Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

**ANNUAL STUDY UPDATE (ASU)**

Participant ID: `FIELD(9)`  
`*FIELD(11)*`  
November 23, 1998  
`*FIELD(12)*`

Participant Name: `FIELD(10)`  
Study Year: `FIELD(13)`

If Your Name (Printed Above) Is Incorrect, Please Record Your Corrected Name Below.

Corrected Name: __________________________

1. **In the period from `FIELD(14)` to the present, have you been diagnosed with cancer by a health care provider?**
   (Do not include basal-cell or squamous-cell skin cancers.)

   [ ] Yes
   [ ] No

   (If no, men go to item 3; women go to item 4)

2. **What type of cancer was diagnosed?**
   (Please record all cancers diagnosed during this period except basal-cell and squamous-cell skin cancers.)

<table>
<thead>
<tr>
<th>Type/Site of Cancer (breast, lung, etc)</th>
<th>Date of Diagnosis</th>
<th>Hospital or clinic where the cancer was diagnosed</th>
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</tbody>
</table>

   What is the name, phone number and address of the physician who diagnosed the most recent cancer?

   Name: ____________________________  
   Phone: (____)______________________

   Address: ____________________________________________________________________

3. **FOR MEN ONLY: In the period from `FIELD(15)` to the present, have you taken the medication Proscar or Propecia (Finasteride)?**

   [ ] Yes
   [ ] No

4. **Today’s Date:**
   __/__/__
   Month  Day  Year

5. **Who completed this questionnaire?**
   (Please check one)

   [ ] Study Participant  
   [ ] Spouse  
   [ ] Someone else (SPECIFY)__________________________ Relationship

6. **Comments:**

   __________________________________________________________________________

Thank you for completing this questionnaire. Please return this form in the enclosed envelope.

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