difficult to extract the net effect of viewing the Feeling Good treatment of hypertension on behavior independently from the effect of other presentations.

A majority of the demographic findings in this measure bear resemblance to those in the previous sections. However, in this analysis, we note that adults 35 and over were most likely to know that:

- High blood pressure can usually be controlled by medication.
- Colon-rectum cancer has a high cure rate.
- Colon-rectum cancer is diagnosable with a proctoscopic examination.

Respondents with less than a high school education are more likely to know that chicken skin is high in saturated fat and not good to eat, while college educated adults are more likely to realize that colon-rectum cancer is diagnosed through a proctoscopic examination.

- College educated adults were more likely to say that a child should be told what to expect during a hospital stay than adults with less than a high school education (86% vs. 62%).

The table on the next page details proportions of respondents reporting specific behaviors within the past two months.

Table 2C-1

Health Behaviors

Since the middle of December have you . . .	Total Adults (411) Yes	No	Not Sure/ Doesn't Apply
Looked at an article or pamphlet about health	80%	17	2
Made a special effort to have more fresh fruit or fruit juice	66%	33	1
Had your blood pressure checked by a doctor, nurse, or someone else who knows how	48%	51	1
Increased the amount of exercise you do	44%	55	1
Started a diet in order to lose weight	37%	60	2
Purposely cut down on eggs, meat, butter or milk because they have a lot of cholesterol in them	35%	63	2
Asked a doctor to explain when he told you something you didn't understand	32%	59	8
Asked for information on hospitalization or medical insurance	28%	70	1
Gone to a dentist for a check-up, even though your teeth were not bothering you	25%	71	3
Gone to a doctor or clinic for a physical examination, even though nothing was bothering you	22%	76	1
Started using dental floss	17%	73	8
Encouraged someone who is pregnant to go to the doctor early in her pregnancy	13%	76	8
Written down your symptoms before visiting your doctor	8%	83	8
Asked for some information about health that was offered on television	8%	89	1
Taken a pre-school child for an eyesight or hearing test	5%	82	10

The following were asked of women only. . .	Total Women (297) Yes	No	Not Sure/ Doesn't Apply
Examined your own breasts for lumps	74%	25	*
Had a breast examination by a doctor	31%	68	*
Had a Pap test	28%	70	2

*Less than .5%.

Table 2C-2

Health Knowledge

Proportion of respondents answering each question correctly:	Total Adults (411)
Nearly 75% of all deaths from colon-rectum cancer could be prevented with early detection	82%
A pregnant woman should limit the amount of salt she eats	82%
High blood pressure. . .*	
Can usually be controlled with proper medication	82%
Can lead to stroke, kidney disease and kidney problems	76%
Adult teeth should last a lifetime	81%
Children who need operations should be told as little as possible about what to expect at the hospital	80%[1]
The proper way to brush your teeth is to vibrate brush while brushing up and down	79%
It is sometimes hard to tell when you have high blood pressure	69%
The worst thing you can do for a burn is apply cold water or cloth soaked in cold water	69%[1]
Over half the cases seen by a doctor could be seen by an allied health professional	65%
How many times a day you brush your teeth and the job you do when brushing are equally important for your teeth	58%
Most colon-rectum cancers can be diagnosed with a proctoscopic examination	57%
The following foods are high in cholesterol. . .*	
Ice cream	57%
Chocolate	37%
Organ meats (heart, liver, kidney)	24%
Egg whites contain a lot of cholesterol	51%[1]
Allied health professionals must have a college degree to qualify for the job	47%[1]
Nearly one in five pre-school children has less than normal hearing	43%
When clothing sticks to a burn, the proper procedure is soak burn with clean cloth soaked in cold water and cover with a thick clean cloth or plastic bag	38%
It is not healthy to eat chicken skin	37%
High blood pressure occurs more frequently among black people than among white people	25%

*Multiple correct answers.

[1]"Mostly disagree" correct answer.

Impact of Viewing on Behaviors and Knowledge

Viewing Feeling Good appears to have had visible impact on:

- Writing down symptoms before visiting a doctor.

Although not covered in one of the final three hour-long shows, viewers reported asking a doctor to explain something they didn't understand and sending for health information offered on television more often than nonviewers.

As was the case of the initial eight shows, viewers of these final three shows also consistently report higher levels of activity for selected behaviors than nonviewers. This probably points to some degree of viewer self-selection but can also be interpreted as a net effect of viewing a health series.

It is those behaviors which are immediately under a respondent's control -- i.e., can be accomplished without much effort -- which show the greatest impact of viewing.

Viewers were also more knowledgeable that:

- Most colon-rectum cancers can be diagnosed with a proctoscopic examination -- 76% of viewers, 59% of viewers of other shows.*

A generalization similar to the one made about respondent behavior can be made about respondent cognition -- that viewers of Feeling Good demonstrate consistently higher knowledge levels than nonviewers. Although only a few of these are significant differences, this does indicate the impact of viewing the series.

*Difference significant at the 95% confidence level.

Viewing of Feeling Good

Season A -- Shows 9-11

As noted below[1], the sendout for this instrument was delayed. It is quite possible that this delay accelerated respondent memory decay resulting in inflated viewing level reports.

Nearly one in five respondents reported viewing show 9 (a show broadcast nearly two months before questionnaire sendout).

Reported viewing levels decrease for shows 10 and 11 with 13% viewing show 10 and 8% of the panel viewing show 11. While subgroup differences are not consistent across all shows, it appears that less educated and older respondents view more than other subgroups.

Table 2C-3

Season A Show Viewing*

	Bases		Show 9		Show 10		Show 11	
	Panel	Control	Panel	Control	Panel	Control	Panel	Control
TOTAL	(411)	(353)	20%	20%	13%	15%	8%	9%
Education:								
College	(205)	(177)	21%	14%	11%	15%	7%	9%
High school graduate	(143)	(158)	17%	26%	11%	15%	8%	10%
Less than high school graduate	(63)	(16)	25%	15%	28%	23%	9%	15%
Sex:								
Male	(110)	(98)	22%	23%	14%	15%	7%	10%
Female	(297)	(252)	18%	17%	14%	15%	9%	9%
Children:								
Under 6	(101)	(86)	20%	13%	10%	14%	7%	5%
6-17	(151)	(109)	21%	15%	14%	13%	9%	6%
None at home	(207)	(157)	19%	26%	14%	18%	7%	14%
Age:								
18-34	(169)	(151)	18%	19%	9%	15%	6%	9%
35-54	(143)	(134)	20%	18%	14%	13%	8%	6%
55+	(92)	(60)	23%	23%	22%	17%	13%	17%

[1]Because of the series format change, the sendout for instrument was delayed. Respondents actually received this questionnaire about one month after show 11 was broadcast and six to seven weeks after show 9. The reported viewing levels for these three shows are probably somewhat affected by respondent memory decay.

*Shows covered in Interim III questioning instrument broadcast from January 13 through February 2, 1975.

Table 2C-4

Health Behaviors

Since the middle of December have you . . .	Total Adults (411)* Viewers %	(Base)	Viewers of Other Shows %	(Base)	Nonviewers %	(Base)
Looked at an article or pamphlet about health@	80	(118)	--	--	79	(285)
Made a special effort to have more fresh fruit or fruit juice@	72	(118)	--	--	64	(285)
Had your blood pressure checked	63	(61)	56	(57)	42	(285)
Cut down on cholesterol	44	(91)	47	(27)	32	(285)
Increased your exercise@	43	(118)	--	--	43	(285)
Asked a doctor to explain something you didn't understand@	43	(118)	--	--	27	(285)#
Started a diet to lose weight@	40	(118)	--	--	37	(285)
Sought information on hospitalization insurance@	35	(118)	--	--	26	(285)
Gone for an asymptomatic physical exam@	27	(118)	--	--	21	(285)
Gone for an asymptomatic dental exam	24	(91)	38	(27)	24	(285)
Written down your symptoms before visiting your doctor	21	(91)	6	(77)	7	(285)#
Encouraged someone pregnant to get early prenatal care	19	(91)	24	(27)	11	(285)
Sent for health information offered on TV@	14	(118)	--	--	5	(285)#
Started using dental floss	13	(91)	33	(27)	10	(285)
Taken a pre-school child for a hearing or eyesight test	8	(61)	3	(57)	5	(285)

*Percent of subgroups (viewers, nonviewers) reporting behavior.

@These items were included in the checklist in order to provide a baseline for comparison of this research with other research being conducted. They were not specifically covered in shows 9-11.

#Differences significant at the 95% confidence level.

Table 2C-5

Health Behaviors

Since the middle of December have you . . .	Total Women (297)*					
	Viewers		Viewers of Other Shows		Nonviewers	
	%	(Base)	%	(Base)	%	(Base)
Examined your own breasts for lumps@	81	(85)	--	--	71	(206)
Had a breast exam by a doctor@	39	(85)	--	--	28	(206)
Had a Pap test@	36	(85)	--	--	25	(206)

*Percent of subgroups (viewers, nonviewers) reporting behavior.

@These items were included in the checklist in order to provide a baseline for comparison of this research with other research being conducted. They were not specifically covered in shows 9-11.

CHAPTER 3

The Effects of Amount of Viewing on Reported Health Behaviors and Health Knowledge

Seasons A and B: Level of Viewing

This chapter presents an evaluation of viewing effects on respondent knowledge and behaviors.

The data are based on 3,706 questionnaires completed after eight episodes of Season B had been telecast.

Frequent viewers reported viewing four or more episodes of Feeling Good since November.

Less frequent viewers reported viewing one to three shows since November.

Nonviewers reported no viewing of either Season A or Season B.

The chapter also includes some report of gross changes -- data from questions asked both on the November baseline and again on the posttest in June.

Note on Reading Tables

Except as noted, table differences from 100% are "not reported" or "no answer."

Page

6. They also were more likely to recommend various medical procedures to others.

Suggested that Someone	Frequent Viewers	Non-viewers	
• Have a Pap test (women)	66%	54%	76,88
• Have a blood pressure test	61%	46%	75,87

7. Frequent viewers were also more likely than other respondents to post the local poison control center telephone number near their own phone, 48% vs. 36%. 77,89

Summary: Chapter 3

The Effects of Amount of Viewing on Reported Health Behaviors and Health Knowledge

Introduction

Up to now, we have concentrated on knowledge and behavioral levels keyed to whether respondents watched a specific stimulus. Now we are going to examine some effects of participating in the research experience on viewing, cognition and health behaviors, i.e. -- panel effects, self-selection.

Rationale

The Season B posttest interviews include a set of questions about general health knowledge and attitudes. Unlike other portions of these interviews, which are reported separately, these questions are not directly related to the content of Season B programs. Some of the topics had been covered during Season A, others had not. In any case, we are not trying here to relate posttest B answers to viewing of specific Season A programs.

Instead, we must be content to establish instances where viewing in general is related to higher levels of knowledge and appropriate health behaviors. On several questions, frequent viewers are more knowledgeable than less frequent viewers, who outstrip nonviewers. Following are possible ways to explain this type of pattern.

First, self-selection bias must be considered a real possibility. Data are available for comparing results given on the pretest with results given on the posttest within viewing groups. In order for a posttest result to be adjudged significant it must first be established that the differences are not attributable to viewer self-selection. If viewing subgroups started out equal on the pretest, then self-selection can be ruled out as a possible explanation for posttest differences. If the frequent viewing group started out with higher pretest results, then the posttest findings should be evaluated in light of the possibility of self-selection. Some examples of the various possible outcomes follow.

When respondents were asked if they had ever used a "dental disclosing tablet" (question 9B), the following proportions said they had:

Table 3-1

	Pretest %		Posttest %	
Total (3706)	27		31	
Frequent viewers (802)	35	+10%	38	+9%
Less frequent viewers (956)	27		32	
Nonviewers (1948)	25		29	

First, looking at the posttest results, it would appear that frequency of viewing is related to use of dental disclosing tablets, i.e. -- 9% more frequent viewers than nonviewers reported this behavior. However, examination of the same groups' responses to the pretest reveals the same difference -- 10% more frequent viewers reported ever using dental disclosing tablets. These results, then, point to viewer self-selection as an explanation of the difference rather than show effect.

A question on the amount of information gained from radio and television now compared to six months ago offers another example of self-selection. Respondents were asked if they got more information now from the broadcast media than they did six months ago (question 3). The proportions responding "yes" in the pretest and posttest are shown below:

Table 3-2

	Pretest %		Posttest %	
Total (3706)	44		45	
Frequent viewers (802)	54	+12%	70	+34%
Less frequent viewers (956)	47		49	
Nonviewers (1948)	42		36	

Here, there is a degree of self-selection among viewers, i.e. -- frequent viewer predilection of 12% toward this behavior, 54% vs. 42%. There is also, however, a clear advantage of frequent viewers over nonviewers on the posttest, more than the difference between pretest groups.

This question serves as an example of both viewer self-selection and the effect of viewing on behavior.

Although all of the questions reported in this section contain some evidence of self-selection, also among them is concrete evidence of show effect on health behaviors. Even after considering self-selection, these questions are statistically significant examples of show effect. For an estimate of this effect, the reader should examine the pretest-posttest tables corresponding to Tables 3-3 to 3-12 provided in the second half of this chapter.

Finally, we must consider panel effect (consequence of being questioned repeatedly) as a possible bias. The health behaviors reported in this section, although subject to panel bias, reveal little or no evidence of panel bias either systematic or intermittent.

Decision Rules and Definitions

Tables reported in this chapter are of two types:

- Posttest data tabulated by demographic and viewing subgroups
- Pretest-posttest data tabulated by viewing subgroups only

We introduce 10 items generally free from self-selection and demonstrating show effect beyond self-selection. The degree of self-selection inherent in the demographic/viewing group tabulations may be inferentially estimated from the corresponding pretest-posttest comparison.

Gross Change: The sum of respondents giving different answers on pretest and posttest. (See page 79 -- gross change = column 2 + column 3.)

Net Change: The difference between the proportion of respondents answering correctly or in one direction on the pretest and answering the opposite way on the posttest. (See page 79 -- net change = column 3 - column 2.)

Analysis of pretest-posttest data involved comparison of net change from November to June, within one viewing subgroup, frequent viewers, to net change within another group, nonviewers. Pretest-posttest comparisons presented in this chapter are all significant at the 95% confidence level or greater. Significance of demographic tables cannot be precisely stated from these data, only inferred.

Findings

There appears to have been significant learning associated with viewing of Feeling Good. Some, undoubtedly, is from general awareness of health matters that may have been created by viewing. Self-selection biases are operative in some instances, but certainly do not explain all the viewer-nonviewer differences. The programs must be credited with some of that effect.

Examination of pretest-posttest comparisons reveals among frequent viewers some increase on both the awareness of more health information on television and radio and the incidence of sending for health information offered on television. Nonviewers were either static or exhibited very little change between the measurement periods.

A. NET EFFECTS OF LEVEL OF VIEWING ON HEALTH BEHAVIORS AND KNOWLEDGE

1. Sources of Information

The most dramatic differences among this set of questions concern television and radio as sources of health information.

High frequency viewers of Feeling Good report in substantial numbers (70%) that they now receive more health information from these media than they did six months ago.

Significantly fewer (49%) less frequent viewers of the series report this change over six months. Among non-viewers, 36% report that media are relied upon more for this information, but this level is significantly lower than for either viewer group (about half as high as for frequent viewers).

These high viewer-nonviewer differences are substantial for all subgroups we looked at within the population. In this respect the series appears to have had far-reaching impact as a general source of information or as a source of consciousness raising about health matters. The groups most affected, however, were people with some college education, those over age 54, and people with no children younger than 18 years.

Table 3-3

Television and Radio As Sources of Health Information

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	70%	49%	36%
Education:			
College	70%	46%	31%
High school graduate	73%	50%	40%
Less than high school graduate	64%	55%	42%
Sex:			
Male	66%	44%	31%
Female	72%	52%	39%
Children:			
Under 6	68%	51%	38%
6-17	69%	49%	36%
None at home	73%	48%	36%
Age:			
18-34	68%	45%	35%
35-54	69%	51%	35%
55+	78%	52%	39%

(Cell entries are percent of subgroup reporting they now get more information from television and radio compared to six months ago -- question 3. See Table 3-23 for subgroup sample sizes.)

A related question was asked about the next logical step in this information process -- asking for health information offered on television. One of seven frequent viewers of Feeling Good (15%) had requested any information in the last six months that was offered on television compared to 6% of less frequent viewers and only 4% of nonviewers.

Again, these viewer-nonviewer differences show up across all subgroups, especially among women and people over age 54. They represent groups offered information during the series that was directed toward them.

Table 3-4

Asking for Health Information Offered on Television

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	15%	6%	4%
Education:			
College	14%	5%	4%
High school graduate	16%	5%	2%
Less than high school graduate	16%	9%	5%
Sex:			
Male	12%	6%	4%
Female	17%	5%	4%
Children:			
Under 6	16%	4%	4%
6-17	15%	5%	4%
None at home	17%	6%	3%
Age:			
18-34	14%	5%	4%
35-54	15%	5%	4%
55+	18%	7%	3%

(Cell entries are percent who asked for health information offered on television in the last six months -- question 4. See Table 3-23 for subgroup sample sizes.)

2. Specific Information Requested

Frequent viewers of the series were more likely to report requests for three types of information -- on blood pressure examinations (Table 3-5), on heart check-ups (Table 3-6) and on dental care (Table 3-7). In each case only a small number of even high viewers tried to get such information (7-10%), but this was 4% to 6% more often than for nonviewers.

On blood pressure examinations more than twice as many high frequency viewers as nonviewers sought information.

Low frequency viewers were not significantly different from nonviewers; only 6% requested information. These viewer-nonviewer differences held across all the subgroups. People who most often asked for such information were those who did not graduate from high school (14% of high viewers) and those with children under six (13% of high viewers). The people who least often asked for blood pressure information were 35-54 years old (7% of high viewers, 3% of nonviewers).

Table 3-5

Getting Information on Blood Pressure Examinations

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	10%	6%	4%
Education:			
College	9%	6%	4%
High school graduate	9%	7%	4%
Less than high school graduate	14%	5%	7%
Sex:			
Male	10%	6%	4%
Female	10%	6%	4%
Children:			
Under 6	13%	4%	5%
6-17	10%	5%	3%
None at home	9%	8%	5%
Age:			
18-34	10%	5%	5%
35-54	7%	5%	3%
55+	12%	10%	5%

(Cell entries are percent who have tried to get blood pressure examination information in the past six months -- question 5A. See Table 3-23 for subgroup sample sizes.)

Information on heart check-ups was requested by 7% of high frequency viewers and 3% of nonviewers.

Two groups, however, showed much greater interest in heart information: 11% of those over age 54 and 15% who were not high school graduates requested it, among high viewers. These proportions are 9% and 11% higher than their respective nonviewing groups.

Table 3-6

Getting Information on Heart Check-ups

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	7%	4%	3%
Education:			
College	5%	3%	3%
High school graduate	7%	5%	3%
Less than high school graduate	15%	2%	4%
Sex:			
Male	8%	2%	5%
Female	6%	5%	2%
Children:			
Under 6	7%	2%	2%
6-17	6%	3%	2%
None at home	8%	4%	4%
Age:			
18-34	6%	3%	4%
35-54	5%	3%	3%
55+	11%	6%	2%

(Cell entries are percent who have tried to get information on heart check-ups in the last six months -- question 5B. See Table 3-23 for subgroup sample sizes.)

Information on where to get dental care was sought by 10% of frequent Feeling Good viewers, only 6% of nonviewers.

Target audience groups: More adults 18-34 and parents of pre-school children tried to get this information than other subgroups. In fact, viewing parents of pre-school children were more than twice as likely as non-viewing parents to seek this information.

Table 3-7

Getting Information on Dental Care

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	10%	8%	6%
Education:			
College	9%	8%	4%
High school graduate	10%	7%	8%
Less than high school graduate	13%	7%	6%
Sex:			
Male	9%	7%	6%
Female	11%	8%	6%
Children:			
Under 6	16%	12%	6%
6-17	10%	8%	5%
None at home	8%	6%	6%
Age:			
18-34	15%	10%	9%
35-54	6%	5%	4%
55+	8%	7%	4%

(Cell entries are percent who have tried to get information on where to get dental care within the last six months -- question 5C. See Table 3-23 for subgroup sample sizes.)

There were three questions asked which showed no significant viewer-nonviewer differences in information-seeking. These dealt with drinking problems, female breast checks, and children's eyesight and hearing tests. The only notable results were for two subgroups on the breast examination question. Significantly more high school non-graduates and people over age 54 asked for information.

3. Examinations

Respondents were also asked several questions about different types of health check-ups: physical examinations, blood pressure tests, Pap tests, recommending someone else have a Pap test, and dental examinations. In the first four instances there were significant viewer-nonviewer differences.

Frequent viewers were most likely to report a physical exam, followed by less frequent viewers and nonviewers.

In the case of asymptomatic physical examinations ("when nothing was bothering you"), 67% of frequent viewers have had one in the past year, compared to 58% of low frequency viewers and 56% of nonviewers. This pattern is maintained across subgroups, and is most pronounced among men, those over age 54, and people with some college (high viewer-nonviewer differences of 19%, 18% and 16%, respectively).

Table 3-8

Recency of Physical Examinations

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	67%	58%	56%
Education:			
College	71%	58%	55%
High school graduate	63%	61%	57%
Less than high school graduate	60%	63%	53%
Sex:			
Male	60%	46%	41%
Female	71%	67%	65%
Children:			
Under 6	65%	56%	61%
6-17	65%	55%	56%
None at home	68%	63%	54%
Age:			
18-34	67%	62%	54%
35-54	62%	56%	57%
55+	73%	62%	55%

(Cell entries are percent who have had a physical examination within the past year even if nothing was bothering them -- question 7. See Table 3-23 for subgroup sample sizes.)

More viewers than nonviewers report a blood pressure check within the past year.

Table 3-9

Blood Pressure Check in Last Year

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	82%	79%	76%
Education:			
College	84%	77%	74%
High school graduate	82%	79%	77%
Less than high school graduate	76%	82%	77%
Sex:			
Male	78%	72%	66%
Female	85%	83%	82%
Children:			
Under 6	87%	71%	78%
6-17	79%	73%	74%
None at home	83%	84%	76%
Age:			
18-34	80%	77%	72%
35-54	83%	79%	78%
55+	86%	81%	78%

(Cell entries are percent who have had a blood pressure check in the past year -- question 8A. See Table 3-23 for subgroup sample sizes.)

With regard to blood pressure exams, much larger viewer-nonviewer differences characterize suggesting to someone else that they have a check-up.

Frequent viewers of Feeling Good report this in 61% of the cases, while only 46% of nonviewers do so. This viewer advantage is magnified most for people between ages 35 and 54 (+21%), but all other subgroups also display this pattern.

Table 3-10

Suggested Blood Pressure Examination to Someone Else

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	61%	54%	46%
Education:			
College	59%	50%	44%
High school graduate	63%	55%	47%
Less than high school graduate	63%	68%	54%
Sex:			
Male	56%	46%	38%
Female	64%	59%	51%
Children:			
Under 6	57%	53%	44%
6-17	60%	54%	44%
None at home	63%	56%	48%
Age:			
18-34	55%	47%	43%
35-54	68%	59%	47%
55+	62%	60%	51%

(Cell entries are percent who have ever suggested a blood pressure exam to someone else -- question 8B. See Table 3-23 for subgroup sample sizes.)

Note: Question wording asked if respondent ever made such a suggestion. This suggestion could conceivably have been made prior to the series' advent; thus the data do not provide an unequivocal measure of effect. Clearer evidence appears in Table 3-20.

Viewers were also more likely than others to suggest someone else have a Pap test.

The series also appears to have had a secondary effect on viewers. Substantially more of those attending to the series, particularly women under 55 years old, say they have suggested to someone else that they should have a Pap test.

Table 3-11

Suggesting Someone Else Have a Pap Test

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
Total women	66%	61%	54%
Education:			
College	64%	61%	52%
High school graduate	67%	60%	57%
Less than high school graduate	65%	61%	51%
Sex:			
Male	--	--	--
Female	66%	61%	54%
Children:			
Under 6	70%	62%	59%
6-17	66%	63%	59%
None at home	65%	58%	46%
Age:			
18-34	68%	60%	58%
35-54	69%	63%	57%
55+	57%	58%	38%

(Cell entries are percent of subgroup reporting that they had ever suggested to a friend or relative that she should get a Pap test -- question 38; asked of women only. See Table 3-24 for subgroup sample sizes.)

Note: Question wording asked if respondent ever made such a suggestion. This suggestion could conceivably have been made prior to the series' advent; thus the data do not provide an unequivocal measure of effect. Clearer evidence appears in table 3-21.

4. Poison Control

Adults who watched four or more episodes of Feeling Good were substantially more likely to say they have the telephone number of the local poison control center posted near their telephone.

Table 3-12

Poison Control Telephone Number Near Own Telephone

	Experimental Group		
	Viewers		
	Frequent	Less Frequent	Non-viewers
All respondents	48%	38%	36%
Education:			
College	47%	39%	36%
High school graduate	49%	37%	37%
Less than high school graduate	51%	38%	36%
Sex:			
Male	50%	36%	35%
Female	47%	40%	37%
Children:			
Under 6	57%	52%	46%
6-17	56%	44%	44%
None at home	42%	31%	29%
Age:			
18-34	46%	37%	34%
35-54	45%	40%	41%
55+	55%	39%	33%

(Cell entries are percent saying they have poison control number posted -- question 10. See Table 3-23 for subgroup sample sizes.)

B. GROSS CHANGES, PRETEST-POSTTEST

In an effort to better utilize data developed from the panel design, answers given on the posttest in June were compared to responses given by the same group of respondents on the behavioral baseline in November, 1974. Not all questions contained in both measures were amenable to such measurement, however. Responses given to questions not worded identically were not strictly comparable within a panel analysis. Most question wording changes came as a result of program goal reformulation and programming changes. Several questions were more appropriately recast for a post-only measurement and, as a result, were not comparable to their antecedents. Significant differences were found in 10 of the approximately 25 questions amenable to this analytic model. This is intended as a point of information rather than as a result in and of itself. Many of the questions were repeated more as a check on possible biases rather than in any expectation of show effect.

We were here trying to relate change -- behavioral and attitudinal -- to frequency of viewing. We believed that health items receiving treatment in specific shows, once or twice over a period of several shows, would not effect change measurable by the number of shows viewed. The changes in program format and approach, and subsequent alterations in research design, precluded any attempt to relate pretest-posttest measurements to show-specific viewing. We were limited to use of this analytic variable (level of viewing) for an assessment of series effect. Items where change could conceivably be related to frequency of viewing were: health opinions, requesting health information from television, requesting information on where to get specific health care, various health examinations, health opinions, and recommending various health procedures to others. These items were analyzed with the following pre-post analytic model:

PRETEST RESPONSE X POSTTEST RESPONSE X LEVEL OF VIEWING

Findings: Seasons A and B Pretest to Posttest Comparison

Frequency of viewing appears to be positively correlated with increases in requests for health information, health examinations and recommending various health procedures to others.

How to Read Tables in This Section

The following tables contain data on questions repeated in both November pretest and June posttest questionnaires. The four data columns are to be read as follows:

Column	
1	Percent of subgroup (frequent viewers, nonviewers, etc.) responding "yes" to the pretest in November and "yes" to the posttest in June.
2	Percent of subgroup responding "yes" to the pretest in November and "no" to the posttest in June.
3	Percent of subgroup responding "no" to the pretest in November and "yes" to the posttest in June.
4	Percent of subgroup responding "no" to the pretest in November and "no" to the posttest in June.

Table rows are viewing subgroups of the total population measured.

Proportions responding "yes" to either measure may be determined by:

Percent "yes" in November -- Column 1 + Column 2

Percent "yes" in June -- Column 1 + Column 3

Among frequent viewers there was a marked increase in the proportion reporting more information from the broadcast media.

There was a net gain of 16% saying they got more information in June over those saying they got more information in November.

Less frequent viewers and nonviewers did not exhibit this pattern. In fact, nonviewers were less likely to report more information in June than they were to report getting more in November.

Table 3-13

Get More Health Information Now

Compared to six months or so ago, do you get a different amount of health information from radio and television than you used to?*

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	27%	17	18	38
(802) Frequent Viewers	100%	43%	11	27	19
(956) Less Frequent Viewers	100%	28%	19	21	33
(1948) Nonviewers	100%	22%	20	14	44

Example of how to read table: In November, 42% of nonviewers reported getting more health information from television and radio now than six months ago (22% + 20%); 36% reported this in June (22% + 14%). In June, 6% fewer nonviewers said they got more information then than six months ago -- 42% - 36% = 6%. Comparing different viewing subgroups, 27% of the frequent viewers reported getting more information from television and radio in June but answered no to the same question in November. Conversely, 11% answered in November that they got more information and answered differently in June, a net increase of 16% from November to June (27% - 11% = 16%). Among nonviewers, there was a 6% net decrease in the proportion reporting more information, 14% - 20% = -6%.

*Response categories: "Get more information now;" "Get less information now;" "Get about the same amount;" "Get no information;" "Not sure." "Yes" means "more information now," "No" means all other answers.

Frequent viewers of Feeling Good demonstrated a substantial increase in the proportion reporting a request for health information offered on television in the six months previous -- from 7% in November to 15% in June, a net increase of 8%.

Table 3-14

Sent for Health Information in Past Six Months

In the last six months have you sent for any health information that you saw offered on television?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	1%	2	5	92
(802) Frequent Viewers	100%	3%	4	12	81
(956) Less Frequent Viewers	100%	1%	3	5	91
(1948) Nonviewers	100%	1%	1	3	95

Example of how to read table: In November, 2% of nonviewers reported a request in the last six months for health information offered on television (1% + 1%); 4% reported this in June (1% + 3%), an increase of 2% from November to June. Comparing viewing subgroups, 7% of frequent viewers said they requested information on the pretest in November (3% + 4%) while 15% said this in June (3% + 12%), an increase of 8% from November to June.

Among frequent viewers there was a noticeable increase in the proportion reporting a request for information on blood pressure tests in the past six months -- from 7% in November to 10% in June, a net increase of 3%. Among nonviewers there was no change. A very large majority of all respondents indicated on the pretest that they already knew where to get a blood pressure check, so little increase was possible.

Table 3-15

Tried to Get Information on Blood Pressure Examinations

In the last six months, did you try to get information on where to get a blood pressure examination for yourself or someone else?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	1%	4	5	90
(802) Frequent Viewers	100%	2%	5	8	85
(956) Less Frequent Viewers	100%	1%	4	6	89
(1948) Nonviewers	100%	1%	4	4	91

Example of how to read table: In November, 5% of nonviewers reported a request on where to get a blood pressure check in the last six months (1% + 4%); 5% also reported this in June (1% + 4%), no net change between measurement periods. Comparing viewing subgroups, 7% of frequent viewers said they requested such information in the November pretest (2% + 5%) while 10% said this in June (2% + 8%), an increase of 3% from November to June.

Frequent viewers recorded a proportional slight increase in reporting requests for heart check-up information; nonviewers a slight decrease.

While the intragroup changes from pretest to posttest are not statistically significant, this table serves as a guide to interpreting intergroup differences on the posttest.

Table 3-16

Tried to Get Information on Heart Check-ups

In the past six months did you try to get information on where to get a heart check-up, for yourself or someone else?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	1	4	3	92
(802) Frequent Viewers	100%	1	5	6	88
(956) Less Frequent Viewers	100%	1	3	3	93
(1948) Nonviewers	100%	1	3	2	94

Example of how to read table: In November, 4% of nonviewers reported requesting heart check-up information (1% + 3%); 3% reported this in June (1% + 2%), a decrease of 1% from November to June. Comparing viewing subgroups, 6% of frequent viewers said they made this request in the November pretest (1% + 5%) while 7% said this in June (1% + 6%), an increase of 1% from November to June.

A comparison of pretest and posttest self-reports for dental information requests finds fewer frequent viewers and nonviewers reporting this request. There was, however, a greater decrease among nonviewers than among frequent viewers. On the pretest, a large majority of respondents knew where to get dental care, so little change was possible.

Table 3-17

Tried to Get Information on Sources of Dental Care

In the past six months, have you tried to get information on where to get dental care?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	2	9	5	84
(802) Frequent Viewers	100%	4	10	7	79
(956) Less Frequent Viewers	100%	3	8	5	84
(1948) Nonviewers	100%	2	9	4	85

Example of how to read table: In November, 11% of nonviewers reported a request for dental care information (2% + 9%); 6% reported this in June (2% + 4%), a decrease of 5%. Comparing viewing subgroups, 14% of frequent viewers said they requested this information in November (4% + 10%) while 11% said this in June (4% + 7%), a decrease of 3%.

Substantially more frequent viewers report an asymptomatic physical examination in the past year in June than in November, 66% vs. 52%. There was a slight increase in the proportion of nonviewers saying this in June, 55% vs. 49% in November.

Table 3-18

Had an Asymptomatic Physical in Past Year

About how long ago did you have the last physical examination when nothing was bothering you?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	39	11	19	31
(802) Frequent Viewers	100%	44	8	22	26
(956) Less Frequent Viewers	100%	39	12	21	28
(1948) Nonviewers	100%	37	12	18	33

Example of how to read table: In November, 49% of nonviewers reported a physical exam in the last year (37% + 12%); 55% said this in June (37% + 18%), an increase of 6%. Comparing different viewing subgroups, 52% of frequent viewers said this in November (44% + 8%) while 66% said this in June (44% + 22%), an increase of 14% from November to June.

Among frequent viewers there was a 4% increase in the proportion reporting a blood pressure check in the past year, from 79% in November to 83% in June. There was a corresponding 2% increase in this reported behavior among nonviewers.

Table 3-19

Had a Blood Pressure Check in the Past Year

When, if ever, was the last time you had your blood pressure checked?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	67	10	11	11
(802) Frequent Viewers	100%	71	8	12	9
(956) Less Frequent Viewers	100%	69	11	10	9
(1948) Nonviewers	100%	65	9	11	15

Example of how to read table: In November, 74% of nonviewers reported a blood pressure test in the past year (65% + 9%); 76% reported this in June (65% + 11%), an increase of 2% from November to June. Comparing viewing subgroups, 79% of frequent viewers reported this in November (71% + 8%) versus 83% in June (71% + 12%), an increase of 4% from November to June.

Viewers exhibited a 5% increase from November to June in the proportion reporting recommending someone else have a blood pressure check. There was no change on this behavior among nonviewers.

Table 3-20

Suggested a Blood Pressure Check to Someone Else

Have you ever suggested to anyone else that they should get their blood pressure checked?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	36	12	15	37
(802) Frequent Viewers	100%	44	12	17	27
(956) Less Frequent Viewers	100%	39	9	14	38
(1948) Nonviewers	100%	33	14	14	39

Example of how to read table: In November, 47% of nonviewers reported ever suggesting that someone else get their blood pressure checked (33% + 14%); the same proportion said this in June. Comparing viewing subgroups, 56% of frequent viewers said this in November (44% + 12%) versus 61% in June (44% + 17%), an increase of 5% from November to June.

Among frequent viewers there was a marked increase from November to June in the proportion reporting they recommended someone else have a Pap test, from 59% to 66%. There was a smaller increase among nonviewers, from 51% to 53%.

Table 3-21

Suggested Someone Else Have a Pap Smear

Have you ever suggested to a friend or relative that she should get a Pap test?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(2758) Total	100%	42	16	10	22
(613) Frequent Viewers	100%	49	10	17	24
(710) Less Frequent Viewers	100%	45	10	16	29
(1435) Nonviewers	100%	39	12	14	35

Example of how to read table: In November, 51% of nonviewers reported recommending a friend or relative have a Pap test (39% + 12%); 53% said this in June (39% + 14%), an increase of 2% from November to June. Comparing viewing subgroups, 59% of frequent viewers said this in November (49% + 10%) while 66% said this in June (49% + 17%), an increase of 7% from November to June.

There was a marked increase from pretest to posttest in the proportion of frequent viewers reporting having posted the telephone number of the local poison control center, from 36% to 48%. There was a similar but slightly smaller increase among nonviewers, from 27% to 36%.

Table 3-22

Has Poison Control Number Near Telephone

Do you have the telephone number of the poison control center for your area posted near your telephone?

Pretest: November		Yes -- November		No -- November	
Posttest: June		Yes, June	No, June	Yes, June	No, June
(3706) Total	100%	22	7	17	54
(802) Frequent Viewers	100%	29	7	19	45
(956) Less Frequent Viewers	100%	21	6	18	55
(1948) Nonviewers	100%	20	7	16	57

Example of how to read table: In November, 27% of nonviewers reported having posted the telephone number of the local poison control center (20% + 7%); 36% reported this in June (20% + 16%), an increase of 9% from November to June. Comparing viewing subgroups, 36% of frequent viewers said they did this in November (29% + 7%) while 48% said this in June (29% + 19%), an increase of 12% from November to June.

Table 3-23

Subgroup Sample Sizes

	Experimental Group			
	Viewers			
	Frequent	Less Frequent	All	Non-viewers
All respondents (3,706)	802	956	1,758	1,948
Education:				
College (1,821)	405	480	885	936
High school graduate (1,360)	297	337	634	726
Less than high school graduate (524)	100	139	239	285
Sex:				
Male (944)	189	246	435	509
Female (2,758)	613	710	1,323	1,435
Children:				
Under 6 (915)	212	238	450	465
6-17 (1,424)	272	374	646	778
None at home (1,784)	403	449	852	932
Age:				
18-34 (1,552)	348	411	759	793
35-54 (1,288)	266	335	601	687
55+ (860)	186	209	395	465

Table 3-24

Subgroup Sample Sizes

(Questions asked of women only)

	Experimental Group			
	Viewers			
	Frequent	Less Frequent	All	Non-viewers
Total women (2,758)	613	710	1,323	1,435
Education:				
College (1,258)	291	333	624	634
High school graduate (1,090)	246	265	511	579
Less than high school graduate (410)	76	112	188	222
Sex:				
Male	--	--	--	--
Female (2,758)	613	710	1,323	1,435
Children:				
Under 6 (747)	173	190	363	384
6-17 (1,107)	212	290	502	605
None at home (1,250)	298	314	612	638
Age:				
18-34 (1,159)	259	305	564	595
35-54 (987)	209	259	468	519
55+ (609)	143	145	288	321

CHAPTER 4

Season B
Panel Measures
Pretest -- Posttest

This chapter reports on data collected in the final interviewing wave described in the introduction. Data are included from Season B only. The data are based only on 2,434 respondents completing the Season B baseline in April and the final questionnaire in June. Adults not responding to the final measure are not included in this analysis.

Pretest: Cognitive baseline administered in April to provide an estimate of respondent knowledge of specific topics before Feeling Good episodes dealing with those topics were broadcast.

Posttest: Post-series measurement repeating knowledge items in above and measuring respondent viewing.

Note on Reading Tables

Except as noted, table differences from 100% are "not reported" or "no answer."

Summary: Chapter 4

Page

1. In an example of analysis accounting for pretest difference and bias, individuals were examined for changes in their health knowledge over a period of about six weeks. They were administered a questionnaire containing a test of knowledge in four health areas: vision, breast cancer, stress, and doctor-patient communications. This test was administered both before and after Feeling Good shows covering these topics were broadcast, and changes were tabulated by whether an individual watched a particular show. 97-98

2. The impact of Feeling Good on viewers can most clearly be shown by one program, on vision problems of children and adults. The following viewing effects were evident:

   - Glaucoma symptoms -- among viewers, a net 9% increase in the proportion knowing glaucoma can be nearly asymptomatic; among nonviewers, no change. 100
   - Amblyopia definition -- among viewers, a net 15% increase in the proportion knowing what amblyopia is; among nonviewers, a 1% decrease. 101
   - Amblyopia symptoms -- among viewers, a 10% net increase in the proportion knowing children may have amblyopia without obvious symptoms; among nonviewers, a 1% decrease. 102

3. Also effective in improving viewer health knowledge was the Feeling Good broadcast on breast cancer with Julia Child and Dick Cavett.

   - Breast self-examination -- among viewers, a 12% net increase in the proportion knowing the optimum frequency to examine breasts for lumps; among nonviewers, a 4% net increase. 103
   - Breast cancer recovery -- among viewers, a 5% net increase in the proportion knowing breast cancer can be cured with early detection and treatment; among nonviewers, a 1% net increase. 104

How to Read Tables in This Chapter

The following tables contain data on questions repeated in both cognitive pretest and posttest questionnaires. The four data columns are to be read as follows:

Column	
1	Percent of subgroup (viewers, nonviewers, etc.) responding correctly to the pretest in April and correctly to the posttest in June.
2	Percent of subgroup responding correctly to the pretest in April and incorrectly to the posttest in June.
3	Percent of subgroup responding incorrectly to the pretest in April and correctly to the posttest in June.
4	Percent of subgroup responding incorrectly to the pretest in April and the posttest in June.

Table rows are viewing subgroups of the total population measured.

Proportions responding correctly to either measure may be determined by:

Percent correct in April -- Column 1 + Column 2

Percent correct in June -- Column 1 + Column 3

Definitions

Gross Change: For any viewing subgroup, the sum of columns 2 + 3; i.e., the total proportion of respondents giving different answers on pretest and posttest.

Net Change: For any viewing subgroup, the difference between columns 2 and 3 -- column 3 - column 2 = net change, pretest to posttest.

Although there are many possible comparisons with the data included in this chapter, the basis for inclusion of a finding is a significant difference between viewer net change and viewers of other shows net change. All findings presented in the chapter are statistically significant at a 95% confidence level or greater.

Season B
Panel Measures
Pretest -- Posttest

One intent of the revised research design was to assess the effects of specific Season B shows on respondent knowledge and behavior. This intent was implemented by an examination of respondent knowledge and behavior regarding specific health topics both before and after broadcasts of shows covering those topics. The experimental design allows for an examination of both gross and net effects of viewing.

Unfortunately, a source of error detected by Converse a few years ago -- the "non-attitude" problem, or the propensity of individuals to respond randomly over time* -- bears heavily on this model. The analytic design employed herein allows us to detect most differences in random changes over time from those resulting from viewing. An examination of stayers from time 1 to time 2, and changers -- both positive and negative results -- allows us to distinguish the net effects of viewing from random effects.

Another source of error discussed earlier also confounds this data -- the "self-selection" problem. We have employed the same approach used elsewhere in this report in a survey context -- using viewers of other shows but not the particular show as a control for self-selection.

The basic scheme consists of analysis of three subgroups of individuals responding to both Season B cognitive pretest and posttest:**

- Viewers of particular shows (Season B shows four to eight).
- Viewers of at least one Season B show but not the one covering the topic of interest.
- Nonviewers of any Season B show.

*"Attitudes and Non-attitudes: Continuation of a Dialogue," Edward Tufte, ed., The Quantitative Analysis of Social Problems, Reading: Addison-Wesley, 1970, pp. 168-189.

**The reader should note that there were no such comparisons made on unpretested respondents and therefore no estimate of panel effect. A detailed exposition on possible panel effects may be found in the introduction and Chapter 5 of this volume.

Health Knowledge

There were 19 knowledge questions repeated on both measures which fell into two slightly different analytic typologies:

- 17 questions allowed analysis of respondents' answers on the pretest and the posttest.
- 2 questions measured intensity of a belief or attitude and were analyzed for changes in a "positive direction."

Changes in knowledge related to viewing or not viewing a particular show may be assessed with the following categories:

- Correct on both pretest and posttest -- individuals relatively unaffected by viewing or nonviewing.
- Incorrect on both pretest and posttest -- individuals relatively unaffected by viewing or nonviewing.
- Correct on pretest and incorrect on posttest -- individuals who appear to regress or backslide; could be related to nonviewing if viewers do not have a high proportion of regression, or may be random response.
- Incorrect on pretest and correct on posttest -- individuals who show effect of viewing if nonviewers exhibit significantly less positive change. Otherwise, this would most likely reflect random pattern.

Findings: Season B Pretest to Posttest Comparison

The Season B show on vision, covering glaucoma and amblyopia, had a measurable impact on the viewing audience.

Among the four Season B shows evaluated with this design, the vision program stands out as having effected substantial and measurable increases in knowledge among viewers. There was also significantly less random change among viewers than other respondents on the vision questions. The shows on breast cancer and stress also produced more measurable differences among the viewer population than nonviewer, although effect was limited to fewer topics within the broad areas of show coverage.

The doctor-patient communications program did not effect measurable differences in knowledge across various viewer/nonviewer groups. The intent of this program was decidedly subtle to the degree that any change in attitude would be difficult to detect within the context of this survey.

Finally, this analysis provided the one chance to measure learning effects of the show on individuals. The tables presented in this chapter provide several empirical examples of Feeling Good's effect on individual viewers.

Vision

This program had a noticeable and significant effect in improving respondent knowledge about vision -- both about amblyopia and glaucoma.

Although there were no clear learning effects of viewing associated with knowing how often adults over 35 should have their eyes checked for glaucoma, the nonviewing subgroups exhibit a decrease in knowledge from pretest to posttest.

Table 4-1

How often should people over 35 have their eyes checked for glaucoma? (Q. 12a)

Pretest: April	Correct -- April		Incorrect -- April	
Posttest: June	Correct June	Incorrect June	Correct June	Incorrect June
(2434) Total 100%	36%	22	12	30
(155) Viewed Show 100%	38%	14	14	33
(804) Viewed Other Season B but Not This Show 100%	38%	21	11	30
(1475) Nonviewer of Season B 100%	35%	23	12	30

Example of how to read table: Among nonviewers, 58% answered the question correctly in April (35% + 23%); 47% answered correctly in June (35% + 12%). In June, 11% fewer nonviewers answered correctly than in April -- 58% - 47% = 11%. Comparing different viewing subgroups, among viewers there was no difference between the proportion correct in April/incorrect in June (14%) and the proportion incorrect in April/correct in June (14%).

There was a 9% gain in the proportion of viewers of the vision show knowing that glaucoma can be asymptomatic.

Table 4-2

What do you think about this statement: "A person can have glaucoma and not know it." (Q. 12B)

Pretest: April		Correct -- April		Incorrect -- April	
Posttest: June		Correct June	Incorrect June	Correct June	Incorrect June
(2434) Total	100%	56%	11	13	21
(155) Viewed Show	100%	57%	10	19	14
(804) Viewed Other Season B but Not This Show	100%	60%	10	12	18
(1475) Nonviewer of Season B	100%	53%	12	12	23

Example of how to read table: Among viewers, 19% answered correctly in June after an incorrect answer in April; 10% answered incorrectly in June after a correct answer in April -- 19% - 10%, a net gain of 9% in the proportion answering correctly.

Among viewers there was a marked increase in knowledge of what amblyopia is. There was a net gain of 15% of those viewing who did not know the answer at the time of the pretest and answering correctly on the posttest.

The two nonviewing groups showed only random change between the two measures with nearly equal proportions gaining and decreasing in knowledge on this item.

Table 4-3

As far as you know, amblyopia is the condition of. . . (Q. 13B)

Pretest: April		Correct -- April		Incorrect -- April	
Posttest: June		Correct June	Incorrect June	Correct June	Incorrect June
(2434) Total	100%	25%	8	8	59
(155) Viewed Show	100%	28%	4	19	50
(804) Viewed Other Season B but Not This Show	100%	26%	9	8	58
(1475) Nonviewer of Season B	100%	24%	8	7	61

Example of how to read table: Among viewers, 19% answered correctly in June after an incorrect answer in April; 4% answered incorrectly in June after a correct answer in April -- 19% - 4%, a net gain of 15% in the proportion answering correctly.

Those who watched the vision show exhibited a 10% net increase in the proportion knowing that a child may have amblyopia and appear to have normal vision.

Table 4-4

A child with amblyopia may see well with only one eye and appear to have normal vision. (Q. 13C)

Pretest: April		Correct -- April		Incorrect -- April	
Posttest: June		Correct June	Incorrect June	Correct June	Incorrect June
(2434) Total	100%	25%	10	10	55
(155) Viewed Show	100%	27%	10	20	43
(804) Viewed Other Season B but Not This Show	100%	29%	10	10	52
(1475) Nonviewer of Season B	100%	24%	10	9	57

Example of how to read table: Among viewers, 20% answered correctly in June after an incorrect answer in April; 10% answered incorrectly in June after a correct answer in April -- 20% - 10%, a net gain of 10% in the proportion answering correctly.

Breast Cancer

Viewers learned the optimum frequency for examining their breasts for lumps.

A substantial increase in the proportion of respondents knowing the optimal frequency for women to examine their breasts for lumps occurred among those who watched the Feeling Good show on breast cancer featuring Julia Child as guest star.

Table 4-5

How often should women examine their breasts for lumps? (Q. 14D)

Pretest: April		Correct -- April		Incorrect -- April	
Posttest: June		Correct June	Incorrect June	Correct June	Incorrect June
(2434) Total	100%	50%	10	14	26
(503) Viewed Show	100%	51%	6	18	25
(456) Viewed Other Season B but Not This Show	100%	50%	12	12	27
(1475) Nonviewer of Season B	100%	50%	10	14	26

Example of how to read table: Among viewers, 18% answered correctly in June after an incorrect answer in April; 6% answered incorrectly in June after a correct answer in April -- 18% - 6%, a net gain of 12% in the proportion answering correctly.

Among viewers of the breast cancer show there was a 5% net increase in the proportion knowing there is a high recovery rate from breast cancer with early detection.

Table 4-

Even with early detection and treatment, a large majority of women with breast cancer never recover from it. (Q. 14E)

Pretest: April	Correct -- April		Incorrect -- April	
Posttest: June	Correct June	Incorrect June	Correct June	Incorrect June
(2434) Total 100%	72%	10	11	8
(503) Viewed Show 100%	71%	7	12	10
(456) Viewed Other Season B but Not This Show 100%	73%	11	8	7
(1475) Nonviewer of Season B 100%	71%	10	11	7

Example of how to read table: Among viewers, 12% answered correctly in June after an incorrect answer in April; 7% answered incorrectly in June after a correct answer in April -- 12% - 7%, a net gain of 5% in the proportion answering correctly.

CHAPTER 5

Season B

The Effects of Viewing on Respondent Knowledge and Behaviors

This section reports on data collected in the final interviewing wave described in the introduction. Data are included from Season B only. The data are based on 3,705 respondents to the Season B baseline pretest and Season B posttest measure. Data are also included from the panel effects control group.

Panel -- Panel respondents are of two types:

1. Non Pretested for B -- Those receiving the behavioral baseline in November, one interim measure and the posttest.
2. Pretested for B -- Those receiving the behavioral baseline in November, the cognitive pretest in April and the posttest.

Control -- Respondents receiving the posttest only.

Note on Reading Tables

Except as noted, table differences from 100% are "not reported" or "no answer."

Summary: Chapter 5

Page

1. The Feeling Good show on vision had a clear effect on viewer knowledge and behavior.

   - Twice as many viewers as nonviewers (32% vs. 16%) reported a vision check in the past two months. 115

   - 9% of viewers reported taking a pre-school child for a vision check in the past two months; 4% of nonviewers reported this. 114

2. Season B shows on breast cancer and doctor-patient communications also had measurable effects on viewer behaviors in the past two months.

   - More than half (56%) of viewers asked a doctor to explain something not understood, while only a third (34%) of nonviewers reported this. 118

   - 26% who viewed reported suggesting to a friend or relative that she have her breasts examined by a doctor; 12% of nonviewers reported this. 117

Viewing Season B Programs

Introduction

While the last chapter examined gross and net changes in knowledge and behavior over time while controlling for viewing, this section will attempt to explain the show's impact measured by differences in viewing and non-viewing at one point in time. As the last chapter attempted to differentiate viewing effects from random effects, so here we shall attempt to explain other biases inherent in the research. The reader will note that while some findings of this chapter also appear in Chapter 4, there are some different findings in each. In the last section we were concerned with discovering gross changes, i.e. -- shifts within answer categories by viewing subgroups. In this section we are concerned with group differences among viewing subgroups. While no change among viewers in the last section could be significant (since nonviewers regressed between measurement points), it (no change) would not be significant here. We begin by reintroducing possible biases, giving examples of each, and then proceeding with the main findings.

Following the revision of the Feeling Good format for Season B, the research plan was modified to measure new program content. The posttest B instrument asked a series of questions about viewing of shows four through eight of Season B and about possible learning from these programs. Here we will outline some of the effects of Season B viewing. Later we will compare the relative impacts of Seasons A and B.

Proper interpretation of these data on viewing must begin with a full recognition of potential biases on the results. What might appear to be learning associated with the programs could actually be caused by participation in the research or other factors. We will be looking at these possible biases and giving examples of how they affect the research findings. These biases are panel effect and self-selection. Learning effect, having seen the same questions previously, is a specific form of panel effect which is also discussed.

Panel effect -- one risk of repeated interviews with respondents is that they may be made more sensitive to the subject matter through mere participation in the research. In the case of Feeling Good, it is reasonable to expect that people continuing in the study would watch the programs more than average. They could also learn more from the same amount of viewing if the research prompted them to watch more attentively.

The best means of assessing such panel sensitization is through comparisons of people who were and who were not previously interviewed. All respondents had been interviewed in October for about five minutes by telephone, but this should have had little impact on those who were not contacted again before the final questioning in June. This panel effects control group, therefore, can be compared to people who were interviewed three times -- by telephone, at the A baseline and then either during Season A or Season B (April) -- all prior to the final measure.

Assessing this overall panel sensitization requires isolating this effect from the effect of prior questioning on the specific content of the post-test B instrument. (The latter is also a form of panel effect, but one we would like to treat separately.) This test, then, involves a comparison of the panel control group (no interim interviews) to respondents who were interviewed during Season A, but not during Season B, thus allowing us to focus on panel effects independent of prior questioning on Season B specific content.

From this perspective, there is no general panel effect on the data. People who were interviewed during Season A (three times) are no more likely to know the correct answer to Season B questions or to display appropriate behaviors than someone who had not been interviewed since October.

Apparently, prior interviewing on general health topics did not make people more attentive to the content of later shows. A few examples will demonstrate this.

When respondents were asked whether they had suggested to a friend or relative that she have her breasts examined by a doctor (question 6E), the following proportions of panel and control groups said they had:

Table 5-1

	Panel		Control	
	%	(Base)	%	(Base)
Total	16	(1266)	15	(1066)
Viewer	29	(266)	26	(303)
Viewer other shows	20	(271)	13	(225)
Nonviewer	10	(729)	11	(538)

(Numbers in parentheses are cell sizes upon which percentages are based.)

Proceeding by row, none of these differences is meaningful (only the "viewer other shows" difference is statistically significant), suggesting that prior, nonrelated interviewing did not have an effect on this behavior. There is a significant viewer-nonviewer difference within the panel group, and it cannot be removed by controlling for panel effects.

Similar results were found when respondents were asked if a child could have amblyopia in one eye, but still appear to have normal vision (question 13C). Again showing panel and control groups, the following proportions give the correct answer:

Table 5-2

	Panel		Control	
	%	(Base)	%	(Base)
Total	22	(1266)	26	(1066)
Viewer	36	(92)	34	(71)
Viewer other shows	23	(445)	29	(457)
Nonviewer	20	(729)	23	(538)

(Numbers in parentheses are cell sizes upon which percentages are based.)

Clearly, there is no advantage for the panel group. In fact, the control group knew the correct answer slightly more often (but not a significant difference).

There are numerous other examples showing very similar panel-control distributions, all differing only slightly. The net conclusion is that there was very little of this general panel sensitization. Merely being interviewed had little impact. This is clear in the examples here and in other of the detailed tables.

Effect of prior questioning -- unlike the panel and control groups compared above, another group of respondents was interviewed prior to the posttest using the same questions. This is a more direct form of panel sensitization, and had a more dramatic effect on the results, as we shall see.

We would expect that those respondents who had previously been asked the questions to display higher levels of knowledge than either those who had not been interviewed before, or those who were interviewed in Season A. In most instances, this expectation is confirmed, especially for the set of questions dealing with amblyopia (questions 13A-C).

The first of these questions asked whether respondents had "ever heard" of this eye condition, a subject which had been introduced in an earlier questionnaire. The results show how much more often the "pretested" panel group answered in the affirmative. Among those 18-34:

Table 5-3

	Pretested Panel Group		Non-Pretested Panel Group		Control Group	
	%	(Base)	%	(Base)	%	(Base)
Total	46	(1024)	29	(528)	32	(433)
Viewer	77	(56)	37	(38)	44	(33)
	+28%		+7%		+6%	
Viewer other shows	49	(346)	30	(178)	38	(203)
Nonviewer	42	(622)	27	(312)	26	(197)

(Numbers in parentheses are cell sizes upon which percentages are based.)

In all three groups there are clear viewer/nonviewer differences, but this is greatly magnified when viewing the program is combined interactively with prior questioning about amblyopia. The effect of the latter serves to distort the true amount of learning that can be attributed to the program. The non-pretested and control viewing groups consist of too few cases to be fully reliable, but probably represent more accurately the extent of learning attributable to Feeling Good. In any event, the show did have an effect on viewers' knowledge.

A question on the functions of stress (question 15A) offers another example of the impact of prior questioning. Respondents were asked whether stress could be helpful as well as harmful (a true statement). The proportions knowing the correct answer are shown below:

Table 5-4

	Panel Group		Non-Pretested Panel Group		Control Group	
	%	(Base)	%	(Base)	%	(Base)
Total	64	(2439)	56	(1266)	56	(1066)
Viewer	74	(269)	63	(166)	66	(146)
	+9%		+9%		+9%	
Viewer other shows	65	(692)	54	(371)	57	(382)
Nonviewer	62	(1478)	56	(729)	53	(538)

(Numbers in parentheses are cell sizes upon which percentages are based.)

Once again the specific program viewers know the correct answer significantly more often in all three experimental groups. In this case, however, the size of that difference was not magnified by the viewing/prior-questioning interaction. Notice that the unpretested and control groups have a very similar distribution. Again, we can see that the programs had a learning effect, but that this artifact of the research (learning from prior questioning) must also be considered.

Self-Selection

This form of bias has been a factor in other sections of the report. Simply put, people who viewed Feeling Good may have started out more knowledgeable on medical matters than nonviewers. In that case, the extent of incremental "learning" must be very cautiously interpreted.

In addition to using pretest-posttest answers (for individual respondents) to measure learning directly, we can assess self-selection by inference.

When the two viewing groups (of a specific program or of the other programs) are very similar in terms of knowledge, it is reasonable to infer that viewing of the program did not affect knowledge -- implying that the two viewing groups started out more knowledgeable than nonviewers. When viewers of a specific program are much more knowledgeable than either of the other groups, there is probably some genuine learning. When the differences between viewers of specific shows and viewers of other shows is about equal to the difference between viewers of other shows and nonviewers, there is probably both self-selection and learning.

An example of self-selection and no self-selection should be illustrative.

Have you written down your symptoms before visiting a doctor?
(Percent saying "Yes," preferred answer.) (Q. 6B)

Table 5-5

	Panel Group		Control Group	
	%	(Base)	%	(Base)
Total	14	(3705)	17	(1066)
Viewer	22	(275)	24	(106)
Viewer other shows	18	(1223)	20	(422)
Nonviewer	11	(2207)	13	(538)

(Numbers in parentheses are cell sizes upon which percentages are based.)

The two viewing groups are not equal, but much more like each other than like nonviewers. In both panel and control groups the viewers of show B-7 did not show very much more knowledge than viewers of other shows. Also, this latter group was farther above nonviewers than they should have been, considering neither group had seen the program on doctor-patient relations. There may have been some learning, but self-selection seems to be a better explanation of most of the difference.

Another example will help put this in perspective by showing learning that is probably not contaminated by self-selection.

Stress can be helpful as well as harmful. (Percent saying "Mostly agree," the correct answer.) (Q. 15A)

Table 5-6

	Panel Group		Control Group	
	%	(Base)	%	(Base)
Total	61	(3705)	56	(1066)
Viewer	69	(435)	66	(146)
Viewer other shows	61	(1063)	57	(382)
Nonviewer	60	(2207)	53	(538)

(Numbers in parentheses are cell sizes upon which percentages are based.)

In both groups the viewers of the program covering stress know the correct response significantly more often. The other two viewing groups display very similar levels of knowledge to each other. In this instance it is safe to assume that there was genuine learning as a result of the program. (Keep in mind, however, this same question showed a bias due to prior questioning.)

Having considered these sources of bias, it is now reasonable to report other data showing learning about health subjects associated with viewing of specific programs of Feeling Good. To be included in this section, viewer/viewer of other show comparisons had to be statistically significant at the 95% confidence level after subtracting any panel effect. These last few subjects are generally free of panel and self-selection biases.

Findings

The programming broadcast in the second season of Feeling Good had a distinct impact on viewers of the series as demonstrated by findings relatively unencumbered by the various biases discussed earlier. From the data available, it is evident that the show on vision had the greatest measurable effect on both behavior and learning of all the Season B offerings.

Vision

1. Viewers were more than twice as likely to take a pre-school child for a vision test since seeing this program than nonviewers, 9% vs. 4% (Q. 6D).

This show appears to have had the greatest impact on the target audience, parents of children under six years old. Nearly one-third of this subgroup who watched the show reported this behavior (33%) while only 15% of the subgroup not watching reported it. The same effect is evident among viewers with less than a high school education with 19% reporting taking a pre-school child for a vision test while 3% of the nonviewer subgroup reported the behavior.

Table 5-7

Vision

"Have taken pre-schooler for vision test since March."

	Viewer		Viewer Other Shows		Nonviewer	
	%	(Base)	%	(Base)	%	(Base)
Total*	9	(247)	5	(1251)	4	(2207)
Education:						
College	7	(128)	5	(610)	4	(1083)
High school graduate	7	(81)	6	(469)	4	(810)
Less than high school graduate*	19	(38)	6	(172)	3	(314)
Sex:						
Male	5	(64)	4	(287)	3	(593)
Female*	11	(183)	6	(964)	4	(1614)
Children:						
Under 6*	33	(56)	17	(311)	15	(548)
6-17	17	(78)	8	(453)	5	(893)
None at home	2	(137)	1	(617)	**	(1030)
Age:						
18-34*	15	(94)	9	(524)	6	(934)
35-54	6	(80)	4	(432)	4	(776)
55+	4	(73)	2	(292)	1	(495)

(Entries are percent of viewer/demographic subgroup reporting they have taken pre-schooler for vision test since March -- question 6D.)

*Viewer/viewer other shows comparison significant at 95% confidence level.

**Less than .5%.

2. The program was also demonstrably effective on adult behavior regarding their own vision.

Twice as many viewers, 32%, as nonviewers, 16%, reported having had their own vision checked since March. This pattern held across all demographic subgroups except families with children under 6. However, this effect is most dramatic among adult viewers over 54 with nearly half reporting a vision check.

Table 5-8

Vision

"Had vision check since March."

	Viewer		Viewer Other Shows		Nonviewer	
	%	(Base)	%	(Base)	%	(Base)
Total*	32	(247)	20	(1251)	16	(2207)
Education:						
College*	29	(128)	17	(610)	14	(1083)
High school graduate*	32	(81)	18	(469)	16	(810)
Less than high school graduate	40	(38)	35	(172)	24	(314)
Sex:						
Male*	39	(64)	22	(287)	15	(593)
Female*	29	(183)	19	(964)	16	(1611)
Children:						
Under 6	14	(56)	10	(311)	13	(548)
6-17	21	(78)	18	(453)	15	(893)
None at home*	41	(137)	24	(617)	17	(1030)
Age:						
18-34*	23	(94)	14	(524)	12	(934)
35-54	27	(80)	19	(432)	14	(776)
55+*	49	(73)	32	(292)	25	(495)

(Entries are percent of viewer/demographic subgroup reporting they had vision check since March -- question 6C.)

*Viewer/viewer other shows comparison significant at 95% confidence level.

3. Appreciably more viewers also knew that glaucoma can be asymptomatic.

Table 5-9

Vision

"A person can have glaucoma and not know it."

	Viewer		Viewer Other Shows		Nonviewer	
	%	(Base)	%	(Base)	%	(Base)
Total*	77	(247)	70	(1251)	67	(2207)
Education:						
College*	81	(128)	73	(610)	72	(1083)
High school graduate*	78	(81)	67	(469)	60	(810)
Less than high school graduate	66	(38)	70	(172)	65	(314)
Sex:						
Male	74	(64)	74	(287)	66	(593)
Female*	79	(183)	68	(964)	67	(1611)
Children:						
Under 6	69	(56)	62	(311)	59	(548)
6-17	72	(78)	69	(453)	64	(893)
None at home*	82	(137)	73	(617)	70	(1030)
Age:						
18-34*	77	(94)	59	(524)	58	(934)
35-54	82	(80)	78	(432)	72	(776)
55+	74	(73)	77	(292)	73	(495)

(Entries are percent of viewer/demographic subgroup agreeing that a person can have glaucoma and not know it -- question 12B.)

*Viewer/viewer other shows comparison significant at 95% confidence level.

4. The program about breast cancer featuring Julia Child also appears to have had an impact on viewer knowledge. It is more difficult to have as much confidence in this finding since the topic also received major treatment early in Season A and in other media. There are, however, significantly more viewers reporting suggesting that a friend or relative have her breasts examined by a doctor.

   This behavior was reported by a larger proportion of women than men, but viewers of both sexes reported making this suggestion more than nonviewers.

Table 5-10

Breast Cancer

"Suggested friend or relative have her breasts examined by doctor."

	Viewer		Viewer Other Shows		Nonviewer	
	%	(Base)	%	(Base)	%	(Base)
Total*	26	(771)	18	(727)	12	(2207)
Education:						
College*	26	(346)	16	(392)	13	(1083)
High school graduate	25	(299)	19	(251)	9	(810)
Less than high school graduate	28	(126)	24	(84)	15	(314)
Sex:						
Male*	22	(160)	14	(191)	9	(593)
Female*	27	(611)	21	(536)	13	(1611)
Children:						
Under 6*	27	(192)	15	(175)	10	(548)
6-17	25	(276)	21	(255)	13	(893)
None at home*	26	(390)	17	(364)	12	(1030)
Age:						
18-34*	28	(306)	18	(312)	11	(934)
35-54	23	(254)	19	(258)	13	(776)
55+*	26	(209)	17	(156)	13	(495)

(Entries are percent of viewer/demographic subgroup reporting they suggested friend or relative have her breasts examined by doctor -- question 6E.)

*Viewer/viewer other shows comparison significant at 95% confidence level.

Doctor-Patient Communications

5. Substantially more viewers than nonviewers said they had asked a doctor to explain something the doctor said.

A program with few easily measurable effects, one on doctor and patient communications, demonstrates some behavioral impact on program viewers. More than half (56%) who viewed against a third who did not view (34%) reported asking a doctor to explain something they did not understand. This behavior, like most of the others tested, is undoubtedly inflated since it is not expected that more than one-half of all adults interviewed would have visited a doctor in the past three months. The finding is, nevertheless, a significant one in differentiating between the relative behaviors of viewers and nonviewers of specific programs.

Table 5-11

Doctor-Patient Communications

"Asked the doctor to explain something not understood."

	Viewer		Viewer Other Shows		Nonviewer	
	%	(Base)	%	(Base)	%	(Base)
Total*	56	(275)	45	(1223)	34	(2207)
Education:						
College*	60	(143)	42	(595)	36	(1083)
High school graduate	50	(99)	48	(451)	32	(810)
Less than high school graduate	55	(33)	48	(177)	35	(314)
Sex:						
Male*	54	(61)	35	(290)	26	(593)
Female	57	(214)	50	(933)	40	(1611)
Children:						
Under 6*	67	(73)	50	(294)	42	(548)
6-17*	55	(75)	41	(456)	32	(893)
None at home	54	(159)	47	(595)	34	(1030)
Age:						
18-34*	62	(107)	46	(511)	38	(934)
35-54	50	(79)	43	(433)	31	(776)
55+	54	(88)	48	(277)	34	(495)

(Entries are percent of viewer/demographic subgroup reporting they asked the doctor to explain when he said something they didn't understand -- question 6F.)

*Viewer/viewer other shows comparison significant at 95% confidence level.

CHAPTER 6

Evaluation of Feeling Good:

Impact and Benefits

Summary: Chapter 6

	Page
1. More than six of ten viewers found the series, as a whole, entertaining. Viewers of only the hour-long, Season A offerings were more than twice as likely to rate them entertaining as those viewing only the Season B one-half hour version (42% vs. 19%).	122,124
2. A minority of Season-A-only viewers thought "Mac's Place" was entertaining (42%) and 10% thought the hour shows geared to children. Only 1% of Season-B-only viewers thought Feeling Good was geared to children.	122,124
3. Those viewing only Season A shows were twice as likely to report:	

	Viewer Season A Only	Viewer Season B Only	
• Finding the health information useful	43%	21%	123.124
• Learning something not known before	33%	17%	123,124

4. Over half the people who reported no viewing of Feeling Good reported not knowing it was on the air (54%).	125,126

Viewer Evaluations of Feeling Good

The findings reported here are viewers' impressionistic reports of their reactions to Feeling Good. There exists, as a result, some error variance from memory decay as well as other sources. This is best exemplified by instances where events occurring in one season were evaluated by those not viewing in that season. For example, more than one-fifth of the Season A only viewers reported Dick Cavett a good host. This finding implies reactions to Cavett from sources other than Feeling Good and/or some memory decay among viewers.

In terms of both sheer entertainment value and impartation of new and useful health information, viewers highly rate the original hour-long version of Feeling Good over the revised version.

1. Entertainment

While more than six of ten viewers of both versions found the show entertaining, viewers of the hour-long shows only were more likely to rate them entertaining than viewers of the half-hour shows, 42% vs. 19%. There were few demographic differences among the viewers finding the hour version entertaining. However, among viewers of Season B shows only, college educated and younger viewers were more likely than less educated and older viewers to report Feeling Good as entertaining; 25% vs. 12%, and 23% vs. 15%, respectively.

2. "Mac's Place"

About four in ten of the Season A viewers (42%) said that they found "Mac's Place" entertaining. Younger and less educated respondents were the most likely to agree with this.

While a large percentage of viewers of both hour and half-hour versions found Feeling Good (63%) and "Mac's Place" (48%) entertaining, only 14% said they liked it better with "Mac's Place" than with Dick Cavett. Similarly, 46% of these viewers said they liked the show better with one topic per show than with several topics. College educated viewers were most likely to agree with this (52%), followed by high school graduates (42%), and less than high school graduates (33%).

3. Guest Stars and Dick Cavett as Host

Nearly two-thirds of viewers of both show versions found Dick Cavett a good host, particularly more educated respondents. A greater proportion of hour-version viewers, 39%, say the guest stars were enjoyable compared to 17% of viewers of the half-hour version. A note of interest here is that guest stars played a greater part in Season A broadcasts although they did appear in Season B shows also. Nearly three times as many college educated adults as less than high school graduate viewers of only Season B found the Season B show stars enjoyable.

4. Evaluation of Maturity Level of Show Material

Significantly, only 1% of viewers of the half-hour version only said the show was geared more to children. About 10% of those viewing only the hour version said this -- mostly college educated and high school graduates.

5. Usefulness of Health Information and Self-Report of Learning

More than two-thirds of those viewing both versions found the health information useful; nearly three-quarters of those who are college educated and parents of children under 6 report "mostly agree." Viewers of Season A only report the health information useful and learning something new nearly twice as often as Season B only viewers, 43% vs. 21% and 33% vs. 17%, respectively.

The table on the opposite page shows proportions of viewers agreeing with some evaluative comments on Feeling Good. Only percentages agreeing with the comment are shown -- "not sure" and "no answer" categories have been omitted.

Table 6-1

Viewer Evaluations of Feeling Good

Comment About Feeling Good:	Total Viewers		
	Viewed Seasons A and B (913)	Viewed Season A Only (260)	Viewed Season B Only (585)
I found the health information useful	69%	43%	21%
The guest stars were enjoyable	64%	39%	17%
It was entertaining	63%	42%	19%
Dick Cavett was a good host	(62%)	21%	(21%)
I learned something I didn't know before	60%	33%	17%
"Mac's Place" was entertaining	(48%)	(42%)	2%
Feeling Good was better with one topic per show than with several	(46%)	17%	9%
I preferred Feeling Good with "Mac's Place" more than with Dick Cavett	(14%)	9%	1%
The show was geared more to children	8%	10%	1%

(Cell entries are percent of total viewers who checked each comment. Respondents could check as many categories as they agreed with.)

Reasons for Not Watching Feeling Good

More than half of all respondents (53%) reported no viewing of the entire hour-long series or the initial eight half-hour episodes of Feeling Good. Over half of these nonviewers say they did not know the show was on the air. This rationale was given almost uniformly across demographic subgroups (Table 6-2).

The next most frequent mention was "I don't watch much TV at all" by 32%. This response was positively correlated with education, being given by college educated twice as often as those with less than a high school education (37% vs. 18%). About the same proportion of Season B nonviewers mention: "I don't watch the public TV channel," 14%; "I watch a different program at the same time Feeling Good is on," 12%; and 'I am not at home when it is on," 13%.

It appears from these findings that the audience potential for Feeling Good was unrealized in large part because respondents did not know it was on. Although the program received considerable promotion for both Seasons A and B, heavy promotion did not necessarily guarantee awareness of the series.

Table 6-2

Most Frequently Mentioned Reasons for Not Watching Feeling Good

	Didn't Know It Was On	Don't Watch Much TV	Don't Watch Public TV Channel	Not at Home Then	Watch a Different Program At That Time
Total non-viewers (1947)	54%	32%	14%	13%	12%
Education:					
College (936)	52%	37%	10%	14%	12%
High school graduate (726)	60%	31%	17%	11%	11%
Less than high school graduate (285)	50%	18%	19%	17%	15%
Sex:					
Male (509)	52%	31%	18%	14%	12%
Female (1435)	56%	33%	11%	13%	12%
Children:					
Under 6 (465)	62%	33%	9%	10%	13%
6-17 (778)	54%	36%	14%	13%	13%
None at home (932)	52%	31%	15%	15%	11%
Age:					
18-34 (793)	57%	39%	15%	15%	12%
35-54 (687)	54%	32%	15%	13%	11%
55+ (465)	52%	23%	12%	12%	13%

(Cell entries are percent of subgroup giving each response. Question asked of nonviewers only -- question 26B.)

Table 6-3

Less Frequently Mentioned Reasons for Not Watching Feeling Good

	Show Didn't Sound Interesting	Don't get a Good Picture on ETV Channel	Not Interested in Health Things	None of These
Total non-viewers (1947)	5%	3%	2%	8%
Education:				
College (936)	7%	3%	2%	8%
High school graduate (726)	2%	2%	1%	9%
Less than high school graduate (285)	2%	4%	2%	10%
Sex:				
Male (509)	9%	3%	2%	9%
Female (1435)	2%	3%	2%	8%
Children:				
Under 6 (465)	2%	3%	1%	6%
6-17 (778)	5%	2%	3%	8%
None at home (932)	5%	3%	1%	9%
Age:				
18-34 (793)	4%	4%	*	7%
35-54 (687)	6%	2%	3%	8%
55+ (465)	3%	3%	2%	11%

(Cell entries are percent of subgroup giving each response. Question asked of nonviewers only -- question 26B.)

*Less than .5%.

APPENDIX

A. Guide to Statistical Significance of Survey Results

B. Notes on Volume III, Detailed Tabulations

A. Guide to Statistical Significance of Survey Results

Results of all surveys based on a sample of a population are subject to sampling tolerances. The probable limits of such tolerances can be estimated by standard statistical methods. The sampling tolerances vary with the size of the sample and the size of the percentages. For example, in a sample of 1,200 interviews, if an observed percentage result is 60%, the chances are approximately 95 in 100 that the range 57% to 63% includes the true percentage for the entire universe.

Size of Sample	Approximate Sampling Tolerances				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
5,000	1%	1%	1%	1%	1%
3,700	1%	1%	2%	2%	2%
2,700	1%	2%	2%	2%	2%
2,400	1%	2%	2%	2%	2%
1,900	1%	2%	2%	2%	2%
1,800	1%	2%	2%	2%	2%
1,700	2%	2%	2%	2%	2%
1,500	2%	2%	2%	3%	3%
1,400	2%	2%	3%	3%	3%
1,300	2%	2%	3%	3%	3%
1,200	2%	2%	3%	3%	3%
1,100	2%	3%	3%	3%	3%
1,000	2%	3%	3%	3%	3%
900	2%	3%	3%	3%	3%
800	2%	3%	3%	4%	4%
700	2%	3%	4%	4%	4%
600	3%	3%	4%	4%	4%
500	3%	4%	4%	4%	5%
400	3%	4%	5%	5%	5%
300	4%	5%	5%	6%	6%
200	4%	6%	7%	7%	7%
100	6%	8%	9%	10%	10%

Tolerances are also involved in the comparison of results from two subgroups of respondents covered by the study, such as adults with less than a high school education (900) and those with a high school education (1800). If an observed percentage result is at or near 60% for one group and 50% for the other, and one wanted to compare the two groups, there would have to be a difference of at least 4% in order for it to be considered a real difference and not based on chance alone. The reader should note that all subgroup comparisons were made using two-tailed tests of significance.

Size of Samples Compared	Differences Required for Significance*				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
3,600 and 1,300	2%	3%	3%	3%	3%
2,700 and 900	2%	3%	4%	4%	4%
2,300 and 1,900	2%	3%	3%	3%	3%
1,800	2%	3%	3%	3%	3%
1,300	2%	3%	3%	3%	4%
800	2%	3%	4%	4%	4%
2,100 and 1,400	2%	3%	3%	3%	4%
1,900 and 1,700	2%	3%	3%	3%	3%
1,300	2%	3%	3%	4%	4%
900	3%	3%	4%	4%	4%
800	3%	3%	4%	4%	4%
1,800 and 1,400	2%	3%	3%	4%	4%
1,300	2%	3%	3%	4%	4%
900	3%	3%	4%	4%	4%
800	3%	3%	4%	4%	4%
500	3%	4%	5%	5%	5%
1,700 and 900	3%	3%	4%	4%	4%
800	3%	4%	4%	4%	4%
1,600 and 1,200	2%	3%	4%	4%	4%
1,100	2%	3%	4%	4%	4%
1,500 and 1,300	2%	3%	4%	4%	4%
800	3%	4%	4%	4%	4%
1,400 and 1,400	2%	3%	4%	4%	4%
1,300	2%	3%	4%	4%	4%
900	3%	4%	4%	4%	4%
700	3%	4%	4%	5%	5%
600	3%	4%	5%	5%	5%
1,300 and 800	3%	4%	4%	5%	5%
700	3%	4%	4%	5%	5%
600	3%	4%	5%	5%	5%
500	3%	4%	5%	5%	5%

Size of Samples Compared		Differences Required for Significance				
		10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
1,200 and	1,200	3%	3%	4%	4%	4%
	1,100	3%	3%	4%	4%	4%
	700	3%	4%	4%	5%	5%
	400	4%	5%	5%	6%	6%
1,100 and	1,000	3%	4%	4%	4%	4%
	700	3%	4%	5%	5%	5%
	600	3%	4%	5%	5%	5%
	400	4%	5%	5%	6%	6%
1,000 and	600	3%	4%	5%	5%	5%
900 and	800	3%	4%	5%	5%	5%
	400	4%	5%	6%	6%	6%
700 and	600	3%	5%	5%	6%	6%
	200	5%	7%	7%	8%	8%
500 and	300	4%	6%	7%	7%	7%
	100	7%	9%	10%	11%	11%
400 and	200	5%	7%	8%	9%	9%
300 and	100	7%	9%	11%	11%	12%

B. Notes on Volume III, Detailed Tabulations

Volume III of this report consists of five volumes of data tables reduced to page size. They contain the source data for assessment of Feeling Good upon which the main report is based.

As an orientation to the reader, these are the separate volumes which constitute the total report of this research:

Volume I: Main findings

Volume II: Methods and procedures

Volume III: Detailed Tabulations

- Volume III-A: Telephone screening interview data and behavioral baseline data
- Volume III-B: Interim I and II data
- Volume III-C: Interim III data and Interim III panel control data
- Volume III-D: Postseries interview data: Questions 1-10
- Volume III-E: Postseries interview data: Questions 11-38

Contents of these detailed volumes (Volume III) show the findings for all questions against a number of analytic variables, grouped into "banners" of several variables at once. Each such banner is run against appropriate questions comprising that volume.

Organization of Tables in Volume III (A-E)

1. Each data page includes the question numbers and text, with the text occasionally abbreviated for simplicity. The complete text of each question is supplied in the questionnaires bound into Volume II of this report.

2. Volume IIIA consists of

   a. Telephone screening interview data:

      Banner
      City:
          Boston
          Dallas
          Jacksonville
          Seattle
      Sex
      Education (3 levels)
      Children (3 levels)
      Likelihood to view (3 levels)
      Refused name
      Bad picture on ETV

b. Behavioral baseline data from questionnaire sent in November:

Banner
City:
- Boston
- Dallas
- Jacksonville
- Seattle

Sex
Education (3 levels)
Children (3 levels)
Likelihood to view (3 levels)
Income (3 levels)

3. Volume IIIB consists of

a. Interim I data:

Banner 1
Sex
Age (3 levels)
Education (3 levels)
Children (3 levels)
Likelihood (3 levels)
Who answered:
- One respondent
- More than one respondent

Banner 2
Viewed any show:
- Yes
- No

Viewed show 1:
- Yes
- No

Viewed show 2:
- Yes
- No

Viewed show 3:
- Yes
- No

Viewed show 4:
- Yes
- No

b. Interim II data:

Banner 1
All respondents:
- Education (3 levels)
- Sex
- Children (3 levels)
- Age (3 levels)

The following banners have the same banner points as Banner 1:

Banner 2 -- Nonviewers

Banner 3 -- Viewers of show 5

Banner 4 -- Viewers of show 6

Banner 5 -- Viewers of show 7

Banner 6 -- Viewers of show 8

Banner 7 -- Viewers of shows 6-8, but not show 5

Banner 8 -- Viewers of shows 5, 7 or 8, but not show 6

Banner 9 -- Viewers of shows 5, 6 or 8, but not show 7

Banner 10 -- Viewers of shows 5-7, but not show 8

Banner 11 -- Viewers of shows 5-8

Not all questions were run by all banners.

4. Volume IIIC consists of

a. Interim III data:

Banner 1
All respondents:
Education (3 levels)
Sex
Children (3 levels)
Age (3 levels)

The following banners have the same banner points as Banner 1:

Banner 2 -- Nonviewers

Banner 3 -- Viewers of shows 9-11

Banner 4 -- Viewers of show 9

Banner 5 -- Viewers of shows 10 or 11, but not show 9

Banner 6 -- Viewers of show 10

Banner 7 -- Viewers of shows 9 or 11, but not show 10

Banner 8 -- Viewers of show 11

Banner 9 -- Viewers of shows 9 or 10, but not show 11

b. Interim III, panel control data:

Same 9 banners as above

5. Volume III, D and E*

Volumes III D and E contain data from the postseries interview. In table titles, pretested refers to respondents receiving November baseline questionnaire. Not pretested refers to panel control respondents.

Numbers in table titles mean:

2 -- November baseline

3 -- Interim I

4 -- Interim II

5 -- Interim III

6 -- April cognitive baseline

7 -- Postseries interview

Except for question 26A, "no answer" respondents are combined with "not sure."

a. Banner 1: Questions 1-5, 7-10

Pretested:
- All adults
- High viewers
- Low viewers
- Total viewers
- Nonviewers

Not pretested:
- All adults
- High viewers
- Low viewers
- Total viewers
- Nonviewers

Each question run by Banner 1 is repeated for each of the following demographic subgroups:
- Education (3 levels)
- Sex
- Children (3 levels)
- Age (3 levels)

*Volume IIIE, Table 25, question 25 from posttest defines high viewers as viewers of 3 or more Season B shows, low viewers as viewers of 1 or 2 Season B shows, and nonviewers as nonviewers of Season B programming.

b. Banner 2: Questions 6, 11-16, 25, 26a

Each table is divided into four sections.

1. Total pretested -- individuals completing November baseline, one interim or B baseline, and postseries interview.

2. Interim -- individuals completing November baseline, one interim, and postseries interview.

3. B baseline -- individuals completing November baseline, B baseline, and postseries interview.

4. Not pretested -- panel control individuals completing only postseries interview.

For each of these four categories, the following breaks are provided:

Total
Viewers
Viewers of other shows
Nonviewers

Each table is repeated for the same demographics as for Banner 1.

c. Banner 3: Season B viewing; summary of questions 17-24, 26b, 27-36
Education (3 levels)
Sex
Children (3 levels)
Age (3 levels)

There are four tables:
Total pretested
Interim pretested
B baseline pretested
Not pretested

6. Immediately below the banner headings in each table are two rows expressing the number of respondents or cases in the banner category. The first row, "unweighted base," shows the actual number of respondents interviewed. These figures would always be used as the sample size to estimate the statistical significance of percentage differences between subgroups, or cells.

The next row, "weighted base," reflects the sample size after adjustments were made to account for features of the sample design. This is the base against which all frequencies in the table are calculated.

7. Each cell entry has two figures entered. The top number is the weighted frequency, and the bottom number is the percent figure carried out to one decimal point (rounded to nearest whole percent in postseries tables). All percents are calculated up the column, using the weighted column total frequency. Any repercentaging the reader may wish to do should employ these weighted frequencies.

IMPACTS, BENEFITS, AND CONSEQUENCES OF FEELING GOOD

An Assessment of a Health Series
Broadcast on Public Television

Volume II
Methods and Procedures

Conducted for

CHILDREN'S TELEVISION WORKSHOP

Response Analysis Corporation
Princeton, New Jersey

January 1976

RAC 3798

TABLE OF CONTENTS

Objectives

The research described herein is a major part of a summative research program to determine the impact, benefits, and consequences of Feeling Good, a series of hour and half-hour broadcasts oriented toward health, produced by CTW for airing on public television, and targeted toward the adult viewing population. As much as possible, events are described chronologically. A more detailed declaration on the study may be found in the Main Findings, Volume I of this document.

Research Procedure

The research procedure is a variant of experimental design embedded in a survey research context. The research was designed to:

- Provide measures of effectiveness in terms of specific behavioral and cognitive goals which were identified before any shows were broadcast.
- Compensate for the small proportion of the adult population who were expected to be viewers of the series.
- Provide control features which would enable investigators to differentiate effects of viewing Feeling Good from artifacts of the survey procedure.

To aid the reader in understanding this report, following is a summary of the research design as implemented.* Implementation varied somewhat from the original design because of changes in the programming of Feeling Good.

The study was conducted in four cities across the United States: Boston, Massachusetts; Dallas, Texas; Jacksonville, Florida; and Seattle, Washington.

a. Telephone screening to permit classification of respondents in terms of their likelihood of viewing Feeling Good.

   To compensate for the small proportion of the adult population who were expected to be viewers, a screening interview was conducted over the telephone with a large sample of telephone households. Approximately 22,000 completed interviews were obtained using quota procedures. An estimate of likelihood of viewing was derived from the screens, and high likelihood viewers were oversampled. Since the original show topic list included a majority of items beamed toward women, they too were oversampled.

*Details of the design as implemented may be found in Volume II of this document, Methods and Procedures.

b. Mail questionnaires sent before the first episode to selected subsamples identified in the telephone screening.

A questionnaire was sent to selected subsamples of the screened population for the purpose of formulating a baseline of knowledge and behavior regarding health topics scheduled for coverage in the series. Five thousand sixty-three respondents completed this questionnaire.

c. Interim data collection points, geared to episodes of the series.

Originally scheduled were ten interim data collection points, or approximately one every two weeks throughout the first broadcast year. Each data collection point was geared to specific episodes of the series and, in addition, contained several items for trending across the season. At each point 500 responses were to be sought.

With the change in program format, the number of interim data collection points was revised from ten to three.

d. Postseries data collection among identified viewers and nonviewers of Feeling Good.

A posttest evaluation instrument was sent to all respondents returning questionnaires in other measures. This wave provided an overall evaluation of changes which took place since the pretest, and a comparative measure of viewers and nonviewers.

e. A control panel in the same cities to estimate effects of repeated measurements on sample response.

To provide a basis for estimating "panel" effect, about 2,000 respondents from the telephone screening interviews were identified and matched to the main sample in terms of propensity to view the series. This control sample (500 people) received only one interim measure or the postseries instrument (1,500 people). Panel effect is discussed in more detail on page x, Volume I, Main Findings.

f. Other features of the research design.

An incentive of $1 was sent with each mail questionnaire. No incentives were used in the followup.

No attempt was made to control attrition from the panel. Once an individual did not respond to a measure and followup, he or she was dropped from the experimental group.

Modifications on the Original Design

As indicated earlier, Feeling Good ran for eleven weeks, then went off the air for eight weeks, during which time significant changes were made in the series:

1. the length of the show was reduced from an hour to a half-hour;
2. the "Mac's Place" segments were dropped;
3. Dick Cavett was added as the host;
4. each show treated a single topic rather than multiple topics;
5. coverage of the original list of 70+ behavioral goals was no longer mandated;
6. primary emphasis was shifted from behavioral change to affective impact and information gain;
7. greater stress was given to topics believed by production to be most suitable for interesting television treatment.

With its new format, Feeling Good came back on the air April 2. It continued for a 13-week period which ended six weeks later than the originally-planned end of the series.

What follows is a summary of the original design, a summary of the revised design, and a summary of the rationales for the design modifications.

Original Design -- Summary

The study was conducted in Boston, Dallas, Jacksonville (Fla.), and Seattle. The design developed before the beginning of Season A is shown in Table 1. Random-digit dialing in the four cities generated the 22,000+ screening interviews which provided a basis for stratifying respondents into three levels of likelihood of viewing Feeling Good.

Likelihood Level	N
High	3,000
Moderate	2,000
Low	2,000

From this sample of 7,000, 5,000 people were mailed baseline questionnaires, and 2,000 were assigned to a panel control group. The interim measures were designed to track specific behavioral measures over time, in comparison with baseline levels, as well as to cover show-specific content.

Before Season A was taken off the air, this design had progressed to the second interim measure (after show 8). In order to accommodate the new schedule, the revised design shown in Table 5 was developed. This revised design committed an additional 500 respondents from the panel control group, to serve as an "end of Season A readout."

Rationale

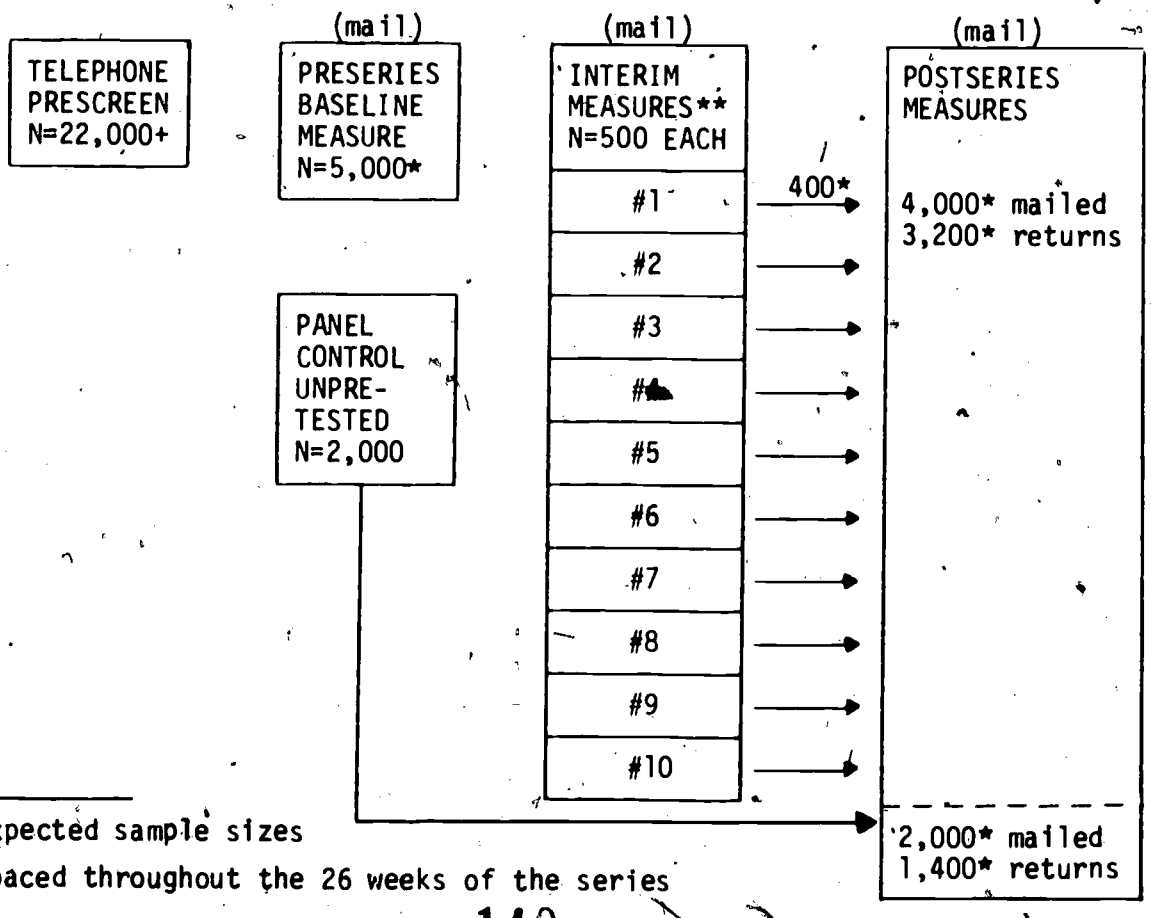
We will not go into the several alternative designs that were considered before arriving at the Table 2 design, but the major factors affecting that decision were as follows:

1. Need to obtain some interpretable data on Season A without jeopardizing the interpretability of Season B data.

2. Need to have larger sample sizes than the 500 scheduled in the original design. After ceiling effects, low viewership, show-specific content, relevance of certain goals to only subgroups of the audience, etc., 500 respondents were not generating stable and sufficiently interpretable data patterns. Interim measures were abandoned entirely for Season B, in order to maximize sample sizes for Season B pre-post measures.

Table 1

Original Design

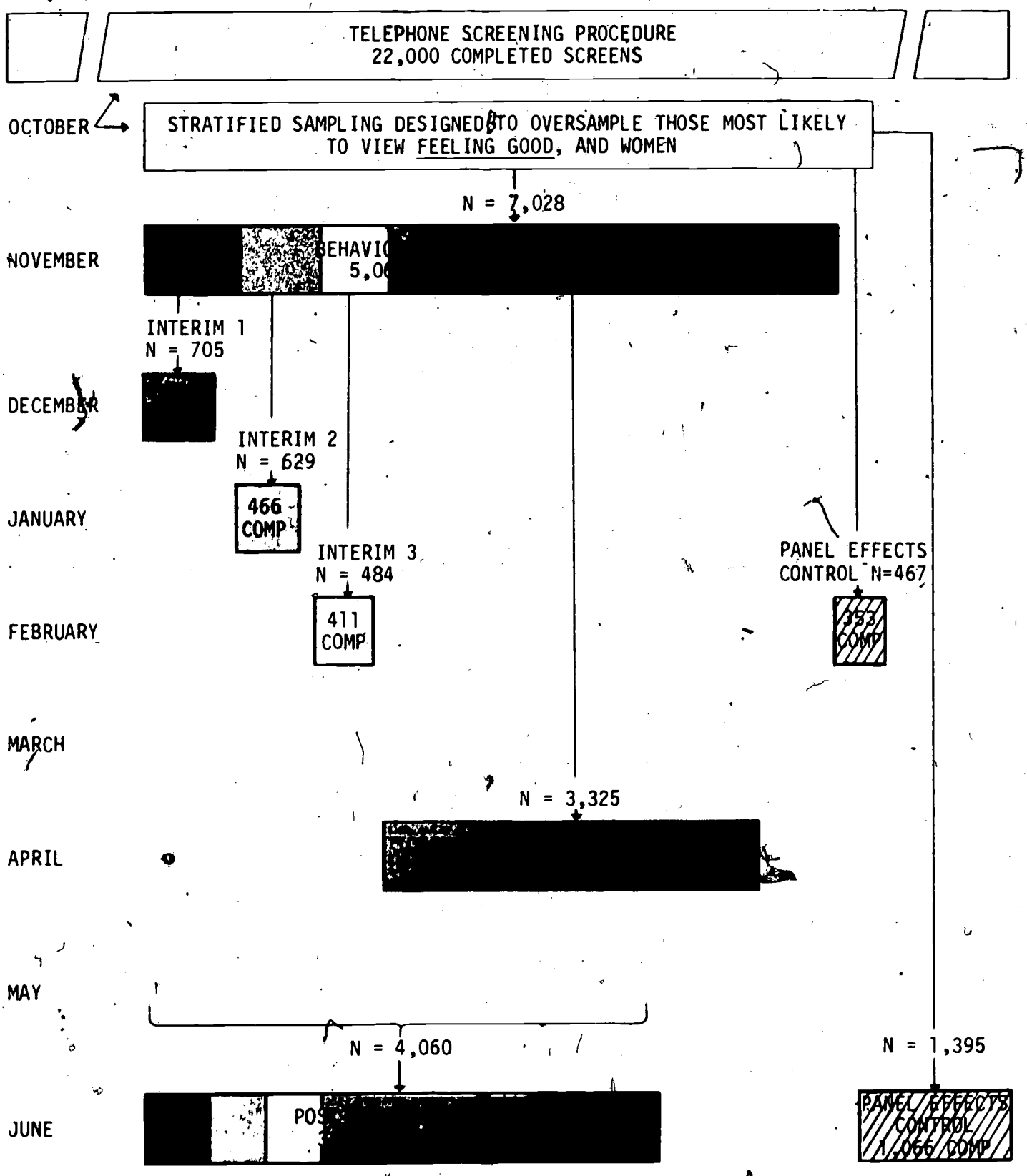


*Expected sample sizes

**Spaced throughout the 26 weeks of the series

Table 2

Modified Design



ents do not add to total due to follow-up procedures employed.

3. Since Season B was covering only one topic per show, it was even more necessary to index show-specific viewing patterns for each respondent. Maximum ability of a respondent to recall show-specific viewing (with content descriptions provided) was estimated at 6 shows.

4. The problem of significantly decreased lead time in knowing the content of Season B shows made it impossible to cover all of Season B, and it was deemed important to have essentially the same cluster of shows covered in both voluntary viewing and directed viewing studies. It was decided to cover Season B shows 3-8.

5. Even with an exceptionally short turn-around time in questionnaire construction/mailing, CTW was unable to specify the content of Season B shows 3-8 with enough lead time to have the pretest cover all 6 shows. Therefore, the baseline measure covered shows 4-8.

Design Change -- Summary

In late January, after the preseries data collection and airing of 11 of the 26 episodes, Feeling Good was discontinued for a period of two months. Beginning in April, it was reintroduced in a half-hour version, greatly changed in format and concentrating more on cognitive than behavioral change. This hiatus in broadcast, and change in program format and intent, necessitated some changes in the research design.*

a. The number of interim measures was reduced from ten to three, covering shows 1-4, shows 5-8, and shows 9-11. One-fourth of the panel effects control sample (approximately 500 people) were sent the third interim measure to evaluate the effects of repeated measurements.

*One consequence of these design changes is a paucity of pretest to post-test measures of behavioral change -- a major part of the original analysis plan.

b. About 3,300 respondents remained who had been pretested but not sent an interim measure. These were sent an additional questionnaire in April shortly after the series was reintroduced which baselined their responses to specific topics covered in Season B shows 4-8.*

c. The posttest, then, covered both cognitive and behavioral items from November through January and repeated those cognitive questions baselined in the April cognitive baseline questionnaire.

d. There were essentially three comparison groups within the posttest sample:

1. Individuals receiving the preseries measure, an interim measure, and the posttest.

2. Individuals receiving the preseries measure, the Season B cognitive pretest, and the posttest.

3. Individuals receiving only the posttest (the remaining panel effects control sample -- approximately 1,500 people).

See page 5 for a diagrammatical display of the research procedure.

---

*The modified research design covered only shows 5-8 of Season B. Reasons for covering only these four shows were as follows:

- The programming schedule allowed only a 4-5 week advance notice of show topics, barely sufficient lead time for design of the pretest instrument.
- Early Season B shows were difficult to assess with this research design, e.g. -- depression.
- We were concerned about memory decay; hence, a 4-5 week recall period was selected.
- Enlarging the number of shows covered would have carried the research into late May and June, a difficult mail response time period due to vacations.

Summary of Design Modifications

Outlined below are the main points of the original research design and the changes necessitated by the suspension of programming during February and March and resulting alteration in program format.

Original Design	Modified Design
Telephone screening phase	No change
Behavioral baseline questionnaire	No change
Ten interim data collection points geared to episodes of the series	Three interim data collection points covering the first eleven full-hour productions of the series Remaining respondents from unused seven interim measures were sent an additional measure baselining information to be covered on shows aired after production had resumed
Panel effects control sample of about 2,000 to be sent postseries measure	Approximately one-fourth (about 500 people) were sent the third interim measure to establish panel effects to that point. The remainder (about 1,500 people) were sent the postseries measure
Postseries measure sent to identified viewers and nonviewers of Feeling Good	No major change except this measure now covered programs from both program formats

Glossary of Terms Used in Report

Much of the research reported here is quite technical and involves the repeated use of several key words and phrases. Many steps have been taken in this research to control key variables and to account for differences stemming from viewing patterns. For these reasons, a glossary of key words and phrases used throughout the report has been provided to help the reader better understand the report.

Season A: Refers to the initial 11 hour-long episodes of Feeling Good broadcast during November, December, and January.

Season B: Refers to the resumption of broadcast schedule in April with a half-hour version featuring Dick Cavett as host.

Season A Baseline, Behavioral Baseline, November Baseline: All refer to the questonnaire mailed to all panel respondents in November intended to baseline health behavior, attitudes, and knowledge scheduled for inclusion in the original 26 hour-long episodes of Feeling Good.

Season B Baseline, Cognitive Baseline, Cognitive Pretest: All refer to the questionnaire mailed in April intended to baseline specific information scheduled to be covered in the fourth through eighth episodes of Season B.

Experimental Group, Pretested Group, Panel Group: Respondents pretested in November and continuing in the panel.

Control Group, Panel Effects Control Group: Respondents not pretested at any time except for the telephone screen in October.

I. TELEPHONE SCREENINGS

Objective and Overview

The identification of our pool of potential viewers was accomplished through telephone screenings. The objective of this procedure was to identify a sample of likely viewers of a health-oriented television program. There were two feasible approaches to the screening phase -- one by telephone, another by mail. To use mail procedures for this screening, we would have required a mailing list of possible respondent names and addresses, or addresses only. The problems inherent in using this sort of sampling frame -- incomplete lists, large nonresponse, expense of repeated mailings, incomplete questionnaires -- were strong inducements toward telephone screening. Throughout the course of the show, samples were selected from the pool and sent mail questionnaires.

Instrument Development

The instrument used in this data collection was developed with the assistance of Children's Television Workshop personnel. Two waves of pretests were conducted by Response Analysis staff members:

a. Mid-September, 1974: 25 interviews conducted in Central New Jersey

b. Late September, 1974: 100 interviews conducted in Central New Jersey

Sample Design

We first determined in which of a possible four to six cities we would conduct the study. Criteria for selection included a strong broadcasting signal, relatively high PBS viewing rates, and central telephone facilities. In addition, some geographic dispersion was desirable. The objective of these criteria was to maximize the potential viewing population so that the sample pool of viewers whould be large enough to support the various study phases. Accordingly, four cities were chosen by mid-September, 1974: Boston, Dallas, Jacksonville, and Seattle.

In each city, numbers were selected from telephone books covering the metropolitan area defined by the SMSA -- Standard Metropolitan Statistical Area. (Any exchanges that covered areas outside the SMSA were eliminated from the sample.) SMSA's as defined by the Bureau of the Census consist of a county or group of contiguous counties which contain one city with at least 50,000 inhabitants or more, or "twin cities" with a minimum combined population of 50,000 or more. Contiguous counties are included in the SMSA if, according to certain criteria, they are essentially metropolitan in character and economically integrated with the central city.

For example, in the Boston area, the Boston SMSA includes the Lowell area, Framingham, Beverly, and Marlboro-Concord, as well as center city Boston and Cambridge. These could be considered outlying areas, but they are part of the Boston SMSA.

Dallas and Seattle are similar to Boston, whereas the Jacksonville SMSA consists of Jacksonville proper with no outlying areas.

Sampling Procedure

The sampling procedure utilized a method of random digit dialing which accommodated unlisted numbers and new listings.

The procedure employed random selection of five-digit residential telephone numbers, the five digits being the exchange and the next two numbers. Duplicate numbers did appear and were dealt with systematically. After all numbers were selected in a given city, they were numerically ordered and any more than five duplicates were removed. We used up to five duplicates because there were five forms of the call record sheet.

Each duplicate number was identified by a letter (A-E) corresponding to the forms of the call record sheet. After the duplicates were identified, the selected numbers were randomized.

The selected numbers were transferred to call record sheets, each form having a different set of 10 pairs of random numbers. Thus, the selected number in combination with each of the 10 random pairs of numbers created 10 full residential telephone numbers. Each of the duplicate numbers was placed on a different form of the call record sheet assuring that telephone numbers would not be repeated.

The first stage of selection yielded between five and six thousand call record sheets per city, or between fifty and sixty thousand telephone numbers. Interviewers were instructed to use the sheets in numerical order so geographic dispersion of telephone exchanges would be maintained.

Interviewing Procedure

The call record sheet provided the telephone number, an introductory greeting, and instructions for reaching the right respondent. If there was no television set in working order in the household, the interview was terminated.

Interviewers were instructed to ask to speak to the youngest male, age 18 or over, who was at home. If there was no male at home at the time, they spoke to the youngest female, age 18 or over, who was presently at home.

There were two reasons for this instruction:

1. To meet the interview quotas by sex (we wanted about equal numbers of male and female respondents). Males are less likely to be at home than females; thus interviewers asked for males first.

2. To obtain a reasonable distribution of age groups. Since young people are less likely to be at home than older people, we instructed interviewers to ask for the youngest male/female.

One callback was made during the next interviewing shift to initial "no-answers" and to numbers where no regular household member was at home (i.e., a baby sitter answered). Busy signals were tried twice during a shift and, if necessary, again during the next shift.

To facilitate control over the quotas, two interviews were completed per call record sheet, one male and one female. These screening interviews provided the pool of potential respondents for the mail sample; a screening interview was considered complete only if the name and full address of the respondent was obtained.

Members of the Response Analysis staff trained and supervised the first day's work in each of the four cities. Interviewing began on October 1 and was completed by October 13, 1974.

We obtained 22,120 completed telephone screenings which became our pool of potential respondents for the next phases of the study.

II. SAMPLE FOR THE MAIL SURVEY PHASES

The objective was to array the 22,120 completed telephone screening interviews so that we would end up with three groups which would provide our sample for the mail survey.

Again, as in the screening phase, an interview method had to be selected. There were only two feasible approaches: telephone and mail. Personal interviews, due to large sample size requirements, were economically unrealistic. Telephone interviews, too, were considered and abandoned for several reasons. Chief among these reasons were:

- Much of the information required was sensitive, with a corresponding respondent reluctance to talk about it on the telephone.

- Several instruments required a lot of information, too much for a telephone interview.

- Telephone procedures increase dramatically in expense when one respondent must be reinterviewed periodically.

The screening interview had been designed so answers could be scored and respondents placed in three viewing propensity groups. In addition to these key questions, demographic items were included for purposes of sample stratification.

A battery of questions to determine propensity to view was asked, with the following content:

> How many days did you watch television during the past week?
>
> Did you watch Marcus Welby, M.D.; VD Blues; The Great American Dream Machine; Upstairs Downstairs; Medical Center; The Killers during the past six months?
>
> Are you available Wednesday evenings from 8 to 9 o'clock?
>
> Do you watch some television shows for healtn information given?
>
> How likely would you be to watch a new television health series in the variety style?
>
> Would you be more likely or less likely to watch this new show because it is on the Public Broadcasting System?
>
> Are there any children under 6 years of age living at home with you? Under 17?

In evaluating what the respondent currently does during the Wednesday evening time slot, we hoped to, in part, be able to determine his likelihood to view. Particular attention was paid to the extent to which a respondent indicated receiving health information from television.

To determine respondents' intensity of feeling toward a prospective show, we asked several questions about viewing intentions: If you would want to watch, would you definitely watch, probably watch, or aren't you sure? To learn why he said he would watch, he was asked if it was because it was about health or entertaining, or because it was about health and entertaining, or for some other unspecified reason.

We also wanted to know if a respondent had any positive or negative bias toward PBS or the "educational station."

Availability Groups

In seeking to array the completed telephone screenings so that we would have three groups from which to draw our preseries mail sample, it was evident that certain groups of respondents needed special consideration.

Some respondents would be less likely to watch simply because their chances of watching were determined by their availability. Accordingly, respondents were placed in three Availability Groups.

Availability Group 1	Respondents who were not always available on Wednesdays at 8 p.m.
Availability Group 2	Respondents who couldn't watch because the PBS reception was poor on their sets.
Availability Group 3	Respondents not in Groups 1 or 2.

Availability Group 2 respondents were unlikely to watch the program even if they indicated a high interest in the show. Consequently, this availability group was entirely eliminated from the selection pool.

Availability Group 1 respondents were not always available for the Wednesday evening show, but their situations could change or they could view the program at some other time during the week. Because their chances of viewing were reduced, they were placed in the low likelihood category regardless of their score.

In addition, the 22,000 screening interviews included those people who had refused their name and/or their address. These respondents could be placed in one of the three anticipated groups, but with no name and/or address they could not be part of a mail sample. Therefore, we eliminated these people from the selection pool.

The following table illustrates the disposition of the refusals and Availability Group 2 over the four cities. Percentages show which proportion of the subgroup falls in each of the four cities.

Table 3

Completion Experience --

Preseries Telephone Screening Interviews

	Total	Boston	Dallas	Jacksonville	Seattle
Total screening contacts	22,120 100%	5,545 100%	5,519 100%	5,558 100%	4,498 100%
Refused name and/or address	10%	14%	6%	9%	11%
Total usable screening (total contacts - refusals)	90	86	95	91	89
Ineligible -- Availability Group 2 (receive bad picture)	5	2	5	3	9
Total eligible for mail survey sample	85	85	89	88	80

Note: Cell entries are percent of respondents falling into availability group within each city.

In this and the following tables, differences from 100% are due to rounding methods.

Scoring Procedure

A score was developed that would enable us to array respondents into three viewing likelihood groups. Score items were assigned point values and each respondent received a total score. This total score determined into which group he/she would fall.

Scoring key

In the last six months, watched:	Points	Total 22,120 100%
VD Blues	3	6%
The Great American Dream Machine	2	14%
Upstairs Downstairs	2	20%
The Killers	3	12%
Marcus Welby, M.D., for health information and entertainment or health information only	1	69%
Medical Center for health information and entertainment or health information only	1	
Do not have a "regular" show to watch on Wednesday from 8 to 9 p.m.	1	46%
Would definitely watch the health show	5	16%
Would probably watch the health show	3	44%
Not sure what would do	1	8%
If would watch:		
Because about health	3	19%
Because it combines health information and is entertaining	2	24%
Because it is entertaining	1	18%
Knows correct PBS channel	1	83%
More likely to watch because show is on PBS	3	28%
Network makes no difference	2	40%
Not sure what difference network makes	1	4%
Presence of children under six	2	21%
Presence of children 6-11	1	14%

MAXIMUM SCORE = 27 POINTS

The score limits chosen for each likelihood group were:

High likelihood:	12 or more points
Moderate likelihood:	8 to 11 points
Low likelihood:	7 or less and Availability Group 2 respondents regardless of score.

The following table shows the likelihood group distribution by city.

Table 4

Telephone Screen Sample Arrayed by City and Likelihood Group

	Total	Boston	Dallas	Jacksonville	Seattle
Total eligible for mail survey	18,895 100%	4,691 100%	4,927 100%	4,891 100%	4,386 100%
Propensity groups					
High likelihood	23%	25%	22%	25%	20%
Moderate likelihood	29	29	26	32	30
Low likelihood	47	45	52	43	50

Note: Cell entries are percent of respondents falling into "likelihood" group within each city.

Outcome of Scoring Procedure

The following table shows that the propensity group assignments worked well in the high probability group but were not successful in differentiating moderate from low likelihood viewers.

Table 5

Viewed One or More of the First Four Feeling Good Shows

	Total	Yes	No	Not Reported
Total respondents (518)	100%	18	81	2
Propensity groups				
High likelihood (211)	100%	27	72	2
Moderate likelihood (145)	100%	15	84	2
Low likelihood (162)	100%	15	84	2

Note: Table is read across rows. For example, 27% of the high likelihood respondents reported viewing one or more of the first four shows.

III. PRESERIES AND INTERIM MEASURES, MAIL SAMPLE

When the scoring procedures were completed, we sampled for the mail phases of the study. Each propensity group was sampled at a different rate, and these rates were the same for each sample city.

To maximize the number of potential viewers in the sample, the high likelihood group was sampled at a rate approximately twice that of the other two likelihood groups. As a result, about 43% of the total mail sample was selected from the high propensity group.

The sampling was also stratified by sex and by the presence of children in respondent households. Strata were:

- Households with youngest child less than six years old
- Households with youngest child aged six to eleven, and
- Households in which the youngest child was twelve years or older and those which gave no answer to the question

Since many program segments were geared to women, particularly women with young children, we oversampled women in each propensity group. Women comprised two-thirds of each likelihood group.

Table 6*

Mail Sample Arrayed

by City and Likelihood Group

Propensity to watch health series	Total	Boston	Dallas	Jacksonville	Seattle
Total	7,028 100%	1,772 100%	1,796 100%	1,879 100%	1,581 100%
High likelihood	43%	46%	41%	45%	39%
Moderate likelihood	28	28	26	30	30
Low likelihood	29	26	33	25	31

Note: Cell entries are percent of respondents falling into likelihood group within each city.

*This table appeared in "Assessment of Television Health Series, Report of Initial Screening Phase," Response Analysis Corporation, November 12, 1974, Scoring Procedure, p. 8. Further analysis and refinement of the sample accounts for the difference of 23 in the two reported totals.

Table 7 shows the demographic distribution of respondents tabulated by self-reported viewing from the postseries instrument. Frequent viewers were more likely to be female than male, under 35 than 35 or older, and to have children under 6 years old living at home.

Table 7

Distribution of Viewers --

Season A and B

		Education			Sex		Children			Age		
	Total	College	High School Graduate	Less Than High School Graduate	M	F	-6	6-17	None	18-34	35-54	55+
Total (4771)	100%	50	36	14	37	63	21	36	50	41	36	23
Frequent viewers (1077)	100%	49	36	14	33	67	25	31	51	44	34	21
Less frequent viewers (1253)	100%	51	35	14	36	64	22	37	48	42	37	21
Non-viewers (2441)	100%	50	37	14	39	61	20	37	51	39	36	25

Table reads across rows:

All percents based on row totals at left (combined totals for panel and panel control respondents)

Frequent viewers = 4+ shows during Seasons A and B

Less frequent viewers = 1-3 shows during Seasons A and B

Nonviewers = 0 shows during Seasons A and B

Panel Effects Group*

At about the same time as the preseries measure sample was selected, the panel effects group was also selected. The same stratification procedures were used and women were similarly oversampled so that the panel control group would be comparable to the preseries sample.

These names were retained with 500 sent the Interim III measure, and the remaining 1,500, the postseries measure.

The following table shows the distribution of the panel control group by city and by likelihood group.

Table 8

Panel Control Mail Sample Arrayed by City and Likelihood Group

	Total	Boston	Dallas	Jacksonville	Seattle
Total	2,003 100%	513 100%	522 100%	540 100%	428 100%
Propensity to watch health series					
High likelihood	40%	42%	38%	42%	37%
Moderate likelihood	30	29	27	31	34
Low likelihood	30	28	35	27	29

Note: Cell entries are percent of respondents falling into likelihood group within each city.

*See Main Findings, Volume I, for full rationale of panel effects group.

As part of the preseries sampling stage, each respondent was assigned a unique identification number that would enable us to track individual respondents throughout the entire study.

This identification number was comprised of the five-digit telephone screening interview number and an additional digit to identify respondent sex and propensity group.

A control book was designed to track completion rates. Control books were organized overall by city, and within each city, by the three propensity groups. A separate control book was used for each phase of the mail survey.

Control books provided completion experience for each phase. These results will be explained in detail as each phase of the work is discussed.

IV. MAIL PHASES

A. Procedure

Generally, all of the mail phases were handled in a similar manner; however, not every step in the procedure was used in every phase.

As each phase is detailed, any changes or additions to the standard procedure will be discussed.

Some common features were --

1. Commemorative postage stamps on all outgoing envelopes for initial and follow-up sendouts
2. Initial questionnaire with a new dollar bill and a post paid envelope enclosed
3. Cover letter introducing the purpose of the survey without any mention of the specific series' name
4. Reminder postcard 4-5 days after initial sendout
5. Follow-up questionnaire to nonrespondents 10-12 days after initial sendout
   - The same questionnaire with a follow-up letter attached
   - A post paid return envelope enclosed but no incentive

B. Weighting

At each phase of the mail survey, mechanical weighting procedures were introduced in the tabulation of the results to compensate for differences in sampling rates. The weights are reversely proportional to the subgroup sample representation in the original screening pool.

Main Sample

As mentioned earlier in this report (Preseries and Interim Measures Mail Sample, p. 13), the sampling rates differed by sex and by propensity group. When results were tabulated, six unique weight factors were introduced to adjust for the sampling variances.

Propensity Group		Weight Factor
High	Male	1.8
	Female	1.3
Moderate	Male	3.8
	Female	2.2
Low	Male	7.0
	Female	3.0

Panel Control Sample

Following is a list of the weight factors used in tabulating the results from the Panel Control sample.

Propensity Group		Weight Factor
High	Male	1.44
	Female	1.00
Moderate	Male	2.64
	Female	1.54
Low	Male	5.25
	Female	2.12

C. Pretesting

Each mail questionnaire was pretested by the Response Analysis staff. About ten days before scheduled sendouts, pretesters administered the questionnaire, and after completion, debriefed respondents. Interviewers were debriefed following pretesting, and questionnaires were revised accordingly.

D. Preseries Measure

Field Period --

Sendout:	October 30 - November 1, 1974
Reminder postcard:	November 1 - November 5, 1974[1]
Follow-up questionnaire:	November 13 - November 15, 1974[2]
Cut-off:	November 20, 1974 for Boston, Jacksonville and Seattle November 23, 1974 for Dallas

Table 9

Completion Experience --
Preseries Measure

Total sent		7,025	
Not delivered (-)		307	
Adjusted base		6,718	100%
Total used		5,063	75%
Initial wave	4,115	61%	
Follow-up	948	14%	
Total not used		1,655	25%
Late[3]	467	7%	
Incomplete	149	2%	
No response	1,039	16%	

[1]Reminder postcard was sent to one-half of all respondents as a field experiment. Results are shown on the following page.

[2]The follow-up questionnaire differed from the initial sendout in two respects: (a) no incentive, (b) different cover letter.

[3]Received after Feeling Good broadcast season was under way.

Table 10

Reminder Postcard Experiment --

Preseries Measure

	Postcard Sent		No Postcard	
Total sent	3,469		3,556	
Not delivered[1] (-)	150		157	
Adjusted base	3,319	100%	3,399	100%
Total used	2,629	79%	2,434	72%
Total not used	690	21%	965	28%

E. Interim Measure Samples

The next step in the research design was to take the pool of respondents from the preseries measure and divide it into 10 groups, each of which would be sent an interim questionnaire covering the individual shows.

Accordingly, the 5,063 respondents were assigned to 10 groups. The sample group for the first interim measure was the largest, containing 710 people.

Each of the remaining interim measure groups contained approximately 480-495 people.

At this point, the research design called for interim measures at approximately two week intervals. At the conclusion of the broadcast year, the people who had responded to both the preseries and an interim measure would be sent a posttest evaluation questionnaire. The panel control group was scheduled to receive only this posttest questionnaire.

The original design was modified to accommodate changes in the broadcast schedule of Feeling Good. (See "Modifications on the Original Design," p. 3.)

[1]No effort was made to record receipt of postcards, only questionnaires themselves. These results are somewhat confounded with interaction from follow-up procedures. Further analysis removing this interaction effect supports the positive effects of the reminder postcard on response patterns.

This design modification resulted in use of three of the original interim measures, a new preseries B measure, and the posttest measure called for in the original design.

The Panel Control Group was sent Interim Measure III and the posttest questionnaire. The preseries B respondents were those people originally scheduled for interim measures 4-10, the remainder of the 5,063 preseries A respondents. Posttest respondents included all people who responded to the first preseries measure and to either an interim measure or the second preseries measure (preseries B).

Interim Measure I

The follow-up to the Interim I nonrespondents occurred at the same time as the Interim II initial sendout. The nonrespondents (Interim I) were mailed an Interim II questionnaire with a follow-up letter attached rather than an incentive.

The Interim I follow-up respondents shown in this table represent part of the Interim II data. Thus they are represented in both the Interim I and II completion information tables.

Field Period --

Sendout: December 10 - December 11, 1974

No follow-up*

Cut-off: January 10, 1975

Table 11

Completion Experience -- Interim I

Total sent		710	
Not delivered (-)		5	
Adjusted base		705	100%
Total used		518	74%
Total not used		187	26%
Late	29	4%	
Interim II follow-up	51	7%	
Not usable	21	3%	
No response	86	12%	

*Interim I nonrespondents were followed up with an Interim II questionnaire on January 8, 1975.

Interim Measure II

Field Period --

Sendout: January 8, 1975

Cut-off: March 13, 1975

Table 12

Completion Experience -- Interim II

Total sent		493	
Not delivered (-)		5	
Adjusted base		488	100%
Total used		415	85%
Total not used		73	15%
Late	2	*	
Incomplete	9	2%	
No response	62	13%	
Total sent to Interim I non-respondents		137	100%
Total complete		51	37%

Total used in analysis -- 415 + 51 = 466

Note: A field experiment was conducted wherein non-respondents to Interim I were followed up with Interim II questionnaires. This experiment was terminated with the program hiatus in February and March.

*Less than .5%.

Interim Measure III; Interim III Panel Control

Field Period --

Sendout: February 24, 1975

Follow-up: March 10, 1975

Cut-off: April 13, 1975

Table 13

Completion Experience -- Interim III

Total sent		489	
Not delivered (-)		5	
Adjusted base		484	100%
Total complete		411	85%
Initial wave	390	81%	
Follow-up	21	4%	
Total not used		73	15%
Late	4	1%	
Incomplete	7	1%	
No response	62	13%	

Panel Control Group

Approximately one-fourth of the panel control group (not pre-tested) were sent a questionnaire nearly identical to that sent to Interim III respondents.

Table 14

Completion Experience -- Interim III, Panel Control Group

Total sent		499	
Not delivered (-)		32	
Adjusted base		467	100%
Total complete		353	76%
Initial wave	323	69%	
Follow-up	30	6%	
Total not used		114	24%
Late	1	*	
Incomplete	15	3%	
No response	98	21%	

*Less than .5%.

F. Season B Baseline

This measure was sent to those respondents originally scheduled to receive interim measures 4-10. Since four and one-half months had elapsed since the last contact, we sent a postcard reminder to the sample. The postcard mentioned their earlier participation and encouraged further cooperation.

Field Period --

Reminder postcard:	April 10 - April 11, 1975
Questionnaire wave:	April 14 - April 16, 1975
Follow-up postcard:	April 17 - April 18, April 21, 1975
Cut-off:	April 23, 1975

(Because response rates following the postcard send-out exceeded 80%, there was no follow-up questionnaire.)

Table 15

Completion Experience -- Season B Baseline

Total sent		3,369	
Not delivered (-)		44	
Adjusted base		3,325	100%
Total complete		2,702	81%
Total not used		623	19%
Late	134		4%
Incomplete	15		*
No response	474		14%

*Less than .5%.

G. Overall Completion -- Postseries Measure

Field Period --

Sendout:	May 27 - May 28, 1975
Reminder postcard:	June 5 - June 6, 1975
Follow-up:	June 16 - June 17, 1975
Cut-off:	June 30, 1975

Table 16

Completion Experience -- Postseries Measure

Total sent		4,111	
Not delivered (-)		63	
Adjusted base		4,048	100%
Total complete		3,709	92%
Initial wave	3,506	87%	
Follow-up*	203	5%	
Total not used		339	8%
Late	27	1%	
Incomplete	22	1%	
No response	290	7%	

*The follow-up questionnaire often served as a catalyst toward completion of the initial questionnaire. The table shows only the incremental return solely attributable to the follow-up.

Table 17

Overall Panel Effects*

Total sent		1,499	
Not delivered		104	
Adjusted base		1,395	100%
Total complete		1,066	76%
Initial wave	998	72%	
Follow-up	68	5%	
Total not used		329	24%
Incomplete	19	1%	
No response	265	19%	
Unusable	45	3%	

*Since no contact had been made with these respondents after the telephone screen in October, 1974, a postcard was sent several days prior to this measure alerting them to expect the questionnaire in a few days (May 22 - May 23, 1975).

APPENDIX

A. Telephone Screening Interviews

B. Season A Baseline

C. Season A

D. Season B Baseline

E. Posttest

A. Telephone Screening Interviews

- Interviewer call record sheet
- Interviewer instructions
- Interviewer exhibit card
- Supervisor instructions
- Questionnaire

ESPONSE ANALYSIS CORPORATION
rinceton, New Jersey
tudy #3791 - October 1974

Assignment Page #: _____

Form A

INTERVIEW COMPLETED WITH:
☐ MAN
☐ WOMAN

SK FOR YOUNGEST MAN/WOMAN AGE 18 OR OVER
HO IS AT HOME.

NTRODUCTION:

ello, I'm _____ and I'm working on a study for Response Analysis Corporation of rinceton, New Jersey. We are doing a survey about the things people watch on television. he interview will take only a few minutes and we think you will enjoy it.

. First, do you have a television set in working order in your household?

☐ YES → CONTINUE WITH INTERVIEW

☐ NO → DISCONTINUE - NOT QUALIFIED

	FIRST CALL			SECOND CALL		
TELEPHONE NUMBER	DATE	TIME	RESULT	DATE	TIME	RESULT
31						
53						
87						
08						
73						
82						
33						
28						
98						
70						

INTERVIEWER INSTRUCTIONS

HEALTH SERIES INTERVIEW

OVERVIEW OF THE STUDY

This study is sponsored by Children's Television Workshop, CTW. You may not tell the respondent this, however. Programs that have been created by CTW include, 'Sesame Street', and 'The Electric Company'.

Children's Television Workshop has created a new series geared to adults which highlights areas of personal health, child care and family nutrition. The format is more similar to that of 'Sesame Street' than it is to the usual type of health or health related program.

The series will be aired once a week, on Wednesday evening at 8:00 p.m. (or 7:00 p.m. for the Central Time Zone) beginning in November. It will be shown on the local Public Braodcasting Service station, sometimes known as Educational Television station.

You will be calling a random sample of telephone numbers in your area in order to identify likely viewers. Then, several times before and during the series run, Response Analysis will be sending out a mail questionnaire to portions of the view sample..

We have sent some materials to you which relate to CTW and their new series which the Response Analysis representative has. If you're interested, you may take a look at them.

These Instructions will cover several points:

- The Call Record Sheets.
- Who the Respondent is
- Procedure for using the Call Record Sheet
- Questionnaire Instructions

Using the Call Record Sheets

The call record sheets provide the telephone numbers for the study and the space to record the result of each call. It is important that the procedures for using these sheets be followed. They are designed to make interviewing as efficient as possible while ensuring a valid sample of telephone households.

At the beginning of the shift, your new call record sheets should be given to you in order. They are ordered by the Assignment Page Number in the upper right corner. You will be given six, (6), use them in order. You should finish (more on what we mean by 'finish' later) one sheet before going on to another.

Using the Call Record Sheets (Con't.)

There are two columns on the sheet: First and Second call. Only one of these columns is used during one shift. (This procedure is explained later in these instructions.)

Forms

These are five forms of the call record sheet: A, B, C, D and E. These forms are printed on five different colors of paper and represent five different sets of random digits used as the final two digits of the telephone numbers. You should use the sheets in Assignment Page Number order regardless of the color or form groupings.

Telephone Number:

You will notice on the top line of the Call Record Sheet a seven (7) digit phone number. The first five (5) digits are written in; the last two (2) are printed.

Use the same first five digits for every telephone number on the page -- change only the last two digits as you go from line to line.

Always start with the telephone numbers at the top of the page and move down the page without skipping around.

THE RESPONDENT

For this study, we are interested in talking to a random sample of adults, men and women age 18 and over. The way we go about it when we do a telephone study, is to have the interview completed with the youngest man or woman age 18 or over, who is at home.

You will always begin each new Call Record Sheet by asking to speak with the youngest male, age 18 or over who is at home when you call. If there is no man at home, ask for the youngest woman age 18 or over. We want you to interview no more than one man and one woman on each Call Record Sheet. If your first completed interview on a Call Record Sheet is with a man, then from that point on, just ask for women. If your first interview is with a woman, then just ask for men after that until you have completed a male interview on that Call Record Sheet. After you have completed both a male and female interview from a given Call Record Sheet, then you are 'finished' with that sheet. You go on to the next one, again first asking to speak with a man.

We want to complete an equal number of interviews with men and women. Sometimes the supervisor will need to have more male interviews done than female ones during a particular shift. You may get an instruction to ask only for men for a certain length of time, or until you get a certain number of male respondents. The supervisor will tell you if this situation arises.

The Respondent (Con't.)

The maximum number of completed interviews per Call Record Sheet is two (2). When you finish an interview with a man, look at the top of the Call Record Sheet, right under the Assignment Page Number, and please check the box next to MAN. Then, when the female interview is completed, check the box next to WOMAN.

Introduction and First Question

The introduction is printed on the Call Record Sheet. Please use it each time you begin an interview. Then go right into the first question. It is printed on the Call Record Sheet right below the introduction.

If the respondent answers "No" to Question 1, thank him and terminate the interview. Dial the next number. A "No" in Question 1 does not count as a completed interview.

If the respondent answers "Yes" to Question 1, move right into the body of the interview. The question on the Call Record Sheet is just a script; you don't mark anything in the boxes.

Please remember to ask every respondent the screening question on the Call Record Sheet.

PROCEDURES FOR USING THE CALL RECORD SHEET

Work in only one 'call' column per shift. Start and work with a Call Record Sheet until it is ready for one of two piles:

1 - Retired. No more calls to be attempted from that Sheet.

2 - Call back another shift.

A sheet is retired:

a. As soon as two interviews are completed from the sheet.

b. When there are no numbers to be call back. All numbers are C, NQ; R, X, Z or O.

c. The maximum of two calls have been made to all numbers.

A sheet is put in the callback pile:

When all "first calls" have been made without obtaining the two interviews, and there are numbers on the sheet to be called back during another shift (NA, RN, Busy twice in one shift.)

Procedures For Using the Call Record Sheet (Con't.)

Typically, callbacks will be handed out after 5:00 p.m. When you receive callback sheets, complete the Call Record Sheet you are working with; then work with the callback sheets until they all have been retired.

Codes for Result

These codes are used to record the result of your calls on the Call Record Sheet. They are printed on a card that you should have handy while you are working.

C — Complete. To be complete an interview must:

1. Have all questions answered - that is, none refused.
2. Have respondent's name and a complete mailing address, including the zip code.

B — Busy. Call back during the same shift. Do not count as a "call." Record the date and time of the busy signal and the result as a 'B'. Go back to the busy numbers and try them a second time only after you have tried all the other numbers on the Sheet. Record the result in the same space as the original busy notation.

Do not try busy numbers more than two times during one shift.

NA — No answer. Let the phone ring eight times. Then hang up. Numbers where there is no answer will be called again during another shift. Do <u>not</u> call them twice during the same shift.

RN — Respondent not home, not available. These numbers will be called back during another shift. Do not call them twice during the same shift unless it is suggested that you call back in five to ten minutes.

NM — There is no male living in the house age 18 or over. Use this code only when you have already completed an interview with a women and are just looking for men.

NF — There is no female living in the house age 18 or over. Use this code only when you have already completed an interview with a man.

NQ — This code is for "no television" households. The respondent answered a 'No' to the screening question on the Call Record Sheet and therefore does not qualify for the rest of the interview.

R — Refused.

X — Nonworking number. Usually you will hear a recording.

Codes for Result (Con't.)

Z Business number.

O Other (describe). This includes early terminations of the interview and people who refuse their name and/or mailing address.

QUESTIONNAIRE INSTRUCTIONS

Go from the introduction directly to the first question. Most respondents simply start answering the questions. If a respondent asks you what this all about, use the first question as an example. Other things you may want to say to reassure some respondents:

- Response Analysis is a survey research company from Princeton, New Jersey -- no selling -- we have nothing to offer for sale.
- The interview is brief and interesting.
- Your telephone number was randomly selected using computer-type procedures (People with unlisted numbers are sometimes concerned about this).
- You are an important part of a small sample of this area.

Asking Questions and Recording Answers

Throughout this questionnaire, questions to be asked of respondents are in lower case type. Instructions to interviewers are in upper case type of all caps and are not to be read to respondents.

Read the questions as written, clearly and at a speed that is comfortable for you and your respondent. Don't rush; don't drag.

Keep in control of the interview. Try not to let the respondent take over the interview or digress on to the weather, last night's TV special or local politics. Be polite, but stay in control.

Most questions have pre-coded answer categories. Please circle the number in front of the responses. Disregard the smaller numbers in the margins which are used in data processing.

The Interview is straightforward, interesting and brief. It should take about five minutes to complete. There are no long answers to record, each question is pre-coded and required that you just circle the appropriate number.

Following are specific notes on some questions:

Record the time started on the upper left corner. Be sure to have asked the screening question about working televisions in the households.

Q. 2 - Please read each show name carefully. You should have a Yes or a No for each one.

Questionnaire Instructions (Con't.)

Q. 3 - Ask Q. 3 only when a respondent has watched either or both Marcus Welby or Medical Center on Q. 2.

Q. 4 - If the respondent cannot watch television on Wednesday night, just circle precode 2. We don't need to know why they cannot watch it on that particular night.

Q. 6 - Go over the skip pattern carefully:

If the respondent answers precode 1, then go to Questions 7 and then 8.

If the respondent answers precode 2, then to to Q. 9.

Finally, if the Respondent is not sure, (precode 3), skip Questions 7, 8 and 9 and skip to Q. 10.

Q. 10 - You have a card on which is printed the call letter and channel number of the local Public Broadcasting Service station. If the respondent gives the call letters, then probe for the channel number. A respondent answers Yes to Q. 10 only if he gives the correct channel number. You should check your card as the respondent gives his answer. Probe only for channel number, don't give the respondent any help in arriving at the correct answer.

Q. 11 - When you read the question, please fill in the blank (channel number _____) with the number from your exhibit card.

Q. 13 - Q. 18 These are the background questions. These should all be answered in order to call an interview complete.

Be sure to ask Q.17 if you get a 2 or 3 precode on Q. 16.

Be sure to read the paragraph that is written before the name and address lines. Please write the name and address carefully and clearly. Check the spelling with the respondent.

Also, please write in the city or town, the state and the zip code. This study is being done in four major metropolitan areas, and we must be able to keep them separate when the interviews arrive in Princeton. The only way that we can be sure to do this, is if you have supplied this information.

The respondent's name is absolutely essential. Avoid abbreviations in names, street addresses and towns. Write everything out.

Don't forget the rest of the information, including your name and the total time it took to do the interview.

CODE FOR RESULT

C - Complete	
B - Busy → Call back during same shift; do not count as a "Call"	
NA - No answer RN - Respondent not home; not available	Call back different shift
NM - No male 18+ NF - No female 18+ NQ - Not qualified (no television) R - Refused X - Nonworking number Z - Business number	
O - Other → Describe	

RAC #3791

HEALTH SERIES INTERVIEW

Supervisor Instructions

SHIFT SCHEDULES

The interviewing period is scheduled from Tuesday, October 1, through Friday, October 11. On weekdays (Monday thru Friday) each day's shift is scheduled from 3:30 p.m. to 9:30 p.m. There will be one shift per weekday.

On weekends (Saturday and Sunday), the shift hours are different. They are as follows:

Saturday -- 10 a.m. to 6 p.m.

Sunday -- 12 p.m. to 9 p.m.

There should be sixteen interviewers (sixteen telephones) working at all times.

QUOTA PER SHIFT

On weekdays, we are expecting 480 completed interviews per 6-hour shift.

We expect 5 completed interviews per hour from each interviewer. There should be 16 interviewers working each shift; that means we should be getting 80 completed interviews per shift hour. A weekday shift is 6 hours; therefore we expect 480 interviews completed on each shift.

On the weekend, the quotas will be different.

Saturday

The Saturday shift (10 a.m. to 6 p.m.) is 8 hours long. We expect to have 640 interviews completed during the Saturday shift. We have computed this quota in the same way as we did the weekday quota.

5 completed interviews per interviewer per hour
16 interviewers times 5 completes gives us 80 per hour
80 times 8 hours (one shift) gives us 680 competed interviews

Sunday

The Sunday shift (12 p.m. to 9 p.m.) is 9 hours long. We expect to have 720 interviews completed during the Sunday shift. This quota was computed in the same way as the weekday and Saturday quotas.

The quotas presume that all telephones will be in use for the entire shift. If you will not be able to do this for a given shift, please let us know.

Male and Female Quotas

Each shift's total quota should be comprised of interviews completed with one half men and the other half women.

The male-female quotas are as follows:

Weekdays:	480 completed interviews	
	240 men	
	240 women	
Saturday:	640 completed interviews	
	320 men	
	320 women	
Sunday:	720 completed interviews	
	360 men	
	360 women	

This is the ideal situation. You will have to monitor each shift. Ask for periodic counts and keep running totals for males and females.

If there are more male interviews completed than female ones, have the interviewers ask for women until the balance is adjusted. If the reverse is true, use the reverse procedure. You should try to adjust the balance during the same shift. If you are unable to do so, you may begin a new shift by telling interviewers to ask for either males or females, depending on which total you need to correct. Try not to have the problem go beyond one shift.

You will have a form on which you must keep record of the male-female quotas by shift. This will also help you to make sure that your total quota is met. You will need to fill out this form in order to make your daily telephone call to Response Analysis.

Definition of a Completed Interview

An interview is completed only if we have the respondent's name and address. Interviews where name and/or address are refused do not count as part of your quota.

DAILY PROGRESS REPORT

We are expecting to hear from you each day, with a progress report on the previous day's work. If we don't hear from you by the end of the day, we will be calling for the report.

We will want to know how many interviews have been completed, as well as totals by male-female counts.

MAILING COMPLETED INTERVIEWS

Completed interviews must be mailed daily. Do not hold any completed interviews for any reason. Count them and then enter the totals on the form. Mail them immediately.

> If you are going to have some problem meeting your quota, no matter what the reason, please call us. We are on a very tight schedule and we must be informed of any problems.
>
> Call station-to-station collect. After the call has been accepted, ask to speak to someone about Study #3791.
>
> The telephone number is: (609) 921-3340

CALL RECORD SHEETS

The call record sheets, providing the telephone numbers for the study, are numbered consecutively. This number is in the upper right corner, and is called the "Assignment Page Number."

Hand out the sheets in Assignment Page order. Give to each interviewer in turn six Call Record Sheets. In other words, you will take the first six and give them to an interviewer. Then take the next six and pass those to the next interviewer. Always take from the top of the Call Record Sheet stack.

Don't look through the stack and pull out all the toll-free numbers. The sheets must be done in strict numerical order.

There are five forms of the Call Record Sheet. They are forms A,B,C,D and E. They are printed on different colors and represent five different sets of random digits used as the final two numbers of the telephone numbers. You can disregard the form designation. The sheets are to be used in numerical order, regardless of the color or form groupings.

Each Call Record Sheet has room for an initial call and one callback. Codes to be used in recording the result of a call are printed on card stock. Each interviewer should get a card.

Using the Call Record Sheet

Interviewers begin each sheet by dialing the first number and asking for the youngest male, age 18 or over, who is at home. If there is no male at home, they ask for the youngest female age 18 or over.

The next question on the Call Record Sheet is a screening question which must be asked of each respondent. If the respondent says "no," then the call yields a "Not Qualified" result and the interviewer goes to the next number. Please be sure that interviewers are asking this question. They don't record the answer and there may be a tendency to forget to ask the question.

The maximum number of interviews completed from a given Call Record Sheet is two (2) -- one male and one female. When a sheet has yielded two completed interviews, it is finished and put aside.

In the upper right corner, under the Assignment Page Number, there is a box that should be checked by the interviewers. Each finished Call Record Sheet should have two checks on it, one for the interview completed with a man and one for the interview completed with a woman.

Callbacks

Busy signals should not be recorded as a call. They should be called back during the same shift. Interviewers should call the busy numbers again only after trying the rest of the numbers on the Call Record Sheet.

Callbacks should be made to numbers yielding three kinds of results:

NA - No answer
RN - Respondent not at home, not available
B - Busy signal twice in one shift

These callbacks should be made on a different shift, after 5 p.m. Hopefully most of the household members are home at this time rather than at 3:30 p.m., the beginning of the shift.

In order to keep track of the status of various Call Record Sheets, you will probably want to have several piles into which the Call Record Sheets can be sorted:

1 - Completed Call Record Sheets (Two checks in the right corner)

This group should contain only the Call Record Sheets where an interview has been completed with both a man and a woman. There are two checks (or x's) in the box in the upper right corner, and no more calls can be made to numbers on these sheets.

2 - Retired Call Record Sheets

The quota has not been obtained, but two calls have been made to all possible numbers, on two different shifts.

3 - Call Record Sheets with Callbacks

This stack contains all the sheets that have definite callback situations. They may have one of the interviews completed, or none.

These are the Call Record Sheets that you hand out beginning at 5 p.m.

Interviewers should be instructed to keep their sheets organized in the same way.

Please read the section pertaining to the Call Record Sheet in the Interviewer Instructions.

THE INTERVIEW

The interview is straightforward and easy to administer. It should take about five minutes to complete. There are specific notes on some questions in the Interviewer Instructions.

Part of the supervisor's responsibility is to do some editing before the work is mailed to Response Analysis.

We want you to check each completed interview, circling precodes where necessary. Skip patterns should also be corrected if possible. (Each shift will yield a great number of completed interviews, so the checking might well be started before the shift is over. Periodic collections of the completed work should make the editing step easier.)

Check on the back to see that there is a name (unless it was refused) and that there is a legible address. Please put in the city or town, the state and zip code if it is missing.

Interviews should have every question answered and have a name and address in order to be considered completed.

If you find as you are checking and editing that there are some interviews that could be completed with one more call, take them out and have an interviewer try to complete them.

When you prepare the interviews for mailing, please separate the stacks according to their completeness. It will be easier for us if we can have all fully complete interviews in one group rather than interspersed with partial completes. The partial completes will have to be looked over carefully and require some kind of decision. (Partial completes does not include terminations. Don't mail any terminated interviews to us.)

Please try to mail daily. We may find that we will need to air freight the last of the work, but we will call you regarding this decision.

This set of instructions supplements the Interviewer Instructions. You need to read both in order to be fully prepared for the job.

SHIFT SUPERVISOR'S ASSIGNMENT IN BRIEF

1 - Be sure that there are 16 telephones working at all times.

2 - Hand out Call Record Sheets correctly, in numerical order.

3 - Monitor the interviewers to see that Call Record Sheets are used correctly, that the questionnaire is done properly, and that the male-female quotas are being met.

4 - Collect all Call Record Sheets at the end of the shift and have them in their appropriate stacks.

5 - Edit and check all completed interviews. Sort into proper piles (if necessary) for mailing. Enter totals for the day on your Progress Report.

6 - Mail the interviews, or make arrangements for them to be mailed. Call Response Analysis with your Progress Report, or make arrangements for that call to be made.

RAC 3791
093074

HEALTH SERIES INTERVIEWS

PROGRESS REPORT FORM

	Total Completed Interviews	Total Male	Total Female	Date Mailed to RAC	Date Called In to RAC
TUESDAY, OCT. 1					
WEDNESDAY, OCT. 2					
THURSDAY, OCT. 3					
FRIDAY, OCT. 4					
SATURDAY, OCT. 5					
SUNDAY, OCT. 6					
MONDAY, OCT. 7					
TUESDAY, OCT. 8					
WEDNESDAY, OCT. 9					
THURSDAY, OCT. 10					
FRIDAY, OCT. 11					

TIME BEGAN: _____

RAC 3791
092674

HEALTH SERIES INTERVIEW

1. During the past week, on how many different days did you watch any television at all, even for a few minutes?

   1 NO DAYS
   2 1-5 DAYS
   3 6-7 DAYS
   4 NOT SURE

   06

2. I am going to read you the names of some television shows. Please tell me if you remember watching them within the past six months or so.

		YES, WATCHED	NO, DON'T THINK WATCHED	
a.	Marcus Welby, M.D.	1	2	07
b.	VD Blues	1	2	08
c.	The Great American Dream Machine	1	2	09
d.	The Emerald	1	2	10
e.	Upstairs Downstairs	1	2	11
f.	Medical Center	1	2	12
g.	The Killers	1	2	13

IF "MARCUS WELBY" OR "MEDICAL CENTER" WATCHED ON Q. 2, ASK:

3. Do you watch (Marcus Welby)(Medical Center) entirely for entertainment, or do you get any information out of it about health that you want to know about?

   1 WATCH ENTIRELY FOR ENTERTAINMENT
   2 GET HEALTH INFORMATION
   3 BOTH ENTERTAINMENT AND HEALTH INFORMATION
   4 OTHER ANSWER
   5 NOT SURE WHY WATCH

   14

4. I'd like to ask you about television shows that are seen on Wednesday nights at 8 o'clock. Is that a time when you can watch television if you want to?

   1 YES, CAN WATCH
   2 NO, CAN'T WATCH
   3 NOT SURE

   15

5. Three of the shows on Wednesday nights at 8 o'clock are "That's My Mama," "Sons and Daughters" and "Little House on the Prairie." Is any of these a show that you watch regularly?

   1 YES
   2 NO
   3 NOT SURE

   16

6. Starting in November there will be a new television show about health that will be on Wednesday nights from 8 to 9 o'clock. It will be different from other health shows because it will have comedy, songs and drama like a variety show, but with useful information. Does that sound like the kind of show you would want to watch when it comes on, or would you probably not want to watch it?

   1 YES, KIND OF SHOW WOULD WANT TO WATCH, OR WOULD TRY ONCE OR TWICE → ASK Q. 7 AND 8
   2 PROBABLY NOT WATCH IT → GO TO Q. 9
   3 NOT SURE → GO TO Q. 10

   17

IF "YES" ON Q. 6, ASK:

7. Do you think you <u>definitely will</u> watch it, or <u>probably</u> will watch it, or aren't you sure what you would do?

   1 DEFINITELY WATCH
   2 PROBABLY WATCH
   3 NOT SURE, DON'T KNOW

   18

8. If you watch this new show when it comes on, would you watch it mostly because it is about health, or mostly because it is entertaining, or what?

   1 BECAUSE ABOUT HEALTH
   2 BECAUSE ENTERTAINING
   3 BECAUSE COMBINES HEALTH AND ENTERTAINMENT
   4 OTHER ANSWER
   5 NOT SURE

   19

IF "PROBABLY NOT WATCH" ON Q. 6, ASK:

9. Is the reason that you would not want to watch this show because it is about health, or for some other reason?

   1 BECAUSE ABOUT HEALTH
   2 OTHER REASON
   3 NOT SURE, NO ANSWER

   20

10. This new entertainment show about health will be shown on a public broadcasting, or educational television, station. Can you tell me the channel number of the PUBLIC BROADCASTING STATION in your area? (PROBE FOR CHANNEL NUMBER.)

1 YES, GIVES CORRECT CHANNEL
2 NO, NOT SURE (DOESN'T KNOW CORRECT CHANNEL) 21

11. Do you think you will be more likely or less likely to watch this new show because it will be on the PUBLIC BROADCASTING STATION, channel ____?

1 MORE LIKELY TO WATCH
2 LESS LIKELY TO WATCH
3 NO DIFFERENCE
4 NO OPINION, NOT SURE 22

IF "LESS LIKELY" ON Q. 11, ASK:

12. Is that because you don't get a good picture on that channel, or is it for some other reason? (DO NOT READ ANSWERS; JUST CIRCLE IF APPROPRIATE.)

1 DON'T GET GOOD PICTURE
2 SOME OTHER REASON
3 NOT SURE, NO ANSWER 23

These last questions are just for statistical purposes.

13. INTERVIEWER: RECORD SEX: 1 MAN 2 WOMAN 24

14. Are you:

1 Age 18-34
2 Age 35-49
3 Older than 49
4 NOT GIVEN 25

15. What was the highest grade that you completed in school? (DO NOT READ ANSWERS.)

1 8TH GRADE OR LESS
2 SOME HIGH SCHOOL OR HIGH SCHOOL GRADUATE
3 SOME COLLEGE OR COLLEGE GRADUATE
4 MENTION OF SOME KIND OF VOCATIONAL SCHOOL TRAINING
5 STILL A COLLEGE STUDENT
6 STILL A HIGH SCHOOL STUDENT
7 NOT GIVEN 26

16. How many children are there in your household who are 17 years old or younger?

1 NO CHILDREN 17 OR YOUNGER
2 ONE OR TWO CHILDREN
3 THREE OR MORE CHILDREN
4 NOT GIVEN 27

IF ANY CHILDREN 17 OR YOUNGER ON Q. 16, ASK:

17. What is the age of the youngest child living at home with you?

1 YOUNGER THAN SIX YEARS
2 SIX TO ELEVEN YEARS
3 TWELVE YEARS OR OLDER
4 NOT GIVEN 28

18. Counting yourself, how many people altogether live in your household?

1 JUST RESPONDENT
2 TWO OR THREE
3 FOUR OR FIVE
4 SIX OR MORE
5 NOT GIVEN 29

Thank you very much for your help. May I have your name and address to show that the interview is completed. In a couple of weeks we are sending a dollar, along with a very short questionnaire, to some of the people we interview. I would like to be sure that I have your name and address spelled correctly.

RESPONDENT'S NAME (PRINT): _____

ADDRESS: _____

CITY OR TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____

INTERVIEWER: _____ DATE OF INTERVIEW: _____

TOTAL INTERVIEW TIME: _____ MINUTES

TIME OF DAY: 1 10 AM - NOON
2 NOON - 5 PM
3 AFTER 5 PM 30-32

B. Season A Baseline

- Questionnaire
- Follow-up postcard
- Follow-up letter

This dollar is just a small token of our appreciation.

Response Analysis

Research Park Route 206
Princeton New Jersey 08540
(609) 921-3333

Please complete and return this questionnaire in the enclosed postage-paid envelope. It is a genuine contribution that you can make to improving the health of the country.

Starting soon on television there will be a new series of programs on health, made possible by some large gifts to the producers of Sesame Street and the Electric Company. This new show will be for everyone, adults as well as younger people.

In order to plan the show properly, they have to know what people do and don't do about health. That's what this questionnaire is for.

Our computer picked you as part of a carefully selected cross-section. Then you were interviewed by telephone, and this is a follow-up to that interview.

The questionnaire is easy and you will enjoy it. Please do it today -- right now if you can -- and mail it back in the enclosed envelope. If you have any questions, call me collect at the number at the top of this page.

Thank you.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

THIS QUESTIONNAIRE HAS THREE PARTS:

A SECTION FOR EVERYBODY, STARTING ON THE NEXT PAGE

A LATER SECTION FOR HOUSEHOLDS THAT HAVE CHILDREN

A SECTION JUST FOR WOMEN TO FILL OUT

ALL ANSWERS ARE COMPLETELY CONFIDENTIAL. THERE IS A NUMBER ON THIS QUESTIONNAIRE SO WE CAN KEEP OUR RECORDS STRAIGHT. BUT NO ONE IS EVER CONNECTED WITH A PARTICULAR QUESTIONNAIRE. THE QUESTIONNAIRES ARE PUNCHED ONTO IBM CARDS (THAT'S WHAT THE LITTLE NUMBERS ARE FOR IN THE RIGHT-HAND MARGINS), AND THEN THE QUESTIONNAIRES ARE DESTROYED.

PLEASE ANSWER THE QUESTIONS THAT FOLLOW BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?

1 WINTER
2 SPRING
(3) SUMMER
4 FALL

Please circle one code number for each question.

1. QUESTIONS ABOUT YOUR AND YOUR FAMILY'S HEALTH

a. All in all, would you say your health is ...

1 Better than most
2 Just about average
3 Not as good as most
4 I'm not sure how I compare

107

b. At any time over the past year, has your health or the health of someone else in the household caused you worry?

1 Yes, a lot of worry
2 Yes, some worry
3 Yes, a little worry
4 No worry at all

108

c. When was the last time you talked to or visited a doctor about your own health?

1 Less than 3 months ago
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never

109

d. When you are sick, where do you usually go to see a doctor?

1 A doctor's office or private medical group
2 A clinic -- not in a hospital
3 A hospital clinic
4 Some other place
5 Never went to a doctor

110

e. Is there one doctor whom you consider your own personal doctor for most purposes?

1 Yes
2 No
3 Not sure

111

f. How about the children, if you have any -- where do they usually go to see a doctor when they are sick?

1 A doctor's office or private medical group
2 A clinic -- not in a hospital
3 A hospital clinic
4 Some other place
5 No usual doctor for the children
6 No children in the household

112

2. PHYSICAL EXAMS

This question is about regular physical examinations which some people get, even if nothing seems to be wrong with them.

a. Did you ever have a routine physical examination because you had to have it for your job, or to get an insurance policy, or something like that?

1 Yes
2 No
3 Not sure

113

b. Did you ever have a routine physical examination, other than one required for a job or insurance policy, when nothing was bothering you?

1 Yes
2 No
3 Not sure

114

c. About how long ago did you have the last physical examination when nothing was bothering you, regardless of the reason for having it?

1 Never had one
2 Within the last 3 months
3 Between 3 and 6 months ago
4 Between 6 months and a year ago
5 Between 1 and 3 years ago
6 More than 3 years ago
7 Not sure

115

3. BLOOD PRESSURE

a. When, if ever, was the last time you had your blood pressure checked?

1 Within the last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never had it checked
7 Not sure

116

b. Were you told that your blood pressure was ...

1 High
2 Low
3 Normal
4 Not told anything

c. Do you wish you knew more about your blood pressure than you were told at that time?

1 Yes
2 No

PLEASE GO TO QUESTION 3e

d. Have you thought about getting it checked?

1 Yes, plan to get it checked
2 Yes, might get it checked
3 Yes, but don't plan to get it checked
4 No, have not thought about it

PLEASE GO TO QUESTION 3e

3e. Have you ever suggested to anyone else that they should get their blood pressure checked?

1 Yes
2 No
3 Not sure

4. TEETH AND GUMS

a. Have you ever gone to a dentist for a check-up when your teeth were not bothering you?

1 Yes
2 No — 121

IF YES:

b. When was the last time you went for a dental check-up when your teeth were not bothering you?

1 Within last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 Not sure

c. Usually, how often do you go for a dental check-up?

1 About every 6 months
2 About every year
3 About every 2 years
4 Less than every 2 years
5 No regular time, go when I need it

PLEASE GO TO QUESTION 4e

IF NO:

d. Have you ever thought about getting a dental check-up when your teeth were not bothering you?

1 Yes, plan to get a dental check-up
2 Yes, might get a check-up — 122-124
3 Yes, but don't plan to get a check-up
4 No, have not thought about it

PLEASE GO TO QUESTION 4e

4e. Have you ever used a dental "disclosing tablet" -- a tablet that you chew to see if your teeth are clean?

1 Yes
2 No — 125
3 Not sure

4f. Before you saw Question 4e, had you ever heard of a dental "disclosing tablet"?

1 Yes
2 No — 126
3 Not sure

5. HEALTH HABITS

Thinking of yourself, which of these things do you do now, which do you try to do, and which do you not do?

FOR EACH ITEM BELOW, CIRCLE THE NUMBER THAT BEST FITS YOU	DO IT NOW	TRY TO DO IT NOW	DO NOT DO IT NOW	
a. Have fruit or fruit juice every day	1	2	3	127
b. Get some exercise every day	1	2	3	
c. Limit the amount of beer, wine or liquor you drink	1	2	3	
d. Eat foods that are low in saturated fat	1	2	3	
e. Ask the doctor to explain when he tells you something you don't understand	1	2	3	131

6. OPINIONS ABOUT HEALTH

For each of the following ideas about sickness and health, please circle "1" if you mostly agree with that idea\ Circle "2" if you mostly disagree with that idea, and circle "3" if you have no opinion.

CIRCLE ONE NUMBER FOR EACH STATEMENT	MOSTLY AGREE	MOSTLY DISAGREE	NO OPINION	
a. Regular physical examinations are worthwhile only if something is wrong with the person.	1	2	3	132
b. No matter how careful a person is, he has to expect a good deal of illness in his lifetime.	1	2	3	
c. Being healthy is mainly a matter of how well you look after yourself.	1	2	3	
d. A person should visit the dentist every six months, even if nothing seems wrong.	1	2	3	
e. There's not much a person can do to keep from getting sick.	1	2	3	
f. A person can have high blood pressure and not know it.	1	2	3	137

HEALTH INFORMATION

7. Are these telephone numbers written down and posted near your telephone?

	YES	NO	NOT SURE	
a. The Poison Control Center in your area	1	2	3	138
b. Where to get medical help in an emergency	1	2	3	139

8. In the last six months, did you try to get information on any of the following subjects for yourself or for someone else?

CIRCLE ONE NUMBER FOR EACH ITEM	YES, I TRIED	NO, I DID NOT TRY	I ALREADY KNEW IT	
a. Where to get an examination for blood pressure for yourself or anyone else	1	2	3	140
b. Where to get a heart check-up, for yourself or someone else	1	2	3	
c. Where to get dental care	1	2	3	
d. Where to get help for a drinking problem -- your own or someone else's	1	2	3	
e. How to get a Pap test for women	1	2	3	
f. How to do a breast examination for women	1	2	3	14

9. If breast cancer in women is detected early, do you think that the chance of recovery is ...
   1 Very good
   2 Fair
   3 Poor
   4 I don't know
   14

10. Have you ever suggested to a friend or relative of yours that she have a doctor examine her breasts?
   1 Yes
   2 No
   14

IF YOU HAVE ANY CHILDREN LIVING AT HOME WHO ARE UNDER 18 YEARS OF AGE, PLEASE ANSWER THE QUESTIONS ON THIS PAGE.

IF YOU HAVE NO CHILDREN UNDER 18 LIVING AT HOME

MEN: Please go to Question 27 on page 11.

WOMEN: Please go to Question 22 on page 9.

Either parent, mother or father, can answer these questions. If you yourself are not sure of an answer, please ask the other parent.

11. Overall, would you say your family's health is ...

1 Better than most
2 Just about average
3 Not as good as most
4 I'm not sure how we compare

148

12. How many children are there living at home who are younger than 18?

1 One
2 Two
3 Three
4 Four or more

149

13. How much do you, personally, think it matters to a child's health what he eats for snacks?

1 It matters a lot
2 It matters some
3 It matters a little
4 It doesn't matter at all
5 I don't know

150

14. Most children like sweet foods for snacks. How much of the food your children eat for snacks are sweet foods -- things like sugared cereal, ice cream, cookies, soda pop, candy or cake?

1 All or almost all
2 Most are sweet foods, but they eat some other things too
3 About half are sweet foods
4 Only a little sweet foods
5 Eat no sweet foods at all
6 I don't know

151

15. Have you ever thought about trying to change what your children eat for snacks?

1 Yes, and will try to change what they eat for snacks
2 Yes, and might try
3 Yes, but probably will not try
4 No, have not thought about it

152

16. Have you ever tried to get your children to change what they eat for snacks?

1 Yes
2 No

153

IF YOU HAVE ANY CHILDREN WHO ARE UNDER SIX YEARS OF AGE, PLEASE GO ON TO QUESTION 17 ON THE NEXT PAGE.

IF YOU HAVE NO CHILDREN UNDER SIX

MEN: Please go to Question 27 on page 11.

WOMEN: Please go to Question 22 on page 9.

IF YOU HAVE ANY CHILDREN WHO ARE UNDER 6 YEARS OF AGE, PLEASE ANSWER THESE QUESTIONS.

17. In your house, have you thought about keeping medicines and household cleaners out of the children's reach?

1 Yes
2 No, haven't thought about it

154

18. In your house, are the medicines and household cleaners kept out of the children's reach?

1 Yes, all of them are
2 Yes, some of them are
3 No, none of them are
4 Not sure

155

19. Please circle the age of the oldest child who is under 6 years old.

1 Age 5
2 Age 4
3 Age 3
4 Age 2
5 Age 1
6 Younger than 1

156

PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY FOR THE OLDEST CHILD UNDER 6 WHOSE AGE IS CIRCLED ABOVE.

20. EYESIGHT TEST AND HEARING TEST

a. Have you ever tried to get any information on where to go to get your child's vision or hearing checked?

1 No, I have not tried
2 Yes, I have tried
3 I already know where to go
4 Someone else in the family takes care of these things

157

b. Has this child had a test yet to see if his or her eyesight is normal?

PLEASE READ CHOICES CAREFULLY AND THEN CIRCLE THE ONE THAT BEST FITS YOU.

1 Yes, has had test
2 No, but I plan to have child's eyesight checked
3 No, but I might have child's eyesight checked
4 No, because child is not old enough
5 No, because child does not need it
6 Not sure

158

c. Has this child had a test to see if his or her hearing is all right?

PLEASE READ CHOICES CAREFULLY AND THEN CIRCLE THE ONE THAT BEST FITS YOU.

1 Yes, has had test
2 No, but I plan to have child's hearing checked
3 No, but I might have child's hearing checked
4 No, because child is not old enough
5 No, because child does not need it
6 Not sure

159

MORE ON THE NEXT PAGE ABOUT YOUR OLDEST CHILD WHO IS UNDER AGE 6.

21. SHOTS AND IMMUNIZATIONS

DPT Shots

a. Within the last six months, has he or she (your oldest child under 6) had any shots against diphtheria, tetanus and whooping cough (DPT shots)?

1 Yes, within last 6 months
2 Yes, but longer than 6 months ago
3 No, child has not had any DPT shots
4 Not sure

160

IF YES:

b. About how many DPT shots has he or she had altogether?

1 One shot
2 Two shots
3 Three shots
4 Four or more shots
5 Not sure how many

c. Have you thought about getting this child any more shots?

1 Yes, and plan to do it
2 Yes, and might do it
3 No, have not thought about getting any more

PLEASE GO TO QUESTION 21e

IF NO OR NOT SURE:

d. Have you thought about getting this child any DPT shots?

1 Yes, and I plan to do it
2 Yes, and I might do it
3 No, because this child is not old enough
4 No, because this child does not need it
No, have not thought about it

161-163

PLEASE GO TO QUESTION 21e

Rubella (German measles) shot

21e. Within the last six months, has this child had a shot against rubella (German measles)?

PLEASE READ CHOICES CAREFULLY AND THEN CIRCLE THE ONE THAT BEST FITS YOU.

1 Yes, within last 6 months
2 Yes, but longer than 6 months ago
3 No, but plan to get this shot
4 No, but might get this shot
5 No, because child is not old enough
6 No, because child does not need it
7 Not sure

164

Regular measles

21f. Within the last six months, has this child had a shot against regular measles?

1 Yes, within last 6 months
2 Yes, but longer than 6 months ago
3 No, but plan to get this shot
4 No, but might get this shot
5 No, because child is not old enough
6 No, because child does not need it
7 Not sure

165

Polio

21g. Within the last six months, has this child (your oldest child under age 6) had any oral vaccine for polio (a sugar lump or a few drops of sweet syrup with medicine in it)?

1 Yes, within last 6 months
2 Yes, but longer than 6 months ago
3 No
4 Not sure

166

IF YES:

h. About how many times has this child had oral vaccine for polio?

1 One
2 Two
3 Three
4 Four
5 Five or more
6 I'm not sure

i. If your child has had oral vaccine for polio less than four times, have you thought about getting him or her any more?

1 Yes, and plan to do it
2 Yes, and might do it
3 No, have not thought about getting any more

PLEASE GO TO QUESTION 21k

IF NO OR NOT SURE:

j. Have you thought about getting your child oral vaccine against polio?

1 Yes, and I plan to do it
2 Yes, and I might do it
3 No, because child is not old enough
4 No, because child does not need it
5 No, have not thought about it

167
169

PLEASE GO TO QUESTION 21k

21k. Have you ever tried to get any information on where to get immunization shots of any kind for your child?

1 No, I have not tried
2 Yes, I have tried
3 I already know where to go
4 Someone else in the family takes care of these things

170

MEN:

Please go to Question 27 on page 11.

WOMEN:

Please go to Question 22 on next page.

THESE NEXT QUESTIONS ARE JUST FOR WOMEN TO ANSWER.

22. Have you ever heard of a "Pap test" (also called a Pap smear)?

1 Yes
2 No (Go to Question 25 on the next page)

207

23. As far as you know, what is the Pap test for?

1 Diabetes
2 Cancer
3 Pregnancy
4 Tuberculosis
5 I'm not sure what it's for

208

24. Have you ever <u>had</u> a Pap test?

1 Yes
2 No

209

IF YOU HAVE HAD A PAP TEST:

a. When was the last time you had a Pap test or smear?

1 Within the last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago

b. How often do you usually have a Pap test?

1 Every 3 months
2 Every 6 months
3 Every year
4 Every 2 years
5 Less than every 2 years
6 No regular time

IF YOU HAVE NOT HAD A PAP TEST:

c. Have you ever thought about getting a Pap test or smear?

1 Yes, and plan to get one
2 Yes, and <u>might</u> get one
3 Yes, but probably will not get one
4 No, have not thought about it

210-212

d. Have you ever suggested to a friend or relative that she should get a Pap test?

1 Yes
2 No

213

25. BREAST EXAMINATION BY A DOCTOR

a. Has a doctor ever examined your breasts for lumps?

1 Yes
2 No

214

IF YES:

b. When was the last time a doctor examined your breasts for lumps?

1 Within last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago

c. Usually, how often does a doctor examine your breasts?

1 Every 3 months
2 Every 6 months
3 Every year
4 Every 2 years
5 Less than every 2 years
6 No regular time

PLEASE GO TO QUESTION 26

IF NO:

d. Have you ever thought about having a doctor examine your breasts for lumps?

1 Yes, and plan to go to doctor for breast examination
2 Yes, and might go to doctor for breast examination
3 Yes, but probably will not get breast examination
4 No, have not thought about it

215-217

PLEASE GO TO QUESTION 26

26. BREAST SELF-EXAMINATION

a. Do you know how to examine your own breasts for lumps, without the help of a doctor or anyone else?

1 Yes
2 No

218

IF YES:

b. How did you learn to examine your own breasts for lumps?

1 No one showed me how, I just do it
2 Doctor or nurse showed me how
3 Learned from a friend
4 Learned from something I read in a magazine, newspaper or leaflet
5 Learned from television
6 Don't remember how I learned

c. If a doctor or nurse showed you how to do it, did you ask them to show you how, or did they suggest it to you?

1 I asked them
2 They suggested it to me
3 I'm not sure

IF NO:

d. Have you ever thought about learning how to do a breast examination by yourself?

1 Yes, and plan to learn how
2 Yes, and I might learn how
3 Yes, but don't plan to learn how to do it
4 No, never thought about it

219-221

PLEASE GO ON TO THE NEXT PAGE.

THESE QUESTIONS ARE FOR EVERYONE TO ANSWER.

27. Do you have a television set in working order in your household?
1 Yes
2 No
222

28. Compared to six months or so ago, do you get a different amount of health information from radio and television than you used to?
1 Get more information now
2 Get less information now
3 Get about the same amount
4 Get no information
5 Not sure
223

29. In the last six months have you sent for any health information that you saw offered on television?
1 Yes
2 No
3 Not sure
224

30. Are you ...
1 Male
2 Female
225

31. On your last birthday were you ...
1 18 - 24
2 25 - 34
3 35 - 44
4 45 - 54
5 55 - 64
6 65 or over
7 Prefer not to answer
226

32. What is the highest grade you completed in school?
1 No formal schooling
2 8th grade or less
3 Some high school
4 High school graduate
5 Some college
6 College graduate
7 Technical or vocational training
227

33. Are you ... (PLEASE CIRCLE ONE NUMBER)
1 Employed full time
2 Employed part time
3 Unemployed, looking for work
4 Student
5 Retired or disabled
6 Not employed
228

34. Are you ...
1 Head of household
2 Wife or husband of head
3 Other relative of head
4 Not related to head
229

35. Which of these best fits the kind of work that the head of household does? (PLEASE CIRCLE ONE NUMBER)

1 Professional, technical
2 Small businessman
3 Sales or clerical
4 Craftsman or mechanic
5 Unskilled or manual
6 Service worker (policeman, nurse, janitor, etc.)
7 Farmer or farm worker
8 Student
9 Member of Armed Forces
10 Housewife
11 Unemployed, looking for work
12 Retired
13 Other
230-231

36. Including yourself, how many persons live in your household? ——→

		TOTAL NUMBER OF PERSONS _____	232-33
a.	How many are age 18 or over?	NUMBER 18 OR OVER _____	234
b.	How many are ages 6 - 17?	NUMBER 6 - 17 _____	235
c.	How many are age 5 or under?	NUMBER 5 OR UNDER _____	236

37. Please circle the one number which best describes the total combined income in 1973 of all members of your household from all sources -- wages, rentals, dividends, social security, etc. -- before taxes and deductions.

PLEASE ANSWER THIS QUESTION ONLY IF YOU DON'T MIND. THE INFORMATION IS FOR STATISTICAL PURPOSES ONLY.

1 Under $2,000 (under $39 a week)
2 $2,000 to $4,999 ($39 to $96 a week)
3 $5,000 to $9,999 ($97 to $192 a week)
4 $10,000 to $14,999 ($193 to $288 a week)
5 $15,000 to $24,999 ($289 to $480 a week)
6 $25,000 or over ($481 a week or over)
7 Prefer not to answer
8 Don't know

237

38. There is a medical assistance program called Medicaid, which is handled through the Welfare Department. Have you or anyone else in the household been enrolled in Medicaid any time in the last 12 months?

1 Yes
2 No

238

39. Are you the person in your household who was interviewed recently by telephone?

1 Yes
2 No
3 I'm not sure

239

40. If you were not the person who was interviewed by telephone, would you please circle the appropriate number below:

1 No one in my household was interviewed by telephone as far as I know
2 My wife or husband was interviewed by telephone
3 My mother or father was interviewed by telephone
4 Someone else in the household was interviewed by telephone

240

Please look back to make sure you have answered all the questions. Fold and return in the enclosed envelope. No postage is required.

THANK YOU VERY MUCH FOR YOUR HELP

YOURS FOR GOOD HEALTH

Dear Friend:

A few days ago we sent you a questionnaire about your health and your family's health. Since our health is important to all of us, this survey and your part in it are of vital importance. If you have not yet had a chance to complete your questionnaire, please do so as soon as possible.

Thanks for taking part in our research.

YOURS FOR GOOD HEALTH,

Dr. Herbert Abelson
President

P.S. -- If you did not receive your questionnaire, please call me collect at (609) 921-3333.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

November 1974

Dear Friend:

We recently sent you a questionnaire on health in connection with a television series on that subject beginning later this month. We have not yet received your completed questionnaire, and are sending you another copy for your convenience.

This questionnaire represents a significant contribution you can make to this new show and to health in this country. Your response is confidential; no one is ever connected with a particular questionnaire.

Please complete and return this questionnaire today -- right now, if you can. A postage paid envelope is enclosed. If you have any questions, please call me collect at the number at the top of this page.

Thanks again for your help.

Sincerely,

Herbert I. Abelson

Dr. Herbert I. Abelson
President

agp
Enclosures

P.S. -- We hope you will fill out this questionnaire even though our budget does not allow us to send another dollar.

C. Season A

- Interim I questionnaire
- Interim II questionnaire
- Interim III questionnaire
- Panel control Interim III questionnaire

This dollar is just a small token of our appreciation.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Dear Friend:

We are starting to worry about bothering you, because you have done so much for this health research already.

This questionnaire is much shorter than the other one. After this, you will not hear from us again until sometime in June, if at all.

Please complete and return this questionnaire in the enclosed postage-paid envelope. Do it right away if you can. I think that we had the best response from the last questionnaire that we have ever gotten, because the people we sent it to realized the value of their assistance. We are very grateful for your help.

If you have any questions about filling out the questionnaire, call me collect at the number at the top of this page.

Thank you, and best wishes for the holidays and for a healthy 1975.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

THIS QUESTIONNAIRE IS IN THREE SECTIONS:

FIRST, SOME THINGS YOU MIGHT HAVE DONE ABOUT YOUR HEALTH;

NEXT, SOME INFORMATION QUESTIONS. PLEASE ANSWER EACH QUESTION, EVEN IF YOU ARE NOT SURE. WE ARE TRYING TO FIND OUT WHAT PEOPLE IN THIS COUNTRY KNOW ABOUT HEALTH, AND NOT WHAT ANY ONE PERSON KNOWS.

THE LAST SECTION HAS SOME QUESTIONS ABOUT YOUR TELEVISION VIEWING OF A NEW HEALTH SHOW. IT DOES NOT MATTER TO US IF YOU SEE THE SHOW OR DON'T SEE THE SHOW. THAT IS UP TO YOU.

PLEASE ANSWER THE QUESTIONS BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?

1 WINTER
2 SPRING
(3) SUMMER
4 FALL

START HERE WITH SECTION 1.

SECTION 1: THINGS YOU MAY HAVE DONE

1. Please read each of the things on the list on this page and the next page. We are only interested in finding out about things you may have done in the past <u>two months</u>. Even though you have done some of these things longer ago, please bear with us and indicate <u>only</u> those things you have done in the past two months.

Since the middle of October, have you ...	Yes	No	Not Sure or Does Not Apply	
a. Looked at an article or pamphlet about health	1	2	3	1(
b. Had your blood pressure checked by a doctor, nurse, or someone else who knows how	1	2	3	1(
c. Gone to a doctor or clinic for a physical examination, even though nothing was bothering you	1	2	3	1(

Please continue on next page.

continued ...

Since the middle of October, have you ...	Yes	No	Not Sure or Does Not Apply	
d. Gone to a dentist for a check-up, even though your teeth were not bothering you	1	2	3	*110*
e. Encouraged someone else to have a physical examination	1	2	3	*111*
f. Purposely cut down on eggs, meat, butter or milk because they have a lot of cholesterol in them	1	2	3	*112*
g. Started a diet in order to lose weight	1	2	3	*113*
h. Made a special effort to have more fresh fruit or fruit juice	1	2	3	*114*
i. Increased the amount of exercise you do	1	2	3	*115*
j. Taken a self-quiz on drinking habits from newspapers, TV, or a pamphlet	1	2	3	*116*
k. Asked a doctor to explain when he told you something you didn't understand	1	2	3	*117*
l. Encouraged someone who is pregnant to go to the doctor early in her pregnancy	1	2	3	*118*
m. Used a steamer to cook your vegetables	1	2	3	*119*
n. Asked for some information about health that was offered on television	1	2	3	*120*
o. Taken a pre-school child to get shots or immunizations	1	2	3	*121*
p. Made an effort to cut down on the amount of cake, cookies and candy, etc., your children eat	1	2	3	*122*
q. Taken a pre-school child for an eyesight or hearing test	1	2	3	*123*

2. THE NEXT THREE ITEMS ARE JUST FOR WOMEN TO ANSWER	Yes	No	Not Sure or Does Not Apply	
r. Had a breast examination by a doctor	1	2	3	*124*
s. Examined your own breasts for lumps	1	2	3	*125*
t. Had a Pap test	1	2	3	*126*

SECTION 2: HEALTH INFORMATION

Please answer the questions in this section by yourself. Not many people know the right answers, so just do your best.

3. Blood Pressure

a. Do you mostly agree or mostly disagree with this statement: High blood pressure occurs more frequently among black people than among white people.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

127

b. How about this statement: You can have high blood pressure and not know it.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

128

c. High blood pressure ... (Please circle as many as apply)

1 Is a nuisance, but causes few real medical problems
2 Can lead to stroke, kidney disease and kidney problems
3 Can easily be controlled with the proper medication
4 Is the result of too little iron
5 None of these
6 I don't know

129

4. Heart Problems

a. Do you mostly agree or mostly disagree with this statement: If other people in your family have heart disease, the chances of your having it are above average.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

130

b. How about this statement: Eating a lot of fried foods over the years can have a bad effect on your heart.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

131

c. Which of these things can be symptoms of heart problems ... (Please circle as many as apply)

1 Shortness of breath
2 Pains in the lower back
3 Pains in the chest and stomach like heartburn
4 Sudden chest pains
5 None of these
6 I don't know

132

5. Weight and Exercise

a. A good weight control program is ...

Circle one number

1 To get more exercise and eat less
2 To eat less of everything
3 To eat less solid foods and drink more liquids
4 To buy diet pills and follow the instructions
5 None of these
6 I don't know

133

b. Do you mostly agree or mostly disagree with this statement: As physical exercise, walking is not much good.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

134

6. Nutrition

a. Do you mostly agree or mostly disagree with this statement: Steamed vegetables are better for you than boiled vegetables.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

135

b. Cholesterol is found in ... (Circle one number)

1 Leafy green vegetables
2 Eggs and dairy products
3 Oranges and grapefruits
4 Cucumbers and lettuce
5 None of these
6 I don't know

136

c. Do you mostly agree of mostly disagree with this statement: Meals that you get at fast-food eating places are high in fat and low in vitamin content.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

137

7. Allied Health Personnel

a. Over half the cases a doctor sees in a clinic can be treated by specially trained medical personnel who are not doctors -- do you mostly agree or mostly disagree with this statement?

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

138

8. Breast Cancer (Please answer these questions regardless of your sex)

a. Women should examine their breasts for lumps ... (Circle one number)

1 Every six months
2 Every year
3 Every month
4 Every week
5 I don't know

139

b. Do you mostly agree or mostly disagree with this: If discovered early, most cases of breast cancer can be controlled.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

140

c. How about this statement: A lump in the breast almost always means a woman has cancer.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

141

9. Alcoholism

a. Do you mostly agree or mostly disagree with this statement: Alcoholism is easier to treat in its later stages when symptoms are more definite.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

142

10. Other health questions

a. About one out of every six Americans has ... (Circle one number)

1 Diabetes
2 Tuberculosis
3 Low blood sugar
4 High blood pressure
5 None of these
6 I don't know

143

b. Do you mostly agree or mostly disagree with this statement: 'A woman who has already had one healthy child only needs to see the doctor a couple of times when she becomes pregnant again.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

144

c. When a woman becomes pregnant, she should ... (Please circle as many as apply)

1 See a doctor early in her pregnancy
2 Watch her diet more carefully
3 Eat more, because she is eating for two
4 None of these

145

d. Which of the following are things children under six should have shots or immunizations for: (Circle as many as apply)

1 DPT (diphtheria, whooping cough, tetanus)
2 Hepatitis
3 Polio
4 Malaria
5 Rubella (German measles)
6 None of these
7 I don't know

146

The following are a few background questions ...

11. Do you have a television set in working order in your household?

1 Yes
2 No

147

12. Are you...

1 Male
2 Female

148

13. On your last birthday, were you ...

1 18-24
2 25-34
3 35-44
4 45-54
5 55-64
6 65 or over
7 Prefer not to answer

149

14. Are you the person in your household who recently completed another questionnaire we sent you?

1 Yes
2 No

150

15. If you were not the person who completed that questionnaire, would you please circle the appropriate number below:

1 No one in my household completed a questionnaire as far as I know
2 My wife or husband completed the questionnaire
3 My mother or father completed the questionnaire
4 Someone else completed the questionnaire

151

16. Now, talking about the questionnaire you are now filling out, did you answer all the questions yourself, or did someone else answer some of them?

1 I answered all the questions myself
2 My husband or wife answered some questions and I answered some
3 My mother or father answered some questions and I answered some
4 Someone else answered some questions and I answered some

152

SECTION 3: TELEVISION VIEWING OF "FEELING GOOD"

17. Before we go any further, please indicate whether you remember watching some part of any of the first four shows of "Feeling Good," which began on Wednesday, November 20.

1 Yes, I may have watched some part (or more) of a show or shows 153
2 No, I don't remember watching any part of these shows

18. Regardless of your answer, and just as a check on the research, please read over the four things below which were part of the show on the week of November 18-24. Circle the number in front of each part that you remember seeing; circle "5" if you do not remember any of them.

1 Pre-natal care: Bill Cosby play an unborn baby inside its mother
2 "Mac," who runs the variety store, hurts his back
3 A young auto mechanic named Davey has an emotional problem 154
4 B.B. King sings a song and talks about cooking vegetables. There is also a make-believe TV game show about "Bun 'n Run," a drive-in eating place.
5 Do not remember seeing any of these (Please go on to question 19)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Pre-natal care
2 Need for seeing doctor 155
3 Depression or emotional problems
4 Nutrition
5 None of them

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:
1 Pre-natal care
2 Need for seeing doctor 156
3 Depression or emotional problems
4 Nutrition
5 No, I didn't talk with anyone about the show

19. The show on the week of November 25-December 1 had these main parts. Please read them over and circle the number in front of each part that you remember seeing; circle "6" if you do not remember any of them.

1 Weight control: Pearl Bailey sings a song about being fat and Anne Murray sings a song about walking
2 Heart disease: a doctor discusses the heart, a self-test about heart disease risk factors, and a cartoon about exercising the heart
3 Hearing and vision in children: Bill Cosby talks about what kids hear and Anne Murray sings a song about the joys of hearing 157
4 Allied health personnel: a woman in Colorado works with children
5 Communication: a married couple, Jason and Melba, disagree about his working on their anniversary
6 Do not remember seeing any of these (Please go on to question 20)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Weight control
2 Heart disease
3 Hearing and vision 158
4 Allied health personnel
5 Communication
6 None of them

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:
1 Weight control
2 Heart disease
3 Hearing and vision 159
4 Allied health personnel
5 Communication
6 No, I didn't talk with anyone about the show

PLEASE GO ON TO THE LAST PAGE

20. The show on the week of December 2-8 had these main parts. Please read them over and circle the number in front of each part that you remember seeing; circle "6" if you do not remember any of them.

1 Exercise: a song about walking with a band marching in the rain; an overweight man trying to lose the bulge around his waist

2 Breast cancer: a documentary about one woman's experience

3 Shots and immunizations: Bill Cosby, Howard Cosell, and young children talk about immunizations 160

4 High blood pressure: Joe Williams sings "Something to Live For" and Dr. Timothy Johnson talks about what blood pressure is

5 Dental care: comedians Bob and Ray in "Toothbrush Hall of Fame"

6 Do not remember seeing any of these (Please go on to question 21)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Exercise
2 Breast cancer
3 Shots and immunizations
4 High blood pressure
5 Dental care
6 None of them
161

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:

1 Exercise
2 Breast cancer
3 Shots and immunizations
4 High blood pressure
5 Dental care
6 No, I didn't talk with anyone about the show
162

21. The most recent show, on the week of December 9-15, had these parts. Please read them over and circle the number in front of each part that you remember seeing; circle "5" if you do not remember any of them.

1 Diet and saturated fats: a man on "death row" has his last meal

2 Borderline alcoholism: a man gets drunk on foods cooked in wine and liquor; Tammy Grimes sings "Time for a Little Pick-Me-Up;" and a self-test for alcoholism

3 New baby: Bill Cosby talks about the attention he got when he was a baby; a pregnant woman talks with her little girl about the baby on the way; B.B. King sings "Not the Only Baby in Town" 163

4 Patient's rights: Bess Myerson talks about "A Patient's Bill of Rights" and a scene from the movie "Hospital"

5 Do not remember seeing any of these

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Diet and saturated fats
2 Borderline alcoholism
3 New baby
4 Patient's rights
5 None of them
164

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:

1 Diet and saturated fats
2 Borderline alcoholism
3 New baby
4 Patient's rights
5 No, I didn't talk with anyone about the show
165

PLEASE LOOK BACK TO MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS. RETURN IN THE ENCLOSED ENVELOPE -- NO POSTAGE IS REQUIRED.

THANK YOU VERY MUCH FOR YOUR HELP

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Dear Friend:

We are sorry to bother you again, but we have not received the questionnaire we sent you a few weeks ago. We are now in the next phase of our research and would very much like your participation.

This questionnaire is very brief and should only take a few minutes to fill out. Please complete and return it right away if you can. We are very grateful for your help.

If you have any questions about filling out the questionnaire, please call me collect at the number at the top of this page.

Thank you, and best wishes for the New Year.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

THIS QUESTIONNAIRE IS IN THREE SECTIONS:

FIRST, SOME THINGS YOU MIGHT HAVE DONE ABOUT YOUR HEALTH;

NEXT, SOME INFORMATION QUESTIONS. PLEASE ANSWER EACH QUESTION, EVEN IF YOU ARE NOT SURE. WE ARE TRYING TO FIND OUT WHAT PEOPLE IN THIS COUNTRY KNOW ABOUT HEALTH, AND NOT WHAT ANY ONE PERSON KNOWS.

THE LAST SECTION HAS SOME QUESTIONS ABOUT YOUR TELEVISION VIEWING OF A NEW HEALTH SHOW. IT DOES NOT MATTER TO US IF YOU SEE THE SHOW OR DON'T SEE THE SHOW. THAT IS UP TO YOU.

PLEASE ANSWER THE QUESTIONS BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?

1 WINTER
2 SPRING
(3) SUMMER
4 FALL

START HERE WITH SECTION 1.

SECTION 1: THINGS YOU MAY HAVE DONE

1. Please read each of the things on the list on the next page. We are only interested in finding out about things you may have done in the past <u>two months</u>. Even though you have done some of these things longer ago, please bear with us and indicate <u>only</u> those things you have done in the past two months.

Please continue on next page.

1. Since the middle of November have you ...

	Yes	No	Not Sure or Does Not Apply	
a. Looked at an article or pamphlet about health	1	2	3	107
b. Had your blood pressure checked by a doctor, nurse or someone else who knows how	1	2	3	108
c. Gone to a doctor or clinic for a physical examination, even though nothing was bothering you	1	2	3	109
d. Gone to a dentist for a check-up, even though your teeth were not bothering you	1	2	3	110
e. Placed the number of the local poison control center near your phone	1	2	3	111
f. Purposely cut down on eggs, meat, butter or milk because they have a lot of cholesterol in them	1	2	3	112
g. Started a diet in order to lose weight	1	2	3	113
h. Made a special effort to have more fresh fruit or fruit juice	1	2	3	114
i. Increased the amount of exercise you do	1	2	3	115
j. Moved poisonous and other harmful materials out of young childrens' reach	1	2	3	116
k. Asked a doctor to explain when he told you something you didn't understand	1	2	3	117
l. Encouraged someone who is pregnant to go to the doctor early in her pregnancy	1	2	3	118
m. Asked for information on hospitalization or medical insurance	1	2	3	119
n. Asked for some information about health that was offered on television	1	2	3	120
o. Made an effort to cut down on the amount of cake, cookies and candy, etc., your children eat	1	2	3	121

2. THE NEXT THREE ITEMS ARE JUST FOR WOMEN TO ANSWER:

	Yes	No	Not Sure or Does Not Apply	
a. Had a breast examination by a doctor	1	2	3	122
b. Examined your own breasts for lumps	1	2	3	123
c. Had a Pap test	1	2	3	124

Please continue on next page.

3. BLOOD PRESSURE

a. High blood pressure ... (Please circle as many as apply)

1 Is a nuisance, but causes few real medical problems
2 Can lead to stroke, kidney disease and kidney problems
3 Can usually be controlled with proper medication
4 Is the result of not enough iron in the blood
5 None of these
6 I don't know

125

b. Do you mostly agree or mostly disagree with this statement: You can have high blood pressure and not know it.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

126

c. Which of these things almost always goes along with high blood pressure ... (Please circle as many as apply)

1 Getting red in the face
2 Losing your temper
3 Being nervous and tense
4 Having headaches
5 None of these
6 I don't know

127

4. DENTAL CARE

Do you mostly agree or mostly disagree with this statement: Almost any snack between meals is bad for childrens' teeth.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

128

5. NUTRITION

a. Fruit ... (Please circle as many as apply)

1 Helps clean your teeth
2 Contains vitamins and minerals
3 Is not a good snack for children
4 Is high in calories and not good for your teeth
5 Is not good for digestion
6 I don't know

129

b. Which of these is the most balanced meal ... (Circle one number)

1 Hamburger, French fries and a soft drink
2 Meat loaf, mashed potatoes, spinach, roll and butter, and milk
3 Spaghetti and meat balls, salad, and tea
4 Hot dogs and beans, cookies, and milk
5 Roast beef sandwich on rye bread, apple, and iced tea
6 I don't know

130

6. PRENATAL CARE

a. When a woman becomes pregnant, she should ... (Please circle as many as apply)

1 See a doctor early in her pregnancy
2 Watch her diet more carefully
3 Eat more, because she is eating for two
4 None of these

131

b. Do you mostly agree or mostly disagree with this statement: If she feels all right, a pregnant woman only needs to see a doctor once or twice before she has her baby.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

132

7. MEDICAL EMERGENCY

a. Do you mostly agree or mostly disagree with this statement: Not much can be done outside a hospital for a person who has a heart attack.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

133

b. What is the best way to control bleeding from a cut ... (Please circle one number)

1 Raise cut above head and apply iodine or other antiseptic
2 Tie a torniquet or tight bandage between cut and heart
3 Apply pressure with clean cloth for 10 minutes
4 Wash out cut with water and let bleed to prevent infection
5 None of these
6 I don't know

134

8. LANGUAGE DEVELOPMENT

Do you mostly agree or mostly disagree with this statement: Babies should be talked to as grown-ups instead of in baby-talk to stimulate language development.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

135

9. DRINKING PROBLEMS

Which of the following types of teenagers are more likely to drink more than other teenagers ... (Please circle as many as apply)

1 Children of problem drinkers
2 Children of people who don't drink at all
3 Children of people who drink only occasionally
4 Children who do poorly in school
5 None of these
6 I don't know

136

10. CIGARETTE SMOKING

a. Cigarette smoking ... (Please circle as many as apply)

1 Increases chance of heart attack
2 Causes the heart to beat faster
3 Cuts down on the oxygen breathed
4 Causes the heart to slow down
5 None of these
6 I don't know

137

b. Do you mostly agree or mostly disagree with this statement: The effects of cigarette smoking on the body can be reversed when a person quits.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

138

Please continue on next page.

11. HEART DISEASE

Do you mostly agree or mostly disagree with this statement: Besides watching your diet, there is not much you can do to prevent heart attacks.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

139

12. PAP TEST

a. As far as you know, what is a Pap test for?

Circle one number

1 Diabetes
2 Breast cancer
3 Pregnancy
4 Cervical cancer
5 I'm not sure what it's for

140

b. Do you mostly agree or mostly disagree with this statement: All women, regardless of their age or number of children, should have a Pap test regularly.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

141

c. How about this statement: Cervical cancer caught early has a cure rate of nearly 100%.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

142

The following are a few background questions ...

13. Do you have a television set in working order in your household?

1 Yes
2 No

143

14. Are you ...

1 Male
2 Female

144

15. On your last birthday, were you ...

1 18-24
2 25-34
3 35-44
4 45-54
5 55-64
6 65 or over
7 Prefer not to answer

145

16. Are you the person in your household who recently completed another questionnaire we sent you?

1 Yes
2 No

146

17. If you were not the person who completed that questionnaire, would you please circle the appropriate number below:

1 No one in my household completed a questionnaire as far as I know
2 My wife or husband completed the questionnaire
3 My mother or father completed the questionnaire
4 Someone else completed the questionnaire

147

18. Now, talking about the questionnaire you are now filling out, did you answer all the questions yourself, or did someone else answer some of them?

1 I answered all the questions myself
2 My husband or wife answered some questions and I answered some
3 My mother or father answered some questions and I answered some
4 Someone else answered some questions and I answered some

14

19. Before we go any further, please indicate whether you remember watching some part of any of the last four shows of "Feeling Good," or those shown since the middle of December?

1 Yes, I may have watched some part (or more) of a show or shows
2 No, I don't remember watching any part of these shows

149

20. Regardless of your answer, and just as a check on our research, please read over the four things below which were part of the show on the week of December 16-22. Circle the number in front of <u>each</u> part that you remember seeing; circle "5" if you do not remember seeing any of them.

1 Nutrition: Bill Cosby lectures about fruit, Ken Berry sings "Wouldn't You Rather Have a Piece of Fruit?," and a song about eating fruit and truck driving

2 Doctor-Patient Relationship: A short documentary of medical patients talking and Charlie Pride sings "Talk to Me"

150

3 Pap Smear: Documentary about Pap smears for women, and a song "I Don't Have [redacted]e"

4 Accident Prevention (what to do when): Dr. Johnson tells what to do in a minor medical emergency; Rita, the waitress of Mac's place, sings "Darling Be Careful," and a young boy is rushed to the hospital for treatment

5 Do not remember seeing any of these (Please go on to question 21)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Nutrition
2 Doctor-Patient Relationship
3 Pap Smear
4 Accident Prevention
5 None of them

151

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:
1 Nutrition
2 Doctor-Patient Relationship
3 Pap Smear
4 Accident Prevention
5 No, I didn't talk with anyone about the show

152

21. The show on the week of December 23-29 had these main parts. Please read them over and circle the number in front of <u>each</u> part that you remember seeing; circle "5" if you do not remember any of them.

1 Dental Care: Pearl Bailey sings "Don't Call Me Sugar," a game show "To Tell the Tooth"

2 Medical Insurance: A skit where a man is told his health insurance does not fully cover his hospital bills

3 Prenatal Care: Bill Cosby plays an expectant father, Helen Reddy sings "I'm Alive"

153

4 Loneliness: Mrs. Stebbins tells her granddaughter she will be spending Christmas alone, Mel Tillis sings "Someone To Talk To"

5 Do not remember seeing any of these (Please go on to question 22)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Dental Care
2 Medical Insurance
3 Prenatal Care
4 Loneliness
5 None of them

154

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:
1 Dental Care
2 Medical Insurance
3 Prenatal Care
4 Loneliness
5 No, I didn't talk with anyone about the show

155

PLEASE GO ON TO THE LAST PAGE

22. The show on the week of December 30-January 5 had these main parts. Please read them over and circle the number in front of each part that you remember seeing; circle "5" if you do not remember any of them.

1 Alcoholism: Mac has problems with his brother, an alcoholic; Sally Kellerman sings "I See Your Future"; a short documentary about drinking and the family 156

2 Heart Disease: Ken Berry does a song-and-dance routine about heart disease; Bill Cosby in "The Tell-Tale Heart," a fable with a message for heart care

3 Nutrition: A game show called "The Eating Game;" a skit about Morris Katz, a finicky eater

4 Smoking: Dr. Lathan talks about smoking and health

5 Do not remember seeing any of these (Please go on to question 23)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Alcoholism
2 Heart Disease 157
3 Nutrition
4 Smoking
5 None of them

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:
1 Alcoholism
2 Heart Disease
3 Nutrition 158
4 Smoking
5 No, I didn't talk with anyone about the show

23. The most recent show, on the week of January 6-12, had these parts. Please read them over and circle the number in front of each part that you remember seeing; circle "4" if you do not remember any of them.

1 Medical Emergencies: A man has a heart attack and is saved by a mobile coronary-care unit; Arte Johnson sings "Good Scout" about getting medical help in an emergency

2 Blood Pressure: People at Mac's, the variety store, get their blood pressure checked; comedians Bob and Ray in a skit about a new book, "Keep Down Your Blood Pressure;" Bill Withers sings "When Rosie Died" 159

3 Language Development: Bill Cosby tells why you should talk to your baby; a brief film; a father reads to his child; Trini Lopez sings "Sing to Your Baby"

4 Do not remember any of these

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Medical Emergencies
2 Blood Pressure 160
3 Language Development
4 None of them

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:
1 Medical Emergencies
2 Blood Pressure 161
3 Language Development
4 No, I didn't talk with anyone about the show

PLEASE LOOK BACK TO MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS. RETURN IN THE ENCLOSED ENVELOPE -- NO POSTAGE IS REQUIRED.

THANK YOU VERY MUCH FOR YOUR HELP

This dollar is just a small token of our appreciation.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Dear Friend:

This questionnaire about health is a follow-up to one you filled out last November. We worry about bothering you again, because you have done so much for this health research already.

This questionnaire is very brief and should only take a few minutes to fill out. Please complete and return it right away if you can. We are very grateful for your help.

If you have any questions about filling out the questionnaire, please call me collect at the number at the top of this page.

Thank you for your help.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

III

THIS QUESTIONNAIRE IS IN FOUR SECTIONS:

FIRST, SOME THINGS YOU MIGHT HAVE DONE ABOUT YOUR HEALTH;

NEXT, SOME INFORMATION QUESTIONS. PLEASE ANSWER EACH QUESTION, EVEN IF YOU ARE NOT SURE. WE ARE TRYING TO FIND OUT WHAT PEOPLE IN THIS COUNTRY KNOW ABOUT HEALTH, AND NOT WHAT ANY ONE PERSON KNOWS.

THE NEXT SECTION HAS SOME QUESTIONS ABOUT YOUR TELEVISION VIEWING OF A NEW HEALTH SHOW. IT DOES NOT MATTER TO US IF YOU SEE THE SHOW OR DON'T SEE THE SHOW. THAT IS UP TO YOU.

THE LAST SECTION IS A FEW BACKGROUND QUESTIONS.

PLEASE ANSWER THE QUESTIONS BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?

1 WINTER
2 SPRING
(3) SUMMER
4 FALL

SECTION 1: THINGS YOU MAY HAVE DONE

1. Please read each of the things on the list. We are only interested in finding out about things you may have done in the past <u>two months</u>. Even though you have done some of these things longer ago, please bear with us and indicate <u>only</u> those things you have done in the past two months.

Since the middle of December, have you ...	Yes	No	Not Sure or Does Not Apply	
a. Looked at an article or pamphlet about health	1	2	3	107
b. Had your blood pressure checked by a doctor, nurse or someone else who knows how	1	2	3	108
c. Gone to a doctor or clinic for a physical examination, even though nothing was bothering you	1	2	3	109
d. Gone to a dentist for a check-up, even though your teeth were not bothering you	1	2	3	110
e. Written down your symptoms before visiting your doctor	1	2	3	111
f. Purposely cut down on eggs, meat, butter or milk because they have a lot of cholesterol in them	1	2	3	112
g. Started a diet in order to lose weight	1	2	3	113
h. Made a special effort to have more fresh fruit or fruit juice	1	2	3	114
i. Increased the amount of exercise you do	1	2	3	115
j. Asked for information on hospitalization or medical insurance	1	2	3	116
k. Asked a doctor to explain when he told you something you didn't understand	1	2	3	117
l. Encouraged someone who is pregnant to go to the doctor early in her pregnancy	1	2	3	118
m. Started using dental floss	1	2	3	119
n. Asked for some information about health that was offered on television	1	2	3	120
o. Taken a pre-school child for a hearing or eyesight test	1	2	3	121

2. THE NEXT THREE ITEMS ARE JUST FOR WOMEN TO ANSWER:	Yes	No	Not Sure or Does Not Apply	
a. Had a breast examination by a doctor	1	2	3	122.
b. Examined your own breasts for lumps	1	2	3	123
c. Had a Pap test	1	2	3	124

Please continue on next page.

SECTION 2: HEALTH INFORMATION

3. Blood Pressure

a. High blood pressure ... (Please circle as many as apply)

1 Is a nuisance, but causes few real medical problems
2 Can lead to stroke, kidney disease and kidney problems
3 Can usually be controlled with proper medication 125
4 Is the result of not enough iron in the blood
5 None of these
6 I don't know

b. Do you mostly agree or mostly disagree with this statement: High blood pressure occurs more frequently among black people than among white people.

Circle one number

1 Mostly agree
2 Mostly disagree 126
3 I don't know

c. How about this statement: It's sometimes hard to tell when you have high blood pressure. Do you ...

Circle one number

1 Mostly agree
2 Mostly disagree 127
3 I don't know

4. Dental Care

a. Which of these is more important:

(Circle one number)

1 How many times a day you brush your teeth
2 How good a job you do when you brush your teeth
3 Both equally important.
4 I don't know 128

b. Do you mostly agree or mostly disagree with this statement: Adult teeth should last a lifetime.

(Circle one number)

1 Mostly agree
2 Mostly disagree 129
3 I don't know

c. The proper way to brush your teeth is.

(Circle one number)

1 Brush side to side vigorously
2 Brush back and forth lightly after every meal
3 Vibrate brush while brushing up and down
4 I don't know 130

5. Diet and Saturated Fat

a. Do you mostly agree or mostly disagree with this statement: Egg whites contain a lot of cholesterol.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

131

b. Which of the following foods are high in cholesterol?

Circle as many as apply

1 Lean meat
2 Chocolate
3 Fish
4 Ice cream
5 Organ meats (heart, liver, kidney)
6 None of these
7 I don't know

132

c. Do you mostly agree or mostly disagree with this statement: It is not healthy to eat chicken skin.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

133

6. Children and Operations

a. Do you mostly agree or mostly disagree with this statement: Children who need an operation should be told as little as possible about what is going to happen in the hospital.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

134

7. Colon-Rectum Cancer

a. Most colon-rectum cancers can be diagnosed by ...

Circle one number

1 A blood test
2 A Pap smear
3 A proctoscopic examination
4 A Wasserman test
5 None of these
6 I don't know

135

b. Do you mostly agree or mostly disagree with this statement: Nearly 75% of all deaths from colon-rectum cancer could be prevented with early detection.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

136

8. Allied Health Personnel

a. Over half the cases a doctor sees in a clinic can be treated by specially trained medical personnel who are not doctors -- do you mostly agree or mostly disagree with this statement?

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

137

b. Do you mostly agree or mostly disagree with this: Allied health professionals (such as medical technicians, health associates, and operating room technicians) must have a college degree to qualify for this type of job.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

138

9. Prenatal Care

a. Do you mostly agree or mostly disagree with this statement: A pregnant woman should limit the amount of salt in the food she eats.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

139

10. Hearing Problems in Children

a. Do you mostly agree or mostly disagree: Nearly one in every five pre-school children has less than normal hearing.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know.

140

11. Medical Emergency-Burns

a. Do you mostly agree or mostly disagree with this statement: The worst thing you can do for a burn is to apply cold water or cloth soaked in cold water.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

141

b. When clothing sticks to a burn, the proper procedure is ... (Please circle as many as ap[illegible]

1 Apply cold water and gently pat until the pain goes away
2 Soak burn with a clean cloth soaked in cold water and cover with a thick clean cloth or plastic bag
3 Do not soak with water, just cover with clean dry cloth
4 None of these
5 I don't know

142

SECTION 3: TELEVISION VIEWING OF "FEELING GOOD"

12. Before we go any further, please indicate whether you remember watching some part of the last three shows of "Feeling Good," or those shown since the middle of January.

1 Yes, I may have watched some part (or more) of a show or shows
2 No, I don't remember watching any part of these shows

143

13. Regardless of your answer to question 12, and just as a check on our research, please read over the three things below which were part of the show on the week of January 13-19. Circle the number in front of each part that you remember seeing; circle "4" if you do not remember seeing any of them.

144

1 Dental Care: Bill Cosby talks about the tooth fairy; John Davidson sings "I Like Your Smile"

2 Prenatal Care: A film about nurse-midwives in Kentucky; Arte Johnson plays a Norwegian lecturer in a skit about prenatal care

3 Diet and Saturated Fat: Demonstration of how to prepare chicken for cooking; a self-quiz about cholesterol; a comedy skit with Groucho Marx as a judge

4 Do not remember seeing any of these (Please go on to question 14)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Dental Care
2 Prenatal Care
3 Diet and Saturated Fat
4 None of them

145

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:

1 Dental Care
2 Prenatal Care
3 Diet and Saturated Fat
4 No, I didn't talk with anyone about the show

146

14. The show on the week of January 20-26 had these main parts. Please read them over and circle the number in front of each part that you remember seeing; circle "5" if you do not remember any of them.

147

1 High Blood Pressure: Bill Cosby talks about high blood pressure; Linda Hopkins sings "Hush My Baby"

2 Drinking and Driving: Documentary film about drinking and driving related to accidents

3 Hearing Problems in Children: Film about a young girl, Patricia, who has a hearing problem; Johnny Mathis sings "The World Is Music"

4 Children and Operations: Film about a young girl having an operation and how her family helps prepare her; Shari Lewis sings "I'll Stay With You"

5 Do not remember seeing any of these (Please go on to question 15)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 High Blood Pressure
2 Drinking and Driving
3 Hearing Problems in Children
4 Children and Operations
5 None of them

148

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:

1 High Blood Pressure
2 Drinking and Driving
3 Hearing Problems in Children
4 Children and Operations
5 No, I didn't talk with anyone about the show

149

15. The show on the week of January 27-February 2 had these main parts. Please read them over and circle the number in front of each part that you remember seeing; circle "6" if you do not remember any of them. 150

1 Medical Emergency-Burns: What to do when someone burns himself; Martin Mull sings about a nosy neighbor

2 Talking to Your Doctor: Skit about learning to write down the symptoms of what's wrong with you before seeing a doctor

3 Death of Children's Pets: Scene from television show "The Waltons"; Bill Cosby remembers how he felt when his dog died; Charlie Rich sings "Changes"

4 Colon-Rectum Cancer: Dr. Lathan discusses colon-rectum cancer and how to find out if you have it

5 Allied Health Professionals: Documentary about an operating room technician in a Baltimore inner-city hospital; Melba and Jason talk with cousin about becoming an operating room technician

6 Do not remember seeing any of these (Please go on to question 16)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Medical Emergency-Burns
2 Talking to Your Doctor
3 Death of Children's Pets
4 Colon-Rectum Cancer
5 Allied Health Professionals
6 None of them

151

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:

1 Medical Emergency-Burns
2 Talking to Your Doctor
3 Death of Children's Pets
4 Colon-Rectum Cancer
5 Allied Health Professionals
6 No, I didn't talk with anyone about the show

152

SECTION 4: BACKGROUND QUESTIONS

16. Do you have a television set in working order in your household? 1 Yes 2 No 153

17. Are you. . . 1 Male 2 Female 154

18. On your last birthday, were you. . .

1 18-24
2 25-34
3 35-44
4 45-54
5 55-64
6 65 or over
7 Prefer not to answer

155

19. Are you the person in your household who recently completed another questionnaire we sent you? 1 Yes 2 No 156

20. If you were not the person who completed that questionnaire, would you please circle the appropriate number below:

1 No one in my household completed a questionnaire as far as I know
2 My wife or husband completed the questionnaire
3 My mother or father completed the questionnaire
4 Someone else completed the questionnaire

157

21. Now, talking about the questionnaire you are now filling out, did you answer all the questions yourself, or did someone else answer some of them?

1 I answered all the questions myself
2 My husband or wife answered some questions and I answered some
3 My mother or father answered some questions and I answered some
4 Someone else answered some questions and I answered some

158

THANK YOU VERY MUCH FOR YOUR HELP. PLEASE LOOK BACK TO MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS. RETURN IN THE ENCLOSED ENVELOPE -- NO POSTAGE IS REQUIRED.

This dollar is just a small token of our appreciation.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Please complete and return this questionnaire in the enclosed postage-paid envelope. It is a genuine contribution that you can make to improving the health of the country.

Last November a new series of programs on health, made possible by some large gifts to the producers of Sesame Street and the Electric Company, began on the public broadcasting channel.

In order to plan new shows properly, they have to know what people do and don't do about health. That's what this questionnaire is for.

Our computer picked you as part of a carefully selected cross-section. Then, in October, you were interviewed by telephone, and this is a follow-up to that interview.

The questionnaire is easy and you will enjoy it. Please do it today -- right now if you can -- and mail it back in the enclosed envelope. If you have any questions, call me collect at the number at the top of this page.

Thank you.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

PC

THIS QUESTIONNAIRE IS IN FOUR SECTIONS:

FIRST, SOME THINGS YOU MIGHT HAVE DONE ABOUT YOUR HEALTH.

NEXT, SOME INFORMATION QUESTIONS. PLEASE ANSWER EACH QUESTION, EVEN IF YOU ARE NOT SURE. WE ARE TRYING TO FIND OUT WHAT PEOPLE IN THIS COUNTRY KNOW ABOUT HEALTH, AND NOT WHAT ANY ONE PERSON KNOWS.

THE NEXT SECTION HAS SOME QUESTIONS ABOUT YOUR TELEVISION VIEWING OF A NEW HEALTH SHOW. IT DOES NOT MATTER TO US IF YOU SEE THE SHOW OR DON'T SEE THE SHOW. THAT IS UP TO YOU.

THE LAST SECTION IS A FEW BACKGROUND QUESTIONS.

PLEASE ANSWER THE QUESTIONS BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?

1 WINTER
2 SPRING
(3) SUMMER
4 FALL

SECTION 1: THINGS YOU MAY HAVE DONE

1. Please read each of the things on the list. We are only interested in finding out about things you may have done in the past <u>two months</u>. Even though you have done some of these things longer ago, please bear with us and indicate <u>only</u> those things you have done in the past two months.

Since the middle of December, have you ...	Yes	No	Not Sure or Does Not Apply	
a. Looked at an article or pamphlet about health	1	2	3	107
b. Had your blood pressure checked by a doctor, nurse or someone else who knows how	1	2	3	108
c. Gone to a doctor or clinic for a physical examination, even though nothing was bothering you	1	2	3	109
d. Gone to a dentist for a check-up, even though your teeth were not bothering you	1	2	3	110
e. Written down your symptoms before visiting your doctor	1	2	3	111
f. Purposely cut down on eggs, meat, butter or milk because they have a lot of cholesterol in them	1	2	3	112
g. Started a diet in order to lose weight	1	2	3	113
h. Made a special effort to have more fresh fruit or fruit juice	1	2	3	114
i. Increased the amount of exercise you do	1	2	3	115
j. Asked for information on hospitalization or medical insurance	1	2	3	116
k. Asked a doctor to explain when he told you something you didn't understand	1	2	3	117
l. Encouraged someone who is pregnant to go to the doctor early in her pregnancy	1	2	3	118
m. Started using dental floss	1	2	3	119
n. Asked for some information about health that was offered on television	1	2	3	120
o. Taken a pre-school child for a hearing or eyesight test	1	2	3	121

2. THE NEXT THREE ITEMS ARE JUST FOR WOMEN TO ANSWER:	Yes	No	Not Sure or Does Not Apply	
a. Had a breast examination by a doctor	1	2	3	122
b. Examined your own breasts for lumps	1	2	3	123
c. Had a Pap test	1	2	3	124

Please continue on next page.

SECTION 2: HEALTH INFORMATION

3. Blood Pressure

a. High blood pressure ... (Please circle as many as apply)

1 Is a nuisance, but causes few real medical problems
2 Can lead to stroke, kidney disease and kidney problems
3 Can usually be controlled with proper medication 125
4 Is the result of not enough iron in the blood
5 None of these
6 I don't know

b. Do you mostly agree or mostly disagree with this statement: High blood pressure occurs more frequently among black people than among white people.

Circle one number

1 Mostly agree
2 Mostly disagree 126
3 I don't know

c. How about this statement: It's sometimes hard to tell when you have high blood pressure. Do you ...

Circle one number

1 Mostly agree
2 Mostly disagree 127
3 I don't know

4. Dental Care

a. Which of these is more important:

(Circle one number)

1 How many times a day you brush your teeth
2 How good a job you do when you brush your teeth
3 Both equally important
4 I don't know 128

b. Do you mostly agree or mostly disagree with this statement: Adult teeth should last a lifetime.

(Circle one number)

1 Mostly agree
2 Mostly disagree 129
3 I don't know

c. The proper way to brush your teeth is. . .

(Circle one number)

1 Brush side to side vigorously
2 Brush back and forth lightly after every meal
3 Vibrate brush while brushing up and down
4 I don't know 130

5. Diet and Saturated Fat

a. Do you mostly agree or mostly disagree with this statement: Egg-whites contain a lot of cholesterol.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

131

b. Which of the following foods are high in cholesterol?

Circle as many as apply

1 Lean meat
2 Chocolate
3 Fish
4 Ice cream
5 Organ meats (heart, liver, kidney)
6 None of these
7 I don't know

132

c. Do you mostly agree or mostly disagree with this statement: It is not healthy to eat chicken skin.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

133

6. Children and Operations

a. Do you mostly agree or mostly disagree with this statement: Children who need an operation should be told as little as possible about what is going to happen in the hospital.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

134

7. Colon-Rectum Cancer

a. Most colon-rectum cancers can be diagnosed by ...

Circle one number

1 A blood test
2 A Pap smear
3 A proctoscopic examination
4 A Wasserman test
5 None of these
6 I don't know

135

b. Do you mostly agree or mostly disagree with this statement: Nearly 75% of all deaths from colon-rectum cancer could be prevented with early detection.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

136

8. Allied Health Personnel

a. Over half the cases a doctor sees in a clinic can be treated by specially trained medical personnel who are not doctors -- do you mostly agree or mostly disagree with this statement?

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

137

b. Do you mostly agree or mostly disagree with this: Allied health professionals (such as medical technicians, health associates, and operating room technicians) must have a college degree to qualify for this type of job.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

138

9. Prenatal Care

a. Do you mostly agree or mostly disagree with this statement: A pregnant woman should limit the amount of salt in the food she eats.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

139

10. Hearing Problems in Children

a. Do you mostly agree or mostly disagree: Nearly one in every five pre-school children has less than normal hearing.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

140

11. Medical Emergency-Burns

a. Do you mostly agree or mostly disagree with this statement: The worst thing you can do for a burn is to apply cold water or cloth soaked in cold water.

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

141

b. When clothing sticks to a burn, the proper procedure is ... (Please circle as many as apply)

1 Apply cold water and gently pat until the pain goes away
2 Soak burn with a clean cloth soaked in cold water and cover with a thick clean cloth or plastic bag
3 Do not soak with water, just cover with clean dry cloth
4 None of these
5 I don't know

142

SECTION 3: TELEVISION VIEWING OF "FEELING GOOD"

12. Before we go any further, please indicate whether you remember watching some part of the last three shows of "Feeling Good," or those shown since the middle of January.

143

1 Yes, I may have watched some part (or more) of a show or shows
2 No, I don't remember watching any part of these shows

13. Regardless of your answer to question 12, and just as a check on our research, please read over the three things below which were part of the show on the week of January 13-19. Circle the number in front of each part that you remember seeing; circle "4" if you do not remember seeing any of them.

144

1 Dental Care: Bill Cosby talks about the tooth fairy; John Davidson sings "I Like Your Smile"

2 Prenatal Care: A film about nurse-midwives in Kentucky; Arte Johnson plays a Norwegian lecturer in a skit about prenatal care

3 Diet and Saturated Fat: Demonstration of how to prepare chicken for cooking; a self-quiz about cholesterol; a comedy skit with Groucho Marx as a judge

4 Do not remember seeing any of these (Please go on to question 14)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

145

1 Dental Care
2 Prenatal Care
3 Diet and Saturated Fat
4 None of them

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:

146

1 Dental Care
2 Prenatal Care
3 Diet and Saturated Fat
4 No, I didn't talk with anyone about the show

14. The show on the week of January 20-26 had these main parts. Please read them over and circle the number in front of each part that you remember seeing; circle "5" if you do not remember any of them.

147

1 High Blood Pressure: Bill Cosby talks about high blood pressure; Linda Hopkins sings "Hush My Baby"

2 Drinking and Driving: Documentary film about drinking and driving related to accidents

3 Hearing Problems in Children: Film about a young girl, Patricia, who has a hearing problem; Johnny Mathis sings "The World Is Music"

4 Children and Operations: Film about a young girl having an operation and how her family helps prepare her; Shari Lewis sings "I'll Stay With You"

5 Do not remember seeing any of these (Please go on to question 15)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

148

1 High Blood Pressure
2 Drinking and Driving
3 Hearing Problems in Children
4 Children and Operations
5 None of them

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:

149

1 High Blood Pressure
2 Drinking and Driving
3 Hearing Problems in Children
4 Children and Operations
5 No, I didn't talk with anyone about the show

15. The show on the week of January 27-February 2 had these main parts. Please read them over and circle the number in front of <u>each</u> part that you remember seeing; circle "6" if you do not remember any of them. *150*

1 Medical Emergency-Burns: What to do when someone burns himself; Martin Mull sings about a nosy neighbor

2 Talking to Your Doctor: Skit about learning to write down the symptoms of what's wrong with you before seeing a doctor

3 Death of Children's Pets: Scene from television show "The Waltons"; Bill Cosby remembers how he felt when his dog died; Charlie Rich sings "Changes"

4 Colon-Rectum Cancer: Dr. Lathan discusses colon-rectum cancer and how to find out if you have it

5 Allied Health Professionals: Documentary about an operating room technician in a Baltimore inner-city hospital; Melba and Jason talk with cousin about becoming an operating room technician

6 Do not remember seeing any of these (Please go on to question 16)

a. Which parts of this program had information that you think will be useful to you?

(Circle as many as apply)

1 Medical Emergency-Burns
2 Talking to Your Doctor
3 Death of Children's Pets
4 Colon-Rectum Cancer
5 Allied Health Professionals
6 None of them

151

b. Have you talked about anything in the program with anyone else?

(Please circle as many as apply)

Yes, I talked with someone else about:
1 Medical Emergency-Burns
2 Talking to Your Doctor
3 Death of Children's Pets
4 Colon-Rectum Cancer
5 Allied Health Professionals
6 No, I didn't talk with anyone about the show

152

SECTION 4: BACKGROUND QUESTIONS

16. Do you have a television set in working order in your household? 1 Yes 2 No *153*

17. Are you. . . 1 Male 2 Female *154*

18. On your last birthday, were you. . . 1 18-24 2 25-34 3 35-44 4 45-54 5 55-64 6 65 or over 7 Prefer not to answer *155*

19. Are you the person in your household who recently completed another questionnaire we sent you? 1 Yes 2 No *156*

20. If you were <u>not</u> the person who completed that questionnaire, would you please circle the appropriate number below:

1 No one in my household completed a questionnaire as far as I know
2 My wife or husband completed the questionnaire *157*
3 My mother or father completed the questionnaire
4 Someone else completed the questionnaire

21. Now, talking about the questionnaire you are now filling out, did you answer all the questions yourself, or did someone else answer some of them?

1 I answered all the questions myself
2 My husband or wife answered some questions and I answered some *158*
3 My mother or father answered some questions and I answered some
4 Someone else answered some questions and I answered some

THANK YOU VERY MUCH FOR YOUR HELP. PLEASE LOOK BACK TO MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS. RETURN IN THE ENCLOSED ENVELOPE -- NO POSTAGE IS REQUIRED.

D. Season B Baseline

- Questionnaire

This dollar bill is just a small token of our appreciation.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Dear Friend:

You may remember completing a questionnaire last November about your own and your family's health. Please complete this questionnaire in order to give us some information which we did not ask you the last time.

We are trying to find out what people know about the areas of health covered in this questionnaire, so that television programs can be planned to answer these kinds of questions.

The questionnaire is easy and we think you will enjoy it. Please do it today -- right now if you can -- and mail it back in the enclosed postage-paid envelope. Your opinions and ideas will be a vital contribution to the success of our on-going research study.

If you have any questions about filling out the questionnaire, please call me collect at the number at the top of this page.

Thank you for your help.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

THIS QUESTIONNAIRE HAS THREE PARTS:

FIRST, SOME QUESTIONS ABOUT SEVERAL AREAS OF HEALTH

NEXT, SOME QUESTIONS ABOUT SOME THINGS YOU MIGHT HAVE DONE ABOUT YOUR HEALTH

THE LAST SECTION IS A FEW BACKGROUND QUESTIONS

PLEASE ANSWER THE QUESTIONS THAT FOLLOW BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?

CIRCLE ONE NUMBER

1 WINTER
2 SPRING
3 SUMMER
4 FALL

Many of the questions are hard ones, some are easy. As long as you think you know an answer, feel free to guess even if you are not positive about it.

Please don't worry about not knowing some answers. This is for research only, so just relax and do your best.

1. First are some questions about communications between a doctor and a patient.

a. Which of the following statements is closer to the way you feel?

Circle one number *106*

1 A doctor should tell you what his services cost even if you don't ask

2 It is up to the patient to ask the doctor what the cost is going to be

3 I can't choose

4 No opinion

b. Which of these two statements is closer to the way you feel?

Circle one number *107*

1 A doctor should tell you what is wrong even if you don't want to know

2 A doctor should withhold bad news if he feels you are not ready for it

3 I can't choose

4 No opinion

c. Which of these two statements is closer to the way you feel?

Circle one number *108*

1 A patient has a right to get full and satisfactory answers to all questions he asks his doctor

2 A doctor has a right to refuse to answers questions which, in his opinion, would upset his patient

3 I can't choose

4 No opinion

d. Which of these two statement is closer to the way you feel?

Circle one number *109*

1 A patient should follow the doctor's instructions even if he doesn't agree

2 A patient should follow the doctor's instructions only if he thinks they will do him some good

3 I can't choose

4 No opinion

e. How do you feel about this statement: "If a patient requests a second opinion, a doctor is duty bound to get one."

Circle one number *110*

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

STRESS

2. These next questions are about stress and how people react to stress.

a. How do you feel about this statement: "Whenever a person is subjected to change, he is under stress." 111

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

b. Most people face stressful situations daily. Do you mostly agree or mostly disagree that stress can be helpful as well as harmful? 112

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

c. Which of the following situations do not cause stress ... 113

Circle as many as apply

1 Getting married
2 Getting divorced
3 Getting fired
4 Getting a big promotion
5 Having a new baby
6 They all cause stress
7 I don't know

d. No matter how many small stressful situations happen to you at one time, they can never equal the stress caused by one big thing like losing your job. Is this statement ... 114

Circle one number

1 Mostly true
2 Mostly false
3 I don't know

e. Which of the following can be reactions to continued exposure to stressful situations? 115

Circle as many as apply

1 Diabetes
2 Ulcers
3 High blood pressure
4 Asthma
5 Kidney problems
6 None of these
7 I don't know

f. There are many things that people do to relieve stress. Which of the following things are positive ways to deal with stress? 11

Circle as many as apply

1 Work it off
2 Take a tranquilizer
3 Drink or eat something
4 Talk about the problem with someon
5 Push the problem out of your min
6 None of these
7 I don't know

PROBLEMS TEENAGERS HAVE

3. These next items are about some problems teenagers have and how they and their parents react to those problems.

a. Which of these statements do you think best describes alcohol use among teenagers?

Circle one number *117*

1 Already a serious problem
2 Not a serious problem yet, but may become one
3 Not a serious problem and not likely to become one
4 I don't know

b. Which of these types of teenagers are more likely to use alcohol?

Circle as many as apply *118*

1 Children of problem drinkers
2 Children of parents who don't drink at all
3 Children of parents who drink only occasionally
4 Children who do poorly in school
5 None of these
6 I don't know

c. How do you feel about this statement: "There is not much parents can do about their teenagers' use of alcohol."

Circle one number *119*

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

d. Some teenagers get "high" from drinking and taking drugs. How do you feel about this statement: "There are other, positive ways for teenagers to get "high" which do not have bad physical effects."

Circle one number *120*

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

Is there any comment you would like to make about the last question? (Please use the space below to write in your comments.)

BREAST CANCER

4. The next questions about breast cancer in women should be answered by everyone.

a. About what proportion of women will develop breast cancer at some time during their lives? — 121

Circle one number

1 About 1 out of 15 (7%)
2 About 1 out of 30 (3%)
3 About 1 out of 60 (1½%)
4 I don't know

b. The likelihood of breast cancer increases with ... — 122

Circle one number

1 Weight
2 Age
3 Stress
4 None of them
5 I don't know

c. Many women delay having their breasts examined for lumps because they are afraid of what they will find out. Out of 100 women who discover a lump in their breast, how many turn out to be cancer? — 123

Circle one number

1 About 5
2 About 15
3 About 25
4 About 35
5 I don't know

d. How often should women examine their breasts for lumps? — 124

Circle one number

1 Every week
2 Every month
3 Every six months
4 Every year
5 I don't know

e. Even with early detection and treatment, a large majority of women with breast cancer die from it. — 125

Circle one number

1 Mostly true
2 Mostly false
3 I don't know

f. In connection with breast cancer, thermography and mammography are ... — 126

Circle one number

1 Techniques for treating breast cancer
2 Two of the main causes of breast cancer
3 Ways of diagnosing breast cancer
4 I don't know

g. What do you think about this statement: "After a woman has had a breast removed, she is still capable of having a normal sex life." — 12

Circle one number

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

These next questions are the most technical ones in the whole questionnaire. Please work through them even if you know very little about the subject. There is a place to show "I don't know" for each question.

5. First, some general questions about children's eyesight.

a. What do you think about this statement: "Children can have eye problems and still behave in a way that seems normal to their parents." — Circle one number — 128

1 Mostly true
2 Mostly false
3 I don't know

b. How do you feel about this statement: "Most eye problems in children are curable if they are discovered before school age." — Circle one number — 129

1 Mostly true
2 Mostly false
3 I don't know

c. When should a child's eyes first be checked? — Circle one number — 130

1 Before the child learns to recognize the alphabet
2 After the child starts school
3 After the child learns to read
4 I don't know

6. Following are some questions about an eye condition which develops in children, known as amblyopia.

a. Amblyopia is the condition of ... — Circle one number — 131

1 Color blindness
2 Near-sightedness
3 Under-use of one eye
4 A film which forms over the eye
5 I don't know

b. Amblyopia is most often caused by ... — Circle as many as apply — 132

1 An optical imperfection in one eye
2 Heredity
3 Faulty alignment of the eyes
4 Childhood disease
5 I don't know

c. Which of these statements is closer to the facts: — Circle one number — 133

1 A child with amblyopia may see well with only one eye and appear to have normal vision
2 A child with amblyopia usually has problems seeing that are obvious to his parents
3 I don't know

d. What do you think about this statement: "It is important that a child be checked for amblyopia by age four." — Circle one number — 134

1 Mostly true
2 Mostly false
3 I don't know

7. These next questions are about a condition of the eye known as glaucoma.

a. Glaucoma is an eye condition caused by ... Circle one number 135

1 Sinus disease
2 Unrelieved fluid pressure in the eye
3 Blocked tear ducts
4 Swimming in chlorinated water
5 I don't know

b. How often should people over 35 have their eyes checked for glaucoma? Circle one number 136

1 Every six months
2 Every year
3 Every two years
4 I don't know

c. What do you think about this statement: "A person can have glaucoma and not know it." Circle one number 137

1 Mostly true
2 Mostly false
3 I don't know

d. Glaucoma is more common among ... Circle one number 138

1 Black people
2 White people
3 Both about the same
4 I don't know

e. Glaucoma is a progressive disease which can eventually result in blindness. If it is diagnosed before a person becomes blind ... Circle one number 139

1 Full sight can be restored
2 The condition can be arrested
3 Nothing can be done about it
4 I don't know

f. Which of the following can be one result of glaucoma? Circle one number 140

1 Double vision
2 Loss of side vision
3 Swelling of the eyelids
4 Color blindness
5 I don't know

g. What is the most common form of treatment for glaucoma? Circle one number 141

1 Medicated eyedrops
2 Eye surgery
3 Exercising the eye
4 None of the above
5 I don't know

8. Please read each of the following items. We are interested in finding out about things you may have done in the past TWO MONTHS. Even though you may have done some of these things longer ago, please bear with us and indicate ONLY those things you have done in the past TWO MONTHS.

SINCE THE MIDDLE OF FEBRUARY, have you ...	Circle one number for each item	
a. Looked at an article or pamphlet about health?	1 Yes 2 No 3 I'm not sure	142
b. Encouraged someone to seek help for an emotional problem?	1 Yes, I have 2 No, because I haven't known anyone with an emotional problem recently 3 No, even though I know someone who needs help for an emotional problem 4 I'm not sure	143
c. Asked a doctor to explain when he told you something you didn't understand?	1 Yes 2 No, because I understood what the doctor told me 3 No, because I haven't been to the doctor 4 I'm not sure	144
d. Written down your symptoms before visiting a doctor?	1 Yes 2 No, because I haven't been to a doctor 3 No, even though I have seen a doctor 4 I'm not sure	145
e. Had your own eyesight checked?	1 Yes 2 No 3 I'm not sure	146
f. Taken a pre-school child for an eyesight or vision test?	1 Yes 2 No 3 No, because I don't have any pre-school children 4 I'm not sure	147

THESE NEXT TWO ITEMS ARE JUST FOR WOMEN TO ANSWER.

SINCE THE MIDDLE OF FEBRUARY, have you ...	Circle one number for each item	
g. Had a breast examination by a doctor?	1 Yes 2 No, not within the last two months 3 I'm not sure	148
h. Examined your own breasts for lumps?	1 Yes 2 No 3 I'm not sure	149

PLEASE CONTINUE ON THE NEXT PAGE...

The following are a few background questions for everyone to complete.

9. Do you have a television set in working order in your household?
   1 Yes
   2 No
   160

10. In the last six months, have you sent for any health information that you saw offered on television?
   1 Yes
   2 No
   3 Not sure
   161

11. Are you ...
   1 Male
   2 Female
   162

12. On your last birthday, were you ...
   1 18-24
   2 25-34
   3 35-44
   4 45-54
   5 55-64
   6 65 or over
   7 Prefer not to answer
   163

13. What is the highest grade you completed in school?
   1 No formal schooling
   2 8th grade or less
   3 Some high school
   4 High school graduate
   5 Some college
   6 College graduate
   7 Technical or vocational training
   164

14. Are there any children age 18 or younger in your household? (Please circle as many as apply)
   1 Yes, younger than 13
   2 Yes, age 13-14
   3 Yes, age 15-16
   4 Yes, age 17-18
   5 No children age 18 or younger
   165

15. Do you remember completing another questionnaire we sent you last November?
   1 Yes
   2 No
   166

16. If someone else in your household completed that questionnaire, would you please circle the appropriate number.
   1 No one in my household completed it as far as I know
   2 My wife or husband completed it
   3 My mother or father completed it
   4 Someone else completed the questionnaire
   167

17. Now, talking about the questionnaire you are now filling out, did you answer all the questions yourself, or did someone else answer some of them?
   1 I answered all the questions myself
   2 My husband or wife answered some and I answered some
   3 My mother or father answered some and I answered some
   4 Someone else answered some questions and I answered some
   168

Please look back to make sure you have answered all the questions, and then return this questionnaire in the enclosed envelope. No postage is required.

THANK YOU FOR YOUR HELP

E. Posttest

- Questionnaire -- main sample
- Follow-up postcard
- Follow-up letter
- Pre sendout postcard -- panel control group
- Questionnaire -- panel control group

This dollar is just a small token of our appreciation.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Dear Friend:

Your patience and cooperation have made the results of this health research program both meaningful and valuable.

This questionnaire will complete this phase of our research and provide valuable information for the future. The questionnaire is easy and we think you will enjoy it. Please do it today -- right now if you can -- and mail it back in the enclosed postage-paid envelope.

If you have any questions about filling out this questionnaire, call me collect at the number at the top of this page.

Thank you again for your help.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

agp

THIS QUESTIONNAIRE HAS THREE PARTS:

A SECTION FOR EVERYBODY, STARTING ON THE NEXT PAGE

A LATER SECTION FOR HOUSEHOLDS THAT HAVE CHILDREN UNDER SIX

A SECTION JUST FOR WOMEN TO FILL OUT

PLEASE ANSWER THE QUESTIONS THAT FOLLOW BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?

CIRCLE ONE NUMBER

1 Winter
2 Spring
(3) Summer
4 Fall

Please circle one code number for each question.

1. QUESTIONS ABOUT YOUR HEALTH AND YOUR FAMILY'S HEALTH

a. All in all, would you say your health is . . .

1 Better than most
2 Just about average
3 Not as good as most
4 I'm not sure how I compare

107

b. At any time over the past year, has your health or the health of someone else in the household caused you worry?

1 Yes, a lot of worry
2 Yes, some worry
3 Yes, a little worry
4 No worry at all

08

2. OPINIONS ABOUT HEALTH

For each of the following ideas about sickness and health, please circle "1" if you mostly agree with that idea. Circle "2" if you mostly disagree with that idea, and circle "3" if you have no opinion.

CIRCLE ONE NUMBER FOR EACH ITEM	MOSTLY AGREE	MOSTLY DISAGREE	NO OPINION	
a. Regular physical examinations are worthwhile only if something is wrong with the person.	1	2	3	09
b. No matter how careful a person is, he has to expect a good deal of illness in his lifetime.	1	2	3	
c. Being healthy is mainly a matter of how well you look after yourself.	1	2	3	11
d. A person should visit the dentist every six months, even if nothing seems wrong.	1	2	3	
e. There's not much a person can do to keep from getting sick.	1	2	3	13
f. A person can have high blood pressure and not know it.	1	2	3	14

3. HEALTH INFORMATION

Compared to six months or so ago, do you get a different amount of health information from radio and television than you used to?

1 Get more information now
2 Get less information now
3 Get about the same amount
4 Get no information
5 Not sure

15

4. In the last six months have you asked for any health information that you saw offered on television?

1 Yes
2 No
3 Not sure

16

5. In the LAST SIX MONTHS, did you try to get information on any of the following subjects for yourself or for someone else?

CIRCLE ONE NUMBER FOR EACH ITEM →	YES, I TRIED	NO, I DID NOT TRY	I ALREADY KNEW IT	
a. Where to get an examination for blood pressure for yourself or anyone else	1	2	3	17
b. Where to get a heart check-up, for yourself or someone else	1	2	3	
c. Where to get dental care	1	2	3	
d. Where to get help for a drinking problem, your own or someone else's	1	2	3	
e. How to get a Pap test for women	1	2	3	
f. How to do a breast examination for women	1	2	3	22

6. Please read each of the things on this list. We are interested in finding out about things you may have done in the past TWO MONTHS.

Even though you may have done some of these things longer ago, please bear with us and indicate ONLY those things you have done in the past TWO MONTHS.

CIRCLE ONE NUMBER FOR EACH ITEM → Since the LAST WEEK OF MARCH, have you . . .	YES	NO	NOT SURE OR DOES NOT APPLY	
a. Encouraged someone to seek help for an emotional problem	1	2	3	23
b. Written down your symptoms before visiting a doctor	1	2	3	
c. Had your own eyesight checked	1	2	3	
d. Taken a pre-school child for an eyesight or vision test	1	2	3	
e. Suggested to a friend or relative of yours that she have a doctor examine her breasts	1	2	3	
f. Asked the doctor to explain when he told you something you didn't understand	1	2	3	28

7. PHYSICAL EXAMINATIONS

About how long ago did you have the last physical examination when nothing was bothering you?

1 Never had one
2 Within the last 3 months
3 Between 3 and 6 months ago *29*
4 Between 6 months and a year ago
5 Between 1 and 3 years ago
6 More than 3 years ago
7 Not sure

8. BLOOD PRESSURE

a. When, if ever, was the last time you had your blood pressure checked?

1 Within the last 3 months
2 Between 3 and 6 months ago *30*
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never had it checked
7 Not sure

b. Have you ever suggested to anyone else that they should get their blood pressure checked?

1 Yes
2 No *31*
3 Not sure

9. DENTAL EXAMINATION

a. When was the last time you went for a dental check-up when your teeth were <u>not</u> bothering you?

1 Within last 3 months
2 Between 3 and 6 months ago *32*
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never had one
7 Not sure
8 I have dentures

b. Have you ever used a dental "disclosing tablet" -- a tablet that you chew to see if your teeth are clean?

1 Yes
2 No *33*
3 Not sure

10. POISON CONTROL

Do you have the telephone number of the poison control center for your area posted near your telephone?

1 Yes
2 No *34*

Many of the next questions are hard ones, some are easy. As long as you think you know an answer, feel free to guess even if you are not positive about it. Please don't worry about not knowing some answers. This is for research only, so just relax and do your best.

This section is about diseases and problems of vision and eyesight. Please circle one number for each question.

11. When should a child's eyes first be checked?

1 Before the child learns to recognize the alphabet
2 After the child starts school 38
3 After the child learns to read
4 I don't know

12. These next questions are about glaucoma.

a. How often should people over 35 have their eyes checked for glaucoma?

1 Every six months
2 Every year
3 Every two years 36
4 I don't know

b. What do you think about this statement: "A person can have glaucoma and not know it."

1 Mostly true
2 Mostly false 37
3 I don't know

c. If glaucoma is diagnosed before a person becomes blind ...

1 Full sight can be restored
2 The condition can be arrested
3 Nothing can be done about it 38
4 I don't know

d. What is the most common form of treatment for glaucoma?

1 Medicated eyedrops
2 Eye surgery
3 Exercising the eye 39
4 None of the above
5 I don't know

13. Following are some questions about amblyopia.

a. Have you ever heard of amblyopia?

1 Yes
2 No 40
3 Not sure

b. As far as you know, amblyopia is the condition of ...

1 Color-blindness
2 Near-sightedness
3 Under-use of one eye 41
4 A film which form over the eye
5 I don't know

c. Which of these statements is closer to the facts ...

1 A child with amblyopia may see well with only one eye and appear to have normal vision 42
2 A child with amblyopia usually has problems seeing that are obvious to his parents
3 I don't know

14. BREAST CANCER

The next questions about breast cancer in women should be answered by everyone.

a. About what proportion of women will develop breast cancer at some time during their lives?

Circle one number

1 About 1 out of 15 (7%)
2 About 1 out of 30 (3%)
3 About 1 out of 60 (about 1½%)
4 I don't know

43

b. Many women delay having their breasts examined for lumps because they are afraid of what they will find out. Out of 100 women who discover a lump in their breast, how many turn out to be cancer?

Circle one number

1 About 5
2 About 15
3 About 25
4 About 35
5 I don't know

44

c. The likelihood of breast cancer increases with . . .

Circle one number

1 Weight
2 Age
3 Stress
4 None of them
5 I don't know

45

d. How often should women examine their breasts for lumps?

Circle one number

1 Every week
2 Every month
3 Every six months
4 Every year
5 I don't know

46

e. Even with early detection and treatment, a large majority of women with breast cancer never recover from it.

Circle one number

1 Mostly true
2 Mostly false
3 I don't know

47

f. What do you think about this statement: "After a woman has had a breast removed, she can still have a normal sex life."

Circle one number

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

48

15. STRESS

These next questions are about stress and how people react to stress.

a. Most people face stressful situations daily. Do you mostly agree or mostly disagree that stress can be helpful as well as harmful?

Circle one number

1 Mostly agree
2 Mostly disagree
3 I don't know

49

b. No matter how many small stressful situations happen to you at one time, they can never equal the stress caused by one big thing, like losing your job.

Circle one number

1 Mostly true
2 Mostly false
3 I don't know

50

c. There are many things that people do to relieve stress. Which of the following things are good ways to deal with stress?

Circle as many as apply

1 Work it off
2 Take a tranquilizer
3 Drink or eat something
4 Talk about the problem with someone
5 Push the problem out of your mind
6 None of these
7 I don't know

51

16. DOCTOR-PATIENT RELATIONSHIPS

Following are some questions about doctor-patient communications.

a. Which of the following statements is closer to the way you feel about doctor-patient relationships?

Circle one number

1 A doctor should tell you what his services cost even if you don't ask
2 It is up to the patient to ask the doctor what the cost is going to be
3 No opinion

52

b. Which of these two statements is closer to the way you feel about doctor-patient relationships?

Circle one number

1 A doctor should tell you what is wrong even if you don't want to know
2 A doctor should withhold bad news if he feels you are not ready for it
3 No opinion

53

c. Of the following two statements, which is closer to your opinion?

Circle one number

1 A patient should follow his doctor's instructions even if he doesn't agree
2 A patient should follow his doctor's instructions only if he thinks they will do him some good
3 No opinion

54

d. How do you feel about this statement: "A doctor should call in a second opinion if his patient requests one."

Circle one number

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

55

THE NEXT QUESTIONS ARE ABOUT SOME TELEVISION PROGRAMS YOU MAY HAVE WATCHED.

Last November, a new series of television programs about health began on the educational station in your area. The program was called Feeling Good and, during April and May, was shown each week for one-half hour with Dick Cavett as the host. The next few questions are about your viewing of Feeling Good. Even if you don't remember watching any of the shows, please answer questions 17-24 just as a reminder.

Please read over each description below and indicate if you remember watching this show.

17. Show broadcast between April 2 and April 8 -- AGING
This show is mainly about how one family cares for their elderly grandfather in their home. Both favorable and unfavorable aspects of home care for the elderly are discussed.

Do you remember watching this show about aging?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

56

18. Show broadcast between April 9 and April 15 -- ALCOHOLISM
Host Dick Cavett talks about drinking and alcoholism while sitting at a bar. There is a drama about a day in the life of a housewife who is an alcoholic, and other alcoholics discuss their drinking problems.

Do you remember watching this show about alcoholism?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

57

19. Show broadcast between April 16 and April 22 -- HEART ATTACK RECOVERY
Most of this show is about helping people who have had a heart attack re-adjust to normal lives. Wives of heart attack victims talk about re-adjustment to normal life.

Do you remember watching this show about heart attack recovery?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

58

20. Show broadcast between April 23 and April 29 -- VISION PROBLEMS
The show takes place mainly in the Metropolitan Museum of Art in New York. Dick Cavett talks to two people about some problems they have had with their eyesight. One is a middle-aged woman and another is a young boy. Discussion of two common vision problems.

Do you remember watching this show about vision problems?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

59

21. Show broadcast between April 30 and May 6 -- BREAST CANCER IN WOMEN
In this show, Dick Cavett talks with Julia Child about breast cancer. They discuss the chance of a woman having breast cancer and her chance of recovery. Women are shown how to examine their breasts for lumps.

Do you remember watching this show about breast cancer?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

60

22. Show broadcast between May 7 and May 13 -- STRESS
This show concerns the causes of stress and the effects stress has on the human body. Bill Cosby talks about a stressful experience he had as a boy -- a fight with a bully. Dr. Herbert Benson talks with host Dick Cavett about relaxation therapy.

Do you remember watching this show about stress?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

62

23. Show broadcast between May 14 and May 20 -- DOCTOR-PATIENT COMMUNICATION
Most of this show takes place in a doctor's office and waiting room. Some of the people waiting have problems communicating what is wrong with them to their doctor, while others are afraid to find out what is wrong. There is a skit about doctors who use medical terms their patients can't understand.

Do you remember watching this show about doctor-patient communication?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

6

24. Show broadcast between May 21 and May 27 -- DEPRESSION
This show features Dick Cavett as host and singer Johnny Cash as guest star. In one dramatic segment, a businessman's depression causes problems for him and his family. In another, a young auto mechanic and his co-workers discuss his emotional problem.

Do you remember watching this show about depression?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

6

FEELING GOOD DURING NOVEMBER, DECEMBER AND JANUARY

Feeling Good was also shown during November, December and January. This is a picture of the cast at "Mac's Place" which was the setting for the show during those early months.

25. About how many shows during November, December and January do you remember watching all or part of?

1 One show
2 Two shows
3 Three shows
4 Four shows
5 Five shows
6 Six or more shows
7 Did not watch any

The next question is about all the Feeling Good shows, the ones that were on during November, December and January and also the ones on during April and May.

26a. If you remember watching any episodes of Feeling Good from November through May, please answer the questions in the box at the left.

26b. If you do not remember watching any episodes of Feeling Good, please answer the questions in the box at the right.

Following are some comments about Feeling Good. Circle "1" if you mostly agree, circle "2" if you mostly disagree, circle "3" if you are not sure.

	MOSTLY AGREE	MOSTLY DISAGREE	NOT SURE	
a. It was entertaining	1	2	3	207
b. Dick Cavett was a good host	1	2	3	
c. "Mac's Place" was entertaining	1	2	3	09
d. I found the health information useful	1	2	3	
e. The guest stars were enjoyable	1	2	3	11
f. The show was geared more to children	1	2	3	
g. I learned some things I didn't know before	1	2	3	13
h. I preferred Feeling Good with "Mac's Place" more than with Dick Cavett	1	2	3	
i. Feeling Good was better with one topic per show than it was with several topics	1	2	3	15

Following are some reasons for not viewing Feeling Good at all. Please read each item below and circle as many as apply to you.

1 I don't watch much TV at all
2 I don't get a good picture on the public TV channel
3 I don't watch the public TV channel
4 I didn't know it was on the air
5 I watch a different program at the same time Feeling Good is on 216
6 I am not at home when it is on
7 The show didn't sound interesting
8 I'm not interested in health things
9 None of these

PLEASE GO ON TO THE NEXT PAGE

THESE QUESTIONS ARE FOR EVERYONE TO ANSWER

27. Do you have a television set in working order in your household?
1 Yes
2 No

28. Are you ...
1 Male
2 Female

29. On your last birthday, were you ...
1 18-24
2 25-34
3 35-44
4 45-54
5 55-64
6 65 or over
7 Prefer not to answer

30. What is the highest grade you completed in school?
1 No formal education
2 8th grade or less
3 Some high school
4 High school graduate
5 Some college
6 College graduate
7 Technical or vocational training

31. Are you ...
1 White/Caucasian
2 Black/Negro/Afro-American
3 American Indian
4 Spanish-American/Mexican-American
5 Puerto Rican
6 Oriental
7 Prefer not to answer
8 None of these

32a. Do you remember receiving another questionnaire we sent?
1 Yes
2 No

32b. Are you the person in your household who completed the other questionnaire we sent?
1 Yes
2 No

32c. If you were <u>not</u> the person who completed that questionnaire, would you please circle the appropriate number below:

1 No one in my household completed a questionnaire as far as I know
2 My wife or husband completed the questionnaire
3 My mother or father completed the questionnaire
4 Someone else completed the questionnaire

32d. Now, talking about the questionnaire you are now filling out, did you answer all the questions yourself, or did someone else answer some of them?

1 I answered all the questions myself
2 My husband or wife answered some questions and I answered some
3 My mother or father answered some questions and I answered some
4 Someone else answered some questions and I answered some

THE NEXT QUESTIONS ARE FOR PEOPLE WITH CHILDREN UNDER SIX YEARS OF AGE.

IF YOU HAVE NO CHILDREN UNDER SIX

MEN: PLEASE GO TO QUESTION 39 ON PAGE 15.

WOMEN: PLEASE GO TO QUESTION 35 ON PAGE 14.

IF YOU HAVE ANY CHILDREN UNDER SIX YEARS OF AGE, PLEASE CONTINUE:

33. Please circle the age of the oldest child who is under 6 years old, and answer the following questions about that child.

1 Age 5
2 Age 4
3 Age 3
4 Age 2
5 Age 1
6 Younger than 1

26

34. EYESIGHT TEST AND HEARING TEST

a. Have you ever tried to get any information on where to go to get your child's vision or hearing checked?

1 No, I have not tried
2 Yes, I have tried
3 I already know where to go
4 Someone else in the family takes care of these things

27

b. Has this child had a test to see if his or her eyesight is normal?

Please read choices carefully and then circle the one that best fits you.

1 Yes, has had test
2 No, but I plan to have child's eyesight checked
3 No, but I might have child's eyesight checked
4 No, because child is not old enough
5 No, because child does not need it
6 Not sure

28

c. Has this child had a test to see if his or her hearing is all right?

Please read choices carefully and then circle the one that best fits you.

1 Yes, has had test
2 No, but I plan to have child's hearing checked
3 No, but I might have child's hearing checked
4 No, because child is not old enough
5 No, because child does not need it
6 Not sure

29

MEN: PLEASE GO ON TO QUESTION 39.

WOMEN: PLEASE GO ON TO QUESTION 35.

THESE NEXT QUESTIONS ARE JUST FOR WOMEN TO ANSWER. Please circle <u>one</u> number to answer <u>each</u> question.

35. When was the last time you had a Pap test or smear?

1 Within the last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never had one
7 Not sure

36. When was the last time a doctor examined your breasts for lumps?

1 Within the last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never
7 Not sure

37. When was the last time you examined your own breasts for lumps?

1 Within the last month
2 Within the last 2 months
3 Within the last 4 months
4 Within the last 6 months
5 More than 6 months ago
6 Never
7 Not sure

38. Have you ever suggested to a friend or relative that she should get a Pap test?

1 Yes
2 No

PLEASE GO ON TO THE NEXT PAGE

THESE QUESTIONS ARE FOR EVERYONE TO ANSWER

39. Was there anything you learned from watching Feeling Good that you didn't know before?

1 I didn't watch any programs
2 I watched Feeling Good but didn't learn anything new
3 I did learn something new from watching Feeling Good: Please use the space below to give examples of what you learned. 34

40. Is there anything related to your own or your family's health that you or someone in your family did as a result of watching Feeling Good?

1 I didn't watch any programs
2 Haven't done anything as a result of watching Feeling Good
3 Yes, watching Feeling Good caused me to ... (Please describe below) 35

Please look back to make sure you have answered all the questions, and then return this questionnaire in the enclosed envelope. No postage is required.

THANK YOU FOR YOUR HELP!

Dear Friend:

A few days ago we sent you a questionnaire about your health and your family's health. Since our health is important to all of us, this survey and your part in it are of vital importance. If you have not yet had a chance to complete your questionnaire, please do so as soon as possible.

Thanks for taking part in our research.

YOURS FOR GOOD HEALTH,

Dr. Herbert Abelson
President

P.S. -- If you did not receive your questionnaire, please call me collect at (609) 921-3333.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609)921-3333

June 17, 1975

Dear Friend:

We recently sent you a questionnaire about a television health program called Feeling Good. We have not yet received your completed questionnaire, and are sending you another copy for your convenience.

This questionnaire represents a genuine effort you can make toward improving health in this country. Your response is confidential; no one is ever connected with a particular questionnaire.

Please complete and return this questionnaire today -- right now, if you can. A postage-paid envelope is enclosed. If you have any questions, please call me collect at the number at the top of this page.

Thanks again for your help.

Sincerely,

Herbert I. Abelson

Dr. Herbert I. Abelson
President

agp
Enclosures

P.S. -- We hope you will fill out this questionnaire even though our budget does not allow us to send another dollar.

Response Analysis
Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Dear Friend:

You may remember being interviewed by telephone last Fall about a new television health series. In a few days, you will receive a follow-up to that interview. We would appreciate your cooperation in completing and returning the questionnaire when you receive it.

Thank you in advance for your help in this important health research program.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson

This dollar is just a small token of our appreciation.

Response Analysis

Research Park, Route 206
Princeton, New Jersey 08540
(609) 921-3333

Dear Friend:

Please complete and return this questionnaire in the enclosed postage-paid envelope. It is a genuine contribution that you can make to improving the health of the country.

Last November a new series of programs on health, made possible by some large gifts to the producers of Sesame Street and the Electric Company, began on the public broadcasting channel.

In order to plan new shows properly, they have to know what people do and don't do about health. That's what this questionnaire is for.

Our computer picked you as part of a carefully selected cross-section. Then, in October, you were interviewed by telephone, and this is a follow-up to that interview.

The questionnaire is easy and you will enjoy it. Please do it today -- right now if you can -- and mail it back in the enclosed envelope. If you have any questions, call me collect at the number at the top of this page.

Thank you.

Sincerely,

Herbert Abelson

Dr. Herbert Abelson
President

THIS QUESTIONNAIRE HAS THREE PARTS:

A SECTION FOR EVERYBODY, STARTING ON THE NEXT PAGE

A LATER SECTION FOR HOUSEHOLDS THAT HAVE CHILDREN UNDER SIX

A SECTION JUST FOR WOMEN TO FILL OUT

PLEASE ANSWER THE QUESTIONS THAT FOLLOW BY DRAWING A CIRCLE AROUND THE NUMBER NEXT TO THE ANSWER THAT FITS YOU BEST. FOR EXAMPLE:

WHAT IS YOUR FAVORITE SEASON OF THE YEAR?	CIRCLE ONE NUMBER
	1 Winter
	2 Spring
	(3) Summer
	4 Fall

Please circle one code number for each question.

1. QUESTIONS ABOUT YOUR HEALTH AND YOUR FAMILY'S HEALTH

a. All in all, would you say your health is . . .

1 Better than most
2 Just about average
3 Not as good as most
4 I'm not sure how I compare

107

b. At any time over the past year, has your health or the health of someone else in the household caused you worry?

1 Yes, a lot of worry
2 Yes, some worry
3 Yes, a little worry
4 No worry at all

08

2. OPINIONS ABOUT HEALTH

For each of the following ideas about sickness and health, please circle "1" if you mostly agree with that idea. Circle "2" if you mostly disagree with that idea, and circle "3" if you have no opinion.

CIRCLE ONE NUMBER FOR EACH ITEM	MOSTLY AGREE	MOSTLY DISAGREE	NO OPINION	
a. Regular physical examinations are worthwhile only if something is wrong with the person.	1	2	3	09
b. No matter how careful a person is, he has to expect a good deal of illness in his lifetime.	1	2	3	
c. Being healthy is mainly a matter of how well you look after yourself.	1	2	3	11
d. A person should visit the dentist every six months, even if nothing seems wrong.	1	2	3	
e. There's not much a person can do to keep from getting sick.	1	2	3	13
f. A person can have high blood pressure and not know it.	1	2	3	14

3. HEALTH INFORMATION

Compared to six months or so ago, do you get a different amount of health information from radio and television than you used to?

1 Get more information now
2 Get less information now
3 Get about the same amount
4 Get no information
5 Not sure

15

4. In the last six months have you asked for any health information that you saw offered on television? . .

1 Yes
2 No
3 Not sure

16

5. In the LAST SIX MONTHS, did you try to get information on any of the following subjects for yourself or for someone else?

CIRCLE ONE NUMBER FOR EACH ITEM →

	YES, I TRIED	NO, I DID NOT TRY	I ALREADY KNEW IT	
a. Where to get an examination for blood pressure for yourself or anyone else	1	2	3	17
b. Where to get a heart check-up, for yourself or someone else	1	2	3	
c. Where to get dental care	1	2	3	
d. Where to get help for a drinking problem, your own or someone else's	1	2	3	
e. How to get a Pap test for women	1	2	3	
f. How to do a breast examination for women	1	2	3	22

6. Please read each of the things on this list. We are interested in finding out about things you may have done in the past TWO MONTHS.

Even though you may have done some of these things longer ago, please bear with us and indicate ONLY those things you have done in the past TWO MONTHS.

CIRCLE ONE NUMBER FOR EACH ITEM →

Since the LAST WEEK OF MARCH, have you . . .	YES	NO	NOT SURE OR DOES NOT APPLY	
a. Encouraged someone to see a doctor for an emotional problem	1	2	3	23
b. Written down your symptoms before visiting a doctor	1	2	3	
c. Had your own eyesight checked	1	2	3	
d. Taken a pre-school child for an eyesight or vision test	1	2	3	
e. Suggested to a friend or relative of yours that she have a doctor examine her breasts	1	2	3	
f. Asked the doctor to explain when he told you something you didn't understand	1	2	3	28

7. PHYSICAL EXAMINATIONS

About how long ago did you have the last physical examination when nothing was bothering you?

1 Never had one
2 Within the last 3 months
3 Between 3 and 6 months ago *29*
4 Between 6 months and a year ago
5 Between 1 and 3 years ago
6 More than 3 years ago
7 Not sure

8. BLOOD PRESSURE

a. When, if ever, was the last time you had your blood pressure checked?

1 Within the last 3 months
2 Between 3 and 6 months ago *30*
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never had it checked
7 Not sure

b. Have you ever suggested to anyone else that they should get their blood pressure checked?

1 Yes
2 No *31*
3 Not sure

9. DENTAL EXAMINATION

a. When was the last time you went for a dental check-up when your teeth were not bothering you?

1 Within last 3 months
2 Between 3 and 6 months ago *32*
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never had one
7 Not sure
8 I have dentures

b. Have you ever used a dental "disclosing tablet" -- a tablet that you chew to see if your teeth are clean?

1 Yes
2 No *33*
3 Not sure

10. POISON CONTROL

Do you have the telephone number of the poison control center for your area posted near your telephone?

1 Yes
2 No *34*

Many of the next questions are hard ones, some are easy. As long as you think you know an answer, feel free to guess even if you are not positive about it. Please don't worry about not knowing some answers. This is for research only, so just relax and do your best.

This section is about diseases and problems of vision and eyesight. Please circle one number for each question.

11. When should a child's eyes first be checked?

1 Before the child learns to recognize the alphabet
2 After the child starts school
3 After the child learns to read
4 I don't know

12. These next questions are about glaucoma.

a. How often should people over 35 have their eyes checked for glaucoma?

1 Every six months
2 Every year
3 Every two years
4 I don't know

b. What do you think about this statement: "A person can have glaucoma and not know it."

1 Mostly true
2 Mostly false
3 I don't know

c. If glaucoma is diagnosed before a person becomes blind ...

1 Full sight can be restored
2 The condition can be arrested
3 Nothing can be done about it
4 I don't know

d. What is the most common form of treatment for glaucoma?

1 Medicated eyedrops
2 Eye surgery
3 Exercising the eye
4 None of the above
5 I don't know

13. Following are some questions about amblyopia.

a. Have you ever heard of amblyopia?

1 Yes
2 No
3 Not sure

b. As far as you know, amblyopia is the condition of ...

1 Color blindness
2 Near-sightedness
3 Under-use of one eye
4 A film which form over the eye
5 I don't know

c. Which of these statements is closer to the facts ...

1 A child with amblyopia may see well with only one eye and appear to have normal vision
2 A child with amblyopia usually has problems seeing that are obvious to his parents
3 I don't know

14. BREAST CANCER

The next questions about breast cancer in women should be answered by everyone.

a. About what proportion of women will develop breast cancer at some time during their lives?

Circle one number

1 About 1 out of 15 (7%)
2 About 1 out of 30 (3%)
3 About 1 out of 60 (about 1½%) 43
4 I don't know

b. Many women delay having their breasts examined for lumps because they are afraid of what they will find out. Out of 100 women who discover a lump in their breast, how many turn out to be cancer?

Circle one number

1 About 5
2 About 15 44
3 About 25
4 About 35
5 I don't know

c. The likelihood of breast cancer increases with . . .

Circle one number

1 Weight
2 Age 45
3 Stress
4 None of them
5 I don't know

d. How often should women examine their breasts for lumps?

Circle one number

1 Every week
2 Every month 46
3 Every six months
4 Every year
5 I don't know

e. Even with early detection and treatment, a large majority of women with breast cancer never recover from it.

Circle one number

1 Mostly true 47
2 Mostly false
3 I don't know

f. What do you think about this statement: "After a woman has had a breast removed, she can still have a normal sex life."

Circle one number

1 Strongly agree
2 Agree 48
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

15. STRESS

These next questions are about stress and how people react to stress.

a. Most people face stressful situations daily. Do you mostly agree or mostly disagree that stress can be helpful as well as harmful?

Circle one number

1 Mostly agree
2 Mostly disagree 49
3 I don't know

b. No matter how many small stressful situations happen to you at one time, they can never equal the stress caused by one big thing, like losing your job.

Circle one number

1 Mostly true
2 Mostly false
3 I don't know

50

c. There are many things that people do to relieve stress. Which of the following things are good ways to deal with stress?

Circle as many as apply

1 Work it off
2 Take a tranquilizer
3 Drink or eat something
4 Talk about the problem with someone
5 Push the problem out of your mind
6 None of these
7 I don't know

51

16. DOCTOR-PATIENT RELATIONSHIPS

Following are some questions about doctor-patient communications.

a. Which of the following statements is closer to the way you feel about doctor-patient relationships?

Circle one number

1 A doctor should tell you what his services cost even if you don't ask.
2 It is up to the patient to ask the doctor what the cost is going to be
3 No opinion

52

b. Which of these two statements is closer to the way you feel about doctor-patient relationships?

Circle one number

1 A doctor should tell you what is wrong even if you don't want to know
2 A doctor should withhold bad news if he feels you are not ready for it
3 No opinion

53

c. Of the following two statements, which is closer to your opinion?

Circle one number

1 A patient should follow his doctor's instructions even if he doesn't agree
2 A patient should follow his doctor's instructions only if he thinks they will do him some good
3 No opinion

54

d. How do you feel about this statement: "A doctor should call in a second opinion if his patient requests one."

Circle one number

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
6 No opinion

55

THE NEXT QUESTIONS ARE ABOUT SOME TELEVISION PROGRAMS YOU MAY HAVE WATCHED.

Last November, a new series of television programs about health began on the educational station in your area. The program was called Feeling Good and, during April and May, was shown each week for one-half hour with Dick Cavett as the host. The next few questions are about your viewing of Feeling Good. Even if you don't remember watching any of the shows, please answer questions 17-24 just as a reminder.

Please read over each description below and indicate if you remember watching this show.

17. Show broadcast between April 2 and April 8 -- AGING
This show is mainly about how one family cares for their elderly grandfather in their home. Both favorable and unfavorable aspects of home care for the elderly are discussed.

Do you remember watching this show about aging?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

56

18. Show broadcast between April 9 and April 15 -- ALCOHOLISM
Host Dick Cavett talks about drinking and alcoholism while sitting at a bar. There is a drama about a day in the life of a housewife who is an alcoholic, and other alcoholics discuss their drinking problems.

Do you remember watching this show about alcoholism?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

57

19. Show broadcast between April 16 and April 22 -- HEART ATTACK RECOVERY
Most of this show is about helping people who have had a heart attack re-adjust to normal lives. Wives of heart attack victims talk about re-adjustment to normal life.

Do you remember watching this show about heart attack recovery?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

58

20. Show broadcast between April 23 and April 29 -- VISION PROBLEMS
The show takes place mainly in the Metropolitan Museum of Art in New York. Dick Cavett talks to two people about some problems they have had with their eyesight. One is a middle-aged woman and another is a young boy. Discussion of two common vision problems.

Do you remember watching this show about vision problems?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

59

21. Show broadcast between April 30 and May 6 -- BREAST CANCER IN WOMEN
In this show, Dick Cavett talks with Julia Child about breast cancer. They discuss the chance of a woman having breast cancer and her chance of recovery. Women are shown how to examine their breasts for lumps.

Do you remember watching this show about breast cancer?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

60

22. Show broadcast between May 7 and May 13 -- STRESS
This show concerns the causes of stress and the effects stress has on the human body. Bill Cosby talks about a stressful experience he had as a boy -- a fight with a bully. Dr. Herbert Benson talks with host Dick Cavett about relaxation therapy.

Do you remember watching this show about stress?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

62

23. Show broadcast between May 14 and May 20 -- DOCTOR-PATIENT COMMUNICATION
Most of this show takes place in a doctor's office and waiting room. Some of the people waiting have problems communicating what is wrong with them to their doctor, while others are afraid to find out what is wrong. There is a skit about doctors who use medical terms their patients can't understand.

Do you remember watching this show about doctor-patient communication?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

6

24. Show broadcast between May 21 and May 27 -- DEPRESSION
This show features Dick Cavett as host and singer Johnny Cash as guest star. In one dramatic segment, a businessman's depression causes problems for him and his family. In another, a young auto mechanic and his co-workers discuss his emotional problem.

Do you remember watching this show about depression?

1 Watched all of it
2 Watched part of it
3 Did not watch any of it
4 Not sure

6

FEELING GOOD DURING NOVEMBER, DECEMBER AND JANUARY

Feeling Good was also shown during November, December and January. This is a picture of the cast at "Mac's Place" which was the setting for the show during those early months.

25. About how many shows during November, December and January do you remember watching all or part of?

1 One show
2 Two shows
3 Three shows
4 Four shows
5 Five shows
6 Six or more shows
7 Did not watch any

65

The next question is about all the Feeling Good shows, the ones that were on during November, December and January and also the ones on during April and May.

26a. If you remember watching any episodes of Feeling Good from November through May, please answer the questions in the box at the left.

26b. If you do not remember watching any episodes of Feeling Good, please answer the questions in the box at the right.

Following are some comments about Feeling Good. Circle "1" if you mostly agree, circle "2" if you mostly disagree, circle "3" if you are not sure.

	MOSTLY AGREE	MOSTLY DISAGREE	NOT SURE	
a. It was entertaining	1	2	3	207
b. Dick Cavett was a good host	1	2	3	
c. "Mac's Place" was entertaining	1	2	3	09
d. I found the health information useful	1	2	3	
e. The guest stars were enjoyable	1	2	3	11
f. The show was geared more to children	1	2	3	
g. I learned some things I didn't know before	1	2	3	13
h. I preferred Feeling Good with "Mac's Place" more than with Dick Cavett	1	2	3	
i. Feeling Good was better with one topic per show than it was with several topics	1	2	3	15

Following are some reasons for not viewing Feeling Good at all. Please read each item below and circle as many as apply to you.

1 I don't watch much TV at all

2 I don't get a good picture on the public TV channel

3 I don't watch the public TV channel

4 I didn't know it was on the air

5 I watch a different program at the same time Feeling Good is on 216

6 I am not at home when it is on

7 The show didn't sound interesting

8 I'm not interested in health things

9 None of these

PLEASE GO ON TO THE NEXT PAGE

THESE QUESTIONS ARE FOR EVERYONE TO ANSWER

27. Do you have a television set in working order in your household?
1 Yes
2 No
217

28. Are you ...
1 Male
2 Female
18

29. On your last birthday, were you ...
1 18-24
2 25-34
3 35-44
4 45-54
5 55-64
6 65 or over
7 Prefer not to answer
19

30. What is the highest grade you completed in school?
1 No formal education
2 8th grade or less
3 Some high school
4 High school graduate
5 Some college
6 College graduate
7 Technical or vocational training
20

31. Are you ...
1 White/Caucasian
2 Black/Negro/Afro-American
3 American Indian
4 Spanish-American/Mexican-American
5 Puerto Rican
6 Oriental
7 Prefer not to answer
8 None of these
21

32. Now, talking about the questionnaire you are filling out, did you answer all the questions yourself, or did someone else answer some of them?

1 I answered all the questions myself
2 My husband or wife answered some questions and I answered some
3 My mother or father answered some questions and I answered some
4 Someone else answered some questions and I answered some
25

THE NEXT QUESTIONS ARE FOR PEOPLE WITH CHILDREN UNDER SIX YEARS OF AGE.

IF YOU HAVE NO CHILDREN UNDER SIX

MEN:

PLEASE GO TO QUESTION 39 ON PAGE 15.

WOMEN:

PLEASE GO TO QUESTION 35 ON PAGE 10.

IF YOU HAVE ANY CHILDREN UNDER SIX YEARS OF AGE, PLEASE CONTINUE:

33. Please circle the age of the oldest child who is under 6 years old, and answer the following questions about that child.

1 Age 5
2 Age 4
3 Age 3
4 Age 2
5 Age 1
6 Younger than 1

26

34. EYESIGHT TEST AND HEARING TEST

a. Have you ever tried to get any information on where to go to get your child's vision or hearing checked?

1 No, I have not tried
2 Yes, I have tried
3 I already know where to go
4 Someone else in the family takes care of these things

27

b. Has this child had a test to see if his or her eyesight is normal?

Please read choices carefully and then circle the one that best fits you.

1 Yes, has had test
2 No, but I plan to have child's eyesight checked
3 No, but I might have child's eyesight checked
4 No, because child is not old enough
5 No, because child does not need it
6 Not sure

28

c. Has this child had a test to see if his or her hearing is all right?

Please read choices carefully and then circle the one that best fits you.

1 Yes, has had test
2 No, but I plan to have child's hearing checked
3 No, but I might have child's hearing checked
4 No, because child is not old enough
5 No, because child does not need it
6 Not sure

29

MEN:

PLEASE GO ON TO QUESTION 39.

WOMEN:

PLEASE GO ON TO QUESTION 35.

THESE NEXT QUESTIONS ARE JUST FOR WOMEN TO ANSWER. Please circle one number to answer each question.

35. When was the last time you had a Pap test or smear?

1 Within the last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never had one
7 Not sure

36. When was the last time a doctor examined your breasts for lumps?

1 Within the last 3 months
2 Between 3 and 6 months ago
3 Between 6 months and a year ago
4 Between 1 and 2 years ago
5 More than 2 years ago
6 Never
7 Not sure

37. When was the last time you examined your own breasts for lumps?

1 Within the last month
2 Within the last 2 months
3 Within the last 4 months
4 Within the last 6 months
5 More than 6 months ago
6 Never
7 Not sure

38. Have you ever suggested to a friend or relative that she should get a Pap test?

1 Yes
2 No

PLEASE GO ON TO THE NEXT PAGE

THESE QUESTIONS ARE FOR EVERYONE TO ANSWER

39. Was there anything you learned from watching Feeling Good that you didn't know before?

1 I didn't watch any programs
2 I watched Feeling Good but didn't learn anything new
3 I did learn something new from watching Feeling Good: Please use the space below to give examples of what you learned. 34

40. Is there anything related to your own or your family's health that you or someone in your family did as a result of watching Feeling Good?

1 I didn't watch any programs
2 Haven't done anything as a result of watching Feeling Good
3 Yes, watching Feeling Good caused me to ... (Please describe below) 35

Please look back to make sure you have answered all the questions, and then return this questionnaire in the enclosed envelope. No postage is required.

THANK YOU FOR YOUR HELP!