Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial
SUPPLEMENTAL QUESTIONNAIRE

PLEASE COMPLETE:  

Today's Date

Participant's Date of Birth

STATEMENT OF CONFIDENTIALITY
Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 225 a-1). Rights of study participants are protected by the Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Participation will not influence a person's relationship with any provider of medical care or any federal program such as Social Security or Medicare. The information collected in this study will be kept confidential and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries. Study records will be kept for approximately 2 years past the end of the study, and then destroyed.

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WHEN FILLING OUT THE QUESTIONNAIRE, PLEASE FOLLOW THESE INSTRUCTIONS
• Use a blue or black ball-point pen or a Number 2 pencil. Do not use red ink or a felt tip pen. Do not fold, staple, or tear the forms.
• Circles: Please fill in the circles completely. Try not to go outside the lines.
  Correct mark  
  Incorrect marks

GENERAL INFORMATION

1 What is your current marital status?
   ○ Married/living as married
   ○ Widowed
   ○ Divorced

2 Are you currently...
   ○ Homemaker
   ○ Employed full-time
   ○ Employed part-time
   ○ Extended sick leave
   ○ Other (specify)

3 Into what religion were you born?
   ○ Catholic
   ○ Christian Scientist
   ○ Greek Orthodox
   ○ Jewish
   ○ LDS or Mormon
   ○ Protestant
   ○ Seventh Day Adventist
   ○ Other (specify)
   ○ None
# FAMILY BACKGROUND AND BODY TYPE

### 4. Are you Hispanic or Latino?
- Yes, Hispanic or Latino
- No, not Hispanic or Latino

### 5. What is your race?
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

### 6. What is your current family income?
- Less than $20,000
- $20,000 to 49,999
- $50,000 to 99,999
- $100,000 to 200,000
- More than $200,000
- Prefer not to answer

### 7. What is your current height?

<table>
<thead>
<tr>
<th>FEET</th>
<th>INCHES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8. Please estimate your weight when you were the following ages. (EXCLUDE ANY PERIODS WHEN YOU WERE PREGNANT)

<table>
<thead>
<tr>
<th>Age</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>30s</td>
<td></td>
</tr>
<tr>
<td>40s</td>
<td></td>
</tr>
<tr>
<td>50s</td>
<td></td>
</tr>
<tr>
<td>60s</td>
<td></td>
</tr>
<tr>
<td>70s</td>
<td></td>
</tr>
</tbody>
</table>

### 9. What is your current weight?

<table>
<thead>
<tr>
<th>POUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 10. When you gain weight, where do you MAINLY tend to add the weight?
- Don't gain weight
- Around the chest and shoulders
- Around the waist and stomach
- Around the hips and thighs
- Equally all over
- Other (specify)

### 11. When you are trying to slim down, where is it most difficult to lose the weight?
- Don't try to lose weight
- Can't lose weight
- Around the chest and shoulders
- Around the waist and stomach
- Around the hips and thighs
- Equally all over
- Other (specify)

### 12. Compared to other people of the same sex and height, when sitting, are you...
- Especially tall
- Somewhat tall
- Typical
- Somewhat short
- Especially short

### 13. How would you describe your waist in comparison to your hips (waist-to-hip ratio)?
- Waist much smaller than hips
- Waist somewhat smaller than hips
- Waist similar to hips
- Waist somewhat larger than hips
- Waist much larger than hips
What was your father's age when you were born?
- Less than 20
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older
- Unknown

What was your mother's age when you were born?
- Less than 20
- 20 to 24
- 25 to 29
- 30 to 34
- 35 to 39
- 40 to 44
- 45 or older
- Unknown

How many of each of the following blood relatives (do not count half sisters or half brothers) do/did you have? (PLEASE INCLUDE ANY DECEASED)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sisters</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>b. Brothers</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>c. Daughters</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>d. Sons</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

Were any of your blood relatives ever diagnosed with cancer? (BLOOD RELATIVES INCLUDE MOTHER, FATHER, SISTERS, BROTHERS, CHILDREN. DO NOT INCLUDE SKIN CANCER UNLESS IT WAS MELANOMA.)
- No relatives diagnosed with cancer ➔ GO TO QUESTION 18
- Yes, at least one relative diagnosed with cancer (COMPLETE THE TABLE BELOW. IF YOU HAVE MORE THAN FIVE RELATIVES DIAGNOSED WITH CANCER, PLEASE INCLUDE A SEPARATE PAGE WITH THIS INFORMATION.)

<table>
<thead>
<tr>
<th>FOR EACH ROW, MARK ONE RELATIVE WHO HAD CANCER</th>
<th>What type(s) of cancer did he/she have? (MARK ALL THAT APPLY)</th>
<th>At what age was he/she diagnosed with first cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Mother</td>
<td>Breast, Prostate, Lymphoma, Colorectal, Ovarian</td>
<td>Less than 40, 70 to 79, 40 to 49, 50 to 59, 60 to 69</td>
</tr>
<tr>
<td>o Father</td>
<td>Lung, Endometrial, Bladder, Other</td>
<td></td>
</tr>
<tr>
<td>o Sister/Brother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Daughter/Son</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each row, mark one relative who had cancer.
### HEALTH HISTORY

**18**

**Were you ever diagnosed with:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A stroke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. A heart attack?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. High cholesterol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. High blood pressure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Diabetes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Osteoporosis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Emphysema?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**[IF YES:] At what age were you first diagnosed?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Less than 50</th>
<th>50 to 59</th>
<th>60 to 69</th>
<th>70 or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Heart Attack</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. High Cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. High Blood Pressure</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>e. Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Osteoporosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**19**

**Were you ever diagnosed with:**

- Arthritis?  
  - Yes
  - No

**[IF YES:] What type of arthritis?**

- Rheumatoid Arthritis
- Osteoarthritis
- Not sure which type

**[IF YES:] At what age were you first diagnosed with arthritis?**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Less than 30</th>
<th>30 to 39</th>
<th>40 to 49</th>
<th>50 to 59</th>
<th>60 to 69</th>
<th>70 or older</th>
</tr>
</thead>
</table>

**20**

After you were 40 years old, did you ever have a **bone fracture or broken bone** in any of the following parts of your body? *(MARK ALL THAT APPLY)*

- Hip
- Forearm or wrist
- Vertebra
- Any other bone
- No bones fractured or broken
QUESTIONS 21 TO 28 CONCERN MEDICATIONS (EITHER PRESCRIPTION OR OVER-THE-COUNTER) THAT ARE ANTI-INFLAMMATORY OR PAIN RELIEVERS.

21 During the last 12 months, about how often did you usually take aspirin (examples of aspirin include Bayer, Bufferin, Anacin, and baby aspirin)?

- None or less than 1 time per month
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 6 times per week
- 7 or more times per week

22 When you took aspirin, what strength or dose did you usually take?

- None
- Adult strength (usually 325mg)
- Baby strength (usually 81mg)
- Some other strength
- don't know the strength

23 For how many years have you taken aspirin at least once per week?

- None
- Less than 10 years
- 10 to 19 years
- 20 to 39 years
- 40 or more years

24 During the last 12 months, about how often did you usually take acetaminophen (examples of acetaminophen include Tylenol and Panedol)?

- None or less than 1 time per month
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 6 times per week
- 7 or more times per week

25 For how many years have you taken acetaminophen at least once per week?

- None
- Less than 10 years
- 10 to 19 years
- 20 to 39 years
- 40 or more years

26 Not including aspirin, during the last 12 months, did you take any of the following nonsteroidal anti-inflammatory drugs (NSAIDs) at least once a week? (MARK ALL THAT APPLY)

- Aleve
- Advil
- Bextra
- Celebrex
- Indocin
- Medipren
- Motrin
- Naprosyn
- Nuprin
- Vioxx
- Other

- None of the NSAIDs

27 During the last 12 months, about how often did you usually take nonsteroidal anti-inflammatory drugs (NSAIDs)?

- None or less than 1 time per month
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 6 times per week
- 7 or more times per week

28 For how many years have you taken NSAIDs at least once per week?

- None
- Less than 10 years
- 10 to 19 years
- 20 to 39 years
- 40 or more years
PHYSICAL ACTIVITY

The next few questions refer to your usual physical activities over the last 12 months. Work includes paid employment or volunteer work.

29  Think about your activities at work over the past 12 months. Which of the following choices best describes your usual activities at work?

- Did not work during past 12 months
- Mostly sitting with little walking
- Mostly walking with some sitting
- Mostly walking with some manual labor or exercise
- Mostly manual labor or exercise

30  Not including any time at work, think about your activities over the past 12 months. How often did you walk a mile or more at a time without stopping?

- None or less than 1 time per month
- 1 to 3 times per month
- 1 to 2 times per week
- 3 to 6 times per week
- 7 or more times per week

31  In the past 12 months did you:

a. Jog or run outside or on a treadmill?  
   - Yes
   - No

b. Ride a bicycle or an exercise bicycle?  
   - Yes
   - No

c. Swim?  
   - Yes
   - No

d. Do aerobics, water aerobics or aerobic dancing?  
   - Yes
   - No

e. Do other dancing?  
   - Yes
   - No

f. Do calisthenics or exercise?  
   - Yes
   - No

g. Garden or do yard work?  
   - Yes
   - No

h. Lift weights?  
   - Yes
   - No

[IF YES:] In the past 12 months, how often did you do this activity?

- Less than 1 time/month
- 1-3 times/month
- 1-2 times/week
- 3-6 times/week
- 7+ times/week
Over the last 12 months, on average, how many **days per week** did you spend in any **physical activity strenuous** enough to work up a sweat or to increase your breathing and heart rate to very high levels?

- None or less than 1 day per week
- 2 to 3 days per week
- 4 to 5 days per week
- 6 to 7 days per week

---

Over the last 12 months, on average, how long was each session of **strenuous** activity?

- None or less than 15 minutes
- 16 to 19 minutes
- 20 to 29 minutes
- 30 to 39 minutes
- 40 minutes or more

---

Over the last 12 months, on average, how many **days per week** did you spend in any **moderate** physical activity where you worked up a light sweat or increased your breathing and heart rate to moderately higher levels?

- None or less than 1 day per week
- 2 to 3 days per week
- 4 to 5 days per week
- 6 to 7 days per week

---

Over the last 12 months, on average, how long was each session of **moderate** activity?

- None or less than 15 minutes
- 16 to 19 minutes
- 20 to 29 minutes
- 30 to 39 minutes
- 40 minutes or more

---

Over the past 12 months, on average, how many **hours per week** did you spend doing **light work** around the house including preparing meals, cleaning, doing small repairs, washing dishes, etc.?

- None or less than 1 hour per week
- Around 1 hour per week
- 2 to 3 hours per week
- 4 to 5 hours per week
- 6 to 7 hours per week
- More than 7 hours per week

---

What is your usual walking pace?

- Easy (less than 2 mph)
- Normal, average (2 to 2.9 mph)
- Brisk pace (3 to 3.9 mph)
- Very brisk, striding (4 mph or faster)
- Unable to walk

---

How many **flights of stairs** do you usually climb daily?

- No flights
- 1 to 2 flights
- 3 to 4 flights
- 5 to 9 flights
- 10 flights or more

---

How often do you leave your home for **shopping** or **other activities**?

- None or less than 1 time per week
- 1 time per week
- 2 to 4 times per week
- 5 to 6 times per week
- 7 or more times per week

---

Compared with yourself 10 years ago, are you now more active, less active, or about the same?

- More active
- Less active
- About the same
Now think about your smoking history.

41. Have you smoked at least 100 cigarettes in your entire life?
   - Yes → CONTINUE WITH QUESTION 42
   - No → GO TO QUESTION 55

42. How old were you when you first started smoking cigarettes fairly regularly? (ENTER AGE OR FILL CIRCLE (Ø) IF NEVER SMOKED REGULARLY)
   - AGE STARTED SMOKING
   - NEVER SMOKED REGULARLY

43. Over your lifetime, did you mainly smoke Ultra-light, Light, or Regular cigarettes?
   - Ultra-Light
   - Light or mild
   - Regular or full-flavor
   - No usual type of cigarettes

44. Over your lifetime, did you mainly smoke menthol or non-menthol cigarettes?
   - Menthol
   - Non-menthol
   - No usual type of cigarettes

45. In the past 30 days, did you smoke cigarettes every day, some days, or not at all?
   - Every day → CONTINUE WITH QUESTION 46
   - Some days → CONTINUE WITH QUESTION 46
   - Not at all → GO TO QUESTION 52

46. In the past 30 days, on days that you smoked, about how many cigarettes did you usually smoke each day?
   - 1 to 5 each day
   - 6 to under 1 pack each day
   - About 1 pack each day
   - About 1½ packs each day
   - About 2 packs each day
   - More than 2 packs each day

47. How soon after you wake up do you usually smoke your first cigarette of the day?
   - Within 5 minutes
   - 6 to 30 minutes
   - 31 to 60 minutes
   - More than 60 minutes

48. For each of the following statements mark if it is true for you.
   - True
   - False
   - “I have trouble going more than a few hours without smoking.”
   - “Even in a bad rainstorm, if I ran out of cigarettes, I would probably go to the store to get some more.”
   - “When I go without smoking for a few hours, I experience craving.”
   - “If I were in a public place where smoking was not allowed, I would probably go outside to smoke a cigarette, even in cold or rainy weather.”

49. Are you considering quitting smoking during the next 6 months?
   - Yes, plan to stop within next 30 days
   - Yes, plan to stop within next 6 months, but not within next 30 days
   - No, not thinking of quitting in next 6 months
In the past, have you ever made a **serious** attempt to quit smoking? That is, have you stopped smoking for at least one day or longer because you were trying to quit?

- Yes → CONTINUE WITH QUESTION 51
- No → GO TO QUESTION 54

What was the longest length of time you stopped smoking because you were trying to quit?

- Less than 1 week
- 1 to 3 weeks
- 1 to 2 months
- 3 to 11 months
- 1 to 4 years
- 5 to 9 years
- 10 years or more

How old were you when you most recently quit smoking?

![Age Stopped Smoking]

Thinking of the most recent time you quit smoking, did you use any of the following products? *(MARK EACH ONE THAT YOU USED)*

- Nicotine gum
- Nicotine patch
- Nicotine nasal spray, inhaler, lozenge, or tablet
- Prescription pill such as Zyban, Buproprion, or Wellbutrin
- None of these

During the past 12 months did any doctor, dentist, nurse, or any other health professional advise you to quit smoking?

- Yes
- No, was not advised to quit
- No, did not see a health professional in past 12 months
- No, did not smoke in past 12 months

Now think about your exposure to other peoples' smoke.

**Before you were 18**, did you ever **live** with someone who smoked cigarettes in the home on a regular basis?

- Yes, during *most* of your childhood
- Yes, during *some* of your childhood
- No, not at all

As an adult *(AFTER you turned 18)*, did you ever **live** with someone who smoked cigarettes in the home on a regular basis?

- Yes, during *most* of your adult life
- Yes, during *some* of your adult life
- No, not at all

As an adult *(AFTER you turned 18)*, did you ever **work** indoors with someone who smoked cigarettes in your work area on a regular basis?

- Yes, during *most* of your work experience
- Yes, during *some* of your work experience
- No, not at all

How often do you worry about getting **lung** cancer? Would you say:

- Rarely or never
- Sometimes
- Often
- All of the time

Compared to others your age who currently smoke, what do you think are your chances of being **diagnosed** with lung cancer during your lifetime? Are you:

- at much less risk
- at less risk
- at the same risk
- at higher risk
- at much higher risk
QUESTIONS 60 TO 73 ARE FOR WOMEN ONLY. MEN PLEASE GO TO QUESTION 74.

WOMEN ONLY

60
During any of your pregnancies, were you carrying more than one baby (twins, triplets, etc.)?
- Yes
- No
- Never pregnant

61
In your lifetime, how many total months have you breast-fed?
- None or never pregnant
- Less than 6 months
- 6 to 11 months
- 12 to 35 months
- 36 months or more

62
When did you have your last Pap smear?
- Never
- Less than 1 year ago
- 1 year ago
- 2 to 3 years ago
- 4 or more years ago

63
When did you have your last mammogram?
- Never
- Less than 1 year ago
- 1 year ago
- 2 to 3 years ago
- 4 or more years ago

64
Did you ever take any of the following medications to strengthen your bones or for any other reason?
Did you ever take:

- Nolvadex (Tamoxifen)?
- Evista (Raloxifene)?
- Fosamax (Alendronate)?
- Actonel (Risedronate)?
- Miacalcin (Calcitonin)?
- Didronel (Etidronate)?
- Forteo (Teriparatide)?
- Boniva (Ibandronate)?

[IF EVER TOOK:] Are you taking this medication now?
- Yes
- No
Did you ever have a breast biopsy?
- Yes
- No

[IF YES:] How many have you had?
- 1
- 2
- 3 or more

[IF YES:] At what age was your most recent one?
- Less than 30
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older

Have you ever had an ovary removed?
- Yes
- No

[IF YES:] How many ovaries have been removed?
- Both ovaries
- One ovary
- Partial removal of an ovary
- Not sure

[IF YES:] At what age was your most recent ovary removal?
- Less than 40
- 40 to 44
- 45 to 49
- 50 to 54
- 55 to 59
- 60 to 69
- 70 to 79
- 80 or older

Have you ever had a hysterectomy, that is, have you had your uterus or womb removed?
- Yes
- No

[IF YES:] At what age was your hysterectomy?
- Less than 40
- 40 to 44
- 45 to 49
- 50 to 54
- 55 to 59
- 60 to 69
- 70 to 79
- 80 or older

Sometimes women take female hormones, such as estrogen or progestin during or after menopause. The next few questions ask about your use of such hormones, often called hormone replacement therapy or HRT.

Have you ever taken HRT?
- Yes → CONTINUE WITH QUESTION 69
- No → END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

At about what age did you first begin taking HRT?

What type of HRT did you take when you first began HRT?
- Estrogen pills only (such as Premarin, Estrace, Estratab, Menest, Orthoest, Ogen, Gynodiol, Cenestin, or Alora)
- Progesterone/progestin pills only (such as Provera, Amen, Cycrin, Megace, Curretab, Prometrium, or Aygestin)
- Estrogen and progesterone/progestin in the same pill (such as Prempro or Premphase) or in different pills
- Estrogen creams, shots, or patches
- Progesterone/progestin creams, shots, or patches
- Estrogen and progesterone/progestin creams, shots, or patches
- Not sure
Are you still taking this type of HRT, or did you stop, or switch types?

- Still taking this type of HRT END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE
- Stopped taking this type of HRT
  At what Age did you Stop
  
END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

When you switched, what type of HRT did you switch to?

- Estrogen pills only
- Progesterone/progestin pills only
- Estrogen and progesterone/progestin in the same pill or in different pills
- Estrogen creams, shots, or patches
- Progesterone/progestin creams, shots, or patches
- Estrogen and progesterone/progestin creams, shots, or patches
- Not sure

Are you still taking this type of HRT?

- Yes
- No

WOMEN END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

MEN ONLY

What was your hair pattern at age 45?

- 

During a typical night in the last 12 months, how many times did you wake up to urinate?

- Never
- Once
- 2 times
- 3 times
- 4 or more times

How old were you when you first began waking up to urinate more than once a night on a regular basis?

- Never woke up to urinate more than once a night
- Less than 30
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older

Has a doctor ever told you that you had an enlarged prostate or benign prostatic hypertrophy (BPH)?

- Yes CONTINUE WITH QUESTION 78
- No END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

How old were you when a doctor first told you that you had this problem?

- Less than 30
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older

MEN END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE