**Supplementary Material 2. Korean National Cancer Screening Survey Questionnaire, 2020.**

**[Interviewer: Answer with the most recent examination.]**

**Q1-1) Have you ever been examined by the following screening methods?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cancer** | **Methods** | **Response** | |
| ①  Yes | ②  No |
| Stomach | A. Upper GI series |  |  |
| B. Upper endoscopy |  |  |
| Liver | C. Liver ultrasonography |  |  |
| Colorectal | D. Stool test (FOBT) |  |  |
| E. Colonoscopy |  |  |
| Breast | F. Mammography |  |  |
| G. Breast Ultrasonography |  |  |
| Cervical | H. Pap smear |  |  |
| I. HPV DNA test |  |  |

**Q1-2) When was the last time you had this screening examination?**

1. **Stomach, Breast, Cervical, Colorectal (Stool test)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cancer** | **Methods** | **Response** | | |
| ①  Within 1 year (12 months) | ②  Within 2 years (13 – 24 months) | ③  More than 2 years ago (≥ 25 months) |
| Stomach | A. Upper GI series |  |  |  |
| B. Upper endoscopy |  |  |  |
| Colorectal | D. Stool test (FOBT) |  |  |  |
| Breast | F. Mammography |  |  |  |
| G. Breast Ultrasonography |  |  |  |
| Cervical | H. Pap smear |  |  |  |
| I. HPV DNA test |  |  |  |

1. **Liver**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cancer** | **Methods** | **Response** | | |
| ①  Within 6 months | ②  Within 1 year (7 – 12 months) | ③  More than 1 year ago (≥ 13 months) |
| Liver | C. Liver ultrasonography |  |  |  |

1. **Colorectal (Colonoscopy, DCBE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cancer** | **Methods** | **Response** | | |
| ①  Within 5 years | ②  Within 10 years | ③  More than 10 years ago |
| Colorectal | E. Colonoscopy |  |  |  |

**Q1-4) How did you pay for the screening examination?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cancer** | **Methods** | **Response** | | | | | |
| ①  NHI/ NHIC (partially self-paid) | ②  Public health center/ Government (total free of charge) | ③  Private insurance company | ④  Comprehensive medical examination (full amount paid by yourself/ spouse/ children) | ⑤  (your/ spouse’s/ children’s) Workplace checkup | ⑥  Others  (Please write: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Stomach | A. Upper GI series |  |  |  |  |  |  |
| B. Upper endoscopy |  |  |  |  |  |  |
| Liver | C. Liver ultrasonography |  |  |  |  |  |  |
| Colorectal | D. Stool test (FOBT) |  |  |  |  |  |  |
| E. Colonoscopy |  |  |  |  |  |  |
| Breast | F. Mammography |  |  |  |  |  |  |
| G. Breast Ultrasonography |  |  |  |  |  |  |
| Cervical | H. Pap smear |  |  |  |  |  |  |
| I. HPV DNA test |  |  |  |  |  |  |

DCBE = double-contrast barium enema; FOBT = fecal occult blood test; GI = gastrointestinal; NHI = National Health Insurance; NHIC = National Health Insurance Corporation; HPV = human papillomavirus.