

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

Men's Health Status Questionnaire (HSM) - Intervention Arm

Note on Personal Customization:

The HSQ forms were customized for each participant in the intervention arm to include the dates of their most recent PLCO screening exams. Question wording was slightly different (than shown in this document) for participants who never received one or more of the PLCO screening exam modalities during the trial. For example, if an intervention arm participant never received a chest x-ray as part of the trial, then the phrases “the date of your last PLCO screening chest x-ray” and “(Excluding PLCO chest x-rays)” were excluded (from questions 3a and 3b respectively). Similar wording changes were applied to questions on flexible sigmoidoscopy, digital rectal exam, and PSA blood test.

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

Men's Health Status Questionnaire (HSM)

HSM

HSM-I

1. What is your date of birth?

|_|_| / |_|_| / |_|_|_|_|
MO DAY YEAR

PHYSICAL EXAMINATIONS

Please complete each question by placing a (✓) in the box next to the answer that best fits your situation. (Mark only one answer for each question.)

2a. Have you ever had an eye examination for glaucoma or cataracts?

- 1 Yes
2 No (GO TO ITEM 3a)
3 Don't Know (GO TO ITEM 3a)

2b. When did you have your most recent eye examination for glaucoma or cataracts?

- 1 Within the past year
2 1 to 2 years ago
3 2 to 3 years ago
4 More than 3 years ago
5 Don't Know

2c. What was the main reason you had this eye examination for glaucoma or cataracts?

- 1 Because of a specific eye problem
2 Follow-up to a previous eye problem
3 Part of a routine physical exam
4 Part of a routine eye exam

3a. Outside of the PLCO study, have you had a chest x-ray since ___/___/___ (mm/dd/yyyy), the date of your last PLCO screening chest x-ray?

- 1 Yes
2 No (GO TO ITEM 4a)
3 Don't Know (GO TO ITEM 4a)

3b. When did you have your most recent chest x-ray (Excluding PLCO screening chest x-rays)?

- 1 Within the past year
2 1 to 2 years ago
3 2 to 3 years ago
4 More than 3 years ago
5 Don't Know

3c. What was the main reason you had this chest x-ray?

- 1 Because of a specific health problem
2 Follow-up to a previous health problem
3 Part of a routine physical exam

Men's Health Status Questionnaire (HSM)

<p>4a. Have you ever had a Spiral CT (Computed Tomography) of your chest?</p> <p>4b. When did you have your most recent Spiral CT of your chest?</p> <p>4c. What was the main reason you had this Spiral CT of your chest?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 5a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 5a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>5a. Outside of the PLCO study, have you had a digital rectal examination (DRE) of the prostate since ___/___/___ (mm/dd/yyyy), the date of your last PLCO screening DRE?</p> <p>5b. When did you have your most recent digital rectal examination of the prostate (Excluding PLCO DREs)?</p> <p>5c. What was the main reason you had this digital rectal examination of the prostate?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 6a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 6a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific prostate problem 2 <input type="checkbox"/> Follow up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>6a. Have you ever had a barium enema to examine your colon and rectum?</p> <p>6b. When did you have your most recent barium enema to examine your colon and rectum?</p> <p>6c. What was the main reason you had this barium enema to examine your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 7a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 7a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

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<p>7a. Outside of the PLCO study, have you had a flexible sigmoidoscopy examination (FSG) of your colon and rectum since ___/___/___ (mm/dd/yyyy), the date of your last PLCO screening FSG?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 8a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 8a)</p>
<p>7b. When did you have your most recent flexible sigmoidoscopy examination of your colon and rectum (Excluding PLCO FSGs)?</p>	<p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p>
<p>7c. What was the main reason you had this flexible sigmoidoscopy examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>8a. Have you ever had a colonoscopic examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 9a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 9a)</p>
<p>8b. When did you have your most recent colonoscopic examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p>
<p>8c. What was the main reason you had this colonoscopic examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>9a. Have you ever had a test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 10a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 10a)</p>
<p>9b. When did you have your most recent test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p>
<p>9c. What was the main reason you had this test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

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- | | |
|---|---|
| <p>10a. Have you ever had your blood pressure checked?</p> | <p>1 <input type="checkbox"/> Yes
 2 <input type="checkbox"/> No (GO TO ITEM 11a)
 3 <input type="checkbox"/> Don't Know (GO TO ITEM 11a)</p> |
| <p>10b. When did you have your most recent blood pressure check?</p> | <p>1 <input type="checkbox"/> Within the past year
 2 <input type="checkbox"/> 1 to 2 years ago
 3 <input type="checkbox"/> 2 to 3 years ago
 4 <input type="checkbox"/> More than 3 years ago
 5 <input type="checkbox"/> Don't Know</p> |
| <p>10c. What was the main reason you had this blood pressure check?</p> | <p>1 <input type="checkbox"/> Because of a specific health problem
 2 <input type="checkbox"/> Follow-up to a previous health problem
 3 <input type="checkbox"/> Part of a routine physical exam</p> |

BLOOD TESTS *Please complete each question by placing a (✓) in the box next to the answer that best fits your*

- | | |
|---|---|
| <p>11a. Have you ever had a test to check your blood cholesterol level?</p> | <p>1 <input type="checkbox"/> Yes
 2 <input type="checkbox"/> No (GO TO ITEM 12a)
 3 <input type="checkbox"/> Don't Know (GO TO ITEM 12a)</p> |
| <p>11b. When did you have your most recent test to check your blood cholesterol level?</p> | <p>1 <input type="checkbox"/> Within the past year
 2 <input type="checkbox"/> 1 to 2 years ago
 3 <input type="checkbox"/> 2 to 3 years ago
 4 <input type="checkbox"/> More than 3 years ago
 5 <input type="checkbox"/> Don't Know</p> |
| <p>11c. What was the main reason you had this test to check your blood cholesterol level?</p> | <p>1 <input type="checkbox"/> Because of a specific health problem
 2 <input type="checkbox"/> Follow-up to a previous health problem
 3 <input type="checkbox"/> Part of a routine physical exam</p> |

Men's Health Status Questionnaire (HSM)

<p>12a. Have you ever had a test to check your blood glucose (sugar) level?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 13a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 13a)</p>
<p>12b. When did you have your most recent test to check your blood glucose (sugar) level?</p>	<p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p>
<p>12c. What was the main reason you had this test to check your blood glucose (sugar) level?</p>	<p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>13a. Outside of the PLCO study, have you had a PSA blood test for prostate cancer since ___/___/___(mm/dd/yyyy), the date of your last PLCO screening PSA test?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 14) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 14)</p>
<p>13b. When did you have your most recent PSA blood test for prostate cancer (Excluding PLCO PSA tests)?</p>	<p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p>
<p>13c. What was the main reason you had this PSA blood test for prostate cancer?</p>	<p>1 <input type="checkbox"/> Because of a specific prostate problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>14. Today's Date:</p>	<p style="text-align: center;"> _ _ / _ _ / _ _ _ _ MO DAY YEAR </p>

Thank you for completing this questionnaire. Please return this form to:

SC Name

Address

Public Reporting Burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Officer, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730. Attention: PRA (0925-0407). Do not return the completed form to this address.

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1. Method of Administration:

- 1 Self-Administered
 2 Self-Administered with Assistance
 3 Telephone Administered
 4 In-person Interview

2. If Completion Date was estimated, check: 1