

If you agree to participate in this study, **please check the box below.**

- I understand the contents of the separate sheet, "Request for your cooperation in the 'Study on the questionnaire regarding cancer screening participation rates,'" and I agree to participate in this study.

For the following questions, please include screenings that you underwent at facilities other than the Cancer Detection Center of the Miyagi Cancer Society.

Question 1: **In the past 1 year**, have you undergone the following three cancer screenings? Please answer for each screening. Also, for each screening you underwent, please indicate on what occasion you underwent the screening.

<p>Gastric Cancer Screening (e.g., barium X-ray imaging or endoscopy [gastroscopy/fiberscope], etc.)</p> <p>1 Did not undergo 2 Underwent</p>	<p>On what occasion did you undergo the screening? Please circle all applicable numbers.</p> <p>1 Screening conducted by your municipality 2 Screening conducted by your workplace or health insurance association (including a family member's workplace) 3 Other</p>
<p>Lung Cancer Screening (e.g., chest X-ray or sputum cytology, etc.)</p> <p>1 Did not undergo 2 Underwent</p>	<p>On what occasion did you undergo the screening? Please circle all applicable numbers.</p> <p>1 Screening conducted by your municipality 2 Screening conducted by your workplace or health insurance association (including a family member's workplace) 3 Other</p>
<p>Colorectal Cancer Screening (e.g., fecal occult blood test, etc.)</p> <p>1 Did not undergo 2 Underwent</p>	<p>On what occasion did you undergo the screening? Please circle all applicable numbers.</p> <p>1 Screening conducted by your municipality 2 Screening conducted by your workplace or health insurance association (including a family member's workplace) 3 Other</p>

Question 2: **In the past 2 years**, have you undergone stomach cancer screening? Also, please indicate on what occasion you underwent the screening.

<p>Gastric Cancer Screening (e.g., barium X-ray imaging or endoscopy [gastroscopy/fiberscope], etc.)</p> <p>1 Did not undergo 2 Underwent</p>	<p>On what occasion did you undergo the screening? Please circle all applicable numbers.</p> <p>1 Screening conducted by your municipality 2 Screening conducted by your workplace or health insurance association (including a family member's workplace) 3 Other</p>
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Women aged 20 years or older, please continue.

Question 3: **In the past 2 years**, have you undergone the following two cancer screenings? Please answer for each screening. Also, for each screening you underwent, please indicate on what occasion you underwent the screening.

<p>Uterine (Cervical) Cancer Screening (e.g., cervical cytology test, etc.)</p> <p>1 Did not undergo 2 Underwent</p>	<p>On what occasion did you undergo the screening? Please circle all applicable numbers.</p> <p>1 Screening conducted by your municipality 2 Screening conducted by your workplace or health insurance association (including a family member's workplace) 3 Other</p>
<p>Breast Cancer Screening (e.g., mammography or breast ultrasound examination, etc.)</p> <p>1 Did not undergo 2 Underwent</p>	<p>On what occasion did you undergo the screening? Please circle all applicable numbers.</p> <p>1 Screening conducted by your municipality 2 Screening conducted by your workplace or health insurance association (including a family member's workplace) 3 Other</p>

Thank you for your cooperation. Please return **only this questionnaire** in the enclosed reply envelope. Your name is not required.