MEN

If this is not your full **LEGAL** name and mailing address, please make changes on this page.

Dear Cancer Prevention Study Participant,

Thank you for your continued commitment to cancer research!

Your time and willingness to continue updating your information regarding health outcomes, lifestyle, screening practices and use of medications and vitamins are critical to the fight against cancer. We hope you will, once again, take the time to carefully complete this survey and return it to us within 10 days.

Please verify that your full legal name and address printed above are correct, and make changes if needed. We may use this information to verify or identify study participants who have died and to collect data from death indexes on cause of death, including cancer. We may also collect data from cancer registries on diagnosis date and tumor characteristics such as site, type of tumor, and stage of disease. As always, this information is kept strictly confidential and is used for medical statistical purposes only.

Thank you again for your invaluable contribution to the Cancer Prevention Study. If you have any questions about the survey, please call us at 1-800-646-7853.

Sincerely,

Susan M. Gapstur, PhD, MPH
Vice President of Epidemiology

BEFORE TURNING TO THE QUESTIONNAIRE, PLEASE READ THE BOXES BELOW.

If the person whose name appears on this form **has died**, please mark this square and **STOP HERE**. Return the blank questionnaire in the postage-paid envelope. → ☐

The answers to the following questions should be provided by the person named above. If someone else provides the answers **about that person**, please mark this square. → ☐

START HERE

1. Is this your correct date of birth?

☐ Yes → [ ] ☐ No, my birthday is: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Month Day Year

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THANK YOU FROM THE EPIDEMIOLOGY STAFF OF THE AMERICAN CANCER SOCIETY

INSTRUCTIONS

- Use a blue or black ink pen or dark pencil. Do not use felt tip markers or gel pens.
- Please answer the following questions by filling in the square or placing an X in the square.
  → **Correct:** ☐■☐☐ or ☐☒☐☐
- **To change** an answer, fill in the square and **circle** the square of your preferred answer.
  → **Correct:** ●☐■☐ or ⊠☐☒☐
- Please PRINT where applicable. Enter only one letter or number per box, and stay within the confines of the box. | C | P | S | 2 |
- **Please make an effort to fill out every question. If unsure, estimate to your best ability.**

GENERAL HEALTH

2. In general, would you say your health is:
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

3. In general, would you say your quality of life is:
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

4. In general, how would you rate your <u>physical health</u>?
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

5. In general, how would you rate your <u>mental health</u>, including your mood and your ability to think?
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

6. In general, how would you rate your satisfaction with your social activities and relationships?
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

7. How would you rate your pain on average?
   - ☐ 0 = No Pain
   - ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
   - ☐ 10 = Worst pain imaginable

8. How would you rate your fatigue on average?
   - ☐ None
   - ☐ Mild
   - ☐ Moderate
   - ☐ Severe
   - ☐ Very Severe

9. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always

MEDICAL

10. Has a physician ever told you that you had any of the following conditions?
(*If no, mark **never**; if yes, mark year **first** diagnosed.*)

Enlarged prostate, not surgically treated

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Enlarged prostate, surgically treated

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Benign polyp of the colon or rectum

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Basal cell or squamous cell skin cancer

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

11. Has a physician ever told you that you had any of the following **cancers**?

Prostate cancer

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Lung or bronchial cancer

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Colon or rectal cancer

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Bladder cancer

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Lymphoma

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

Other cancer (If you have been diagnosed with another type of cancer, please specify type of cancer below.)

- ☐ Never
- ☐ Before August 2009
- ☐ Aug. 2009 - July 2011
- ☐ After July 2011

→ ***Specify other cancer not mentioned in questions 10 or 11.***

12. Has a physician ever told you that you had any of the following conditions? (**If NO, leave blank.**) (If yes, mark the **yes** square and **year of diagnosis** for each illness you have had diagnosed.)

	Mark here for YES	Year first diagnosed: Before August 2009	August 2009-July 2011	After July 2011
Diabetes mellitus	☐	☐	☐	☐
Myocardial infarction (heart attack) or angina pectoris	☐	☐	☐	☐
Hospitalized for MI →	☐	☐	☐	☐
Coronary bypass, angioplasty or stent	☐	☐	☐	☐
Stroke (CVA) or TIA (Transient ischemic attack)	☐	☐	☐	☐
Carotid surgery (Endarterectomy)	☐	☐	☐	☐
Parkinson's Disease ◆	☐	☐	☐	☐
ALS (Lou Gehrig's Disease)	☐	☐	☐	☐
Emphysema or chronic bronchitis	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐
Wrist fracture, vertebral fracture or hip fracture	☐	☐	☐	☐
Osteoarthritis	☐	☐	☐	☐
Rheumatoid arthritis	☐	☐	☐	☐

GENERAL

13. What is your **current** marital status?
- ☐ Married
- ☐ Widowed
- ☐ Separated
- ☐ Divorced
- ☐ Never Married

14. What is your **current** living arrangement?
- ☐ Alone
- ☐ With spouse or partner
- ☐ With other family
- ☐ Assisted living
- ☐ Nursing home
- ☐ Other

15. What is your **current** work status?
- ☐ Retired
- ☐ Work full-time
- ☐ Work part-time
- ☐ Volunteer
- ☐ Disabled

16. What is your **current** weight?

☐☐☐ Pounds

17. Do you **currently** smoke cigarettes?
- ☐ No
- ☐ Yes → How many per day?
  - ☐ 1-4 cigarettes
  - ☐ 5-14
  - ☐ 15-24
  - ☐ 25-34
  - ☐ 35-44
  - ☐ 45 or more

MEDICATIONS

18. Do you **currently** take any of the following cholesterol-lowering drugs?

- ☐ Lipitor (atorvastatin)
- ☐ Lovastatin (Mevacor or Altoprev)
- ☐ Crestor (rosuvastatin)
- ☐ Simvastatin (Zocor)
- ☐ Pravastatin (Pravachol)
- ☐ Lescol or Lescol XL (fluvastatin)
- ☐ Livalo (Pitavastatin)

If you marked any of the drugs above, what total dose per day do you take?

☐ 1-2 mg ☐ 4-5 mg ☐ 10 mg ☐ 20 mg ☐ 40 mg ☐ 60 mg ☐ 80 mg

- ☐ Caduet
- ☐ Vytorin
- ☐ Zetia (ezetimibe)
- ☐ Any other cholesterol-lowering drug not listed above, for example: Tricor (fenofibrate), Gemfibrozil (Lopid), Questran (cholestyramine)

19. In the **past two years**, have you used any of the following medications on a **regular** basis?

		No	Yes
FOR HEART OR BLOOD PRESSURE:			
Calcium Blocker	*for example:* Norvasc, Cartia, amlodipine, verapamil, diltiazem, nifedipine	☐	☐
Beta Blocker	*for example:* Toprol, Coreg, atenolol, metoprolol, carvedilol	☐	☐
ACE Inhibitor	*for example:* Altace, lisinopril, enalapril, ramipril, quinapril, benazepril	☐	☐
Angiotensin II Receptor Blocker (ARB)	*for example:* Diovan, Cozaar, Benicar, Atacand, Micardis, Avapro, valsartan, losartan, olmesartan, candesartan, telmisartan, irbesartan	☐	☐
Diuretic	*for example:* Hydrochlorothiazide, triamterene, furosemide, indapamide	☐	☐
Other	(*Mark here if unsure of heart or blood pressure medication category.*)	☐	☐
FOR URINARY SYMPTOMS OR OTHER REASONS:			
Viagra, Levitra, Cialis, Revatio		☐	☐
Finasteride, Dutasteride	*for example:* Proscar, Propecia, Avodart, Jalyn	☐	☐
Alpha Blocker	*for example:* Flomax, Cardura, Uroxatral, terazosin, doxazosin, alfuzosin, tamsulosin, prazosin	☐	☐
Other	*for example:* Detrol, Ditropan, Enablex, Vesicare	☐	☐
FOR DIABETES OR BLOOD SUGAR:			
Insulin injection or pump		☐	☐
Oral medications		☐	☐
BLOOD THINNERS	*for example:* Warfarin (Coumadin), Plavix (clopidogrel)	☐	☐
THYROID MEDICATIONS	*for example:* Synthroid, Levoxyl, Levothroid, Levo-T, (levothyroxine, L-thyroxine)	☐	☐

20. **During the past year**, on average, how frequently have you taken the following?

		Never, or less than once a month	At least once a month: Days per month		Pills per day
Aspirin Baby or low-dose aspirin (162 mg or less)		☐		→	
Regular or extra strength aspirin (163 mg or more)	*for example:* Bufferin, Anacin, Bayer, Excedrin, Ecotrin	☐		→	
Ibuprofen	*for example:* Motrin, Advil, Nuprin, Mediprin	☐		→	
Acetaminophen	*for example:* Tylenol	☐		→	
Naproxen	*for example:* Aleve, Naprosyn, Anaprox, Vimovo	☐		→	
Other anti-inflammatory analgesics	*for example:* Mobic, nabumetone, meloxicam, diclofenac, indomethacin	☐		→	
Celebrex		☐		→	

Amount in **each** Celebrex pill
☐ 100 mg ☐ 200 mg ☐ 400 mg

EXERCISE

21. What is your **normal** walking pace?

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

22. **During the past year**, what was your **average total time PER WEEK** spent at each of the following activities?

	None	Hours Per Week: 1-3	4-6	7+
Walking (such as on treadmill, at golf)	☐	☐	☐	☐
Bicycling/Stationary bike	☐	☐	☐	☐
Jogging/Running, Lap Swimming, Tennis, Racquetball	☐	☐	☐	☐
Other aerobic exercise (such as elliptical or stair machine, aerobics, dancing)	☐	☐	☐	☐
Gardening, Mowing, Planting	☐	☐	☐	☐
Weight training or resistance exercises (such as free weights or machines like Nautilus)	☐	☐	☐	☐

23. **During the past year**, what was your **average total time PER DAY** spent sitting or lying down during the day?

	None	Hours Per Day: Less than 3	3-6	7+
Sitting or lying watching TV, VCR or DVD	☐	☐	☐	☐
Other sitting or lying (such as driving, reading, at desk or games)	☐	☐	☐	☐

24. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

☐ Completely ☐ Mostly ☐ Moderately ☐ A little ☐ Not at all

25. Do you usually use a cane or walker?

☐ No ☐ Yes

26. Do you have difficulty with your balance?

☐ No ☐ Yes

27. Number of times you have fallen to the ground in the past year:

☐ None ☐ 2 ☐ 4 ☐ 10 or more
☐ 1 ☐ 3 ☐ 5-9

SCREENING

28. In the **past two years**, have you had any of the following? (If yes, **mark all that apply**.)

	No	Yes, for routine exams	Yes, for symptoms
A physical exam	☐	☐	☐
Colonoscopy	☐	☐	☐
Sigmoidoscopy	☐	☐	☐
A prostate biopsy	☐	☐	☐
PSA blood test for prostate cancer screening	☐	☐	☐

If "**yes**" for PSA screening, was your PSA elevated?
☐ No ☐ Unknown ☐ Yes

Colonoscopy: A long tube was inserted into the rectum to examine the entire colon for cancer or other problems. A medicine was given through a needle in your arm to make you sleepy and someone else needed to drive you home. Not the same as a sigmoidoscopy.

Sigmoidoscopy: A short tube was inserted into the rectum to examine the lower part of the colon to check for cancer or other problems. You were awake and not given a medicine to make you sleepy. You were probably able to drive yourself home.

VITAMINS

Multi-vitamins contain 10 or more vitamins and/or minerals. (For example: One-A-Day and Centrum)

29. Do you **currently** take a **multi-vitamin**?
(Please do not include additional individual supplements or eye health vitamins such as Ocuvite.)

☐ No
☐ Yes →

a. How many multi-vitamin pills do you take per week?
☐ 2 or fewer ☐ 3-5 ☐ 6-9 ☐ 10-14 ☐ 15 or more

b. Does your multi-vitamin include the following nutrients? (Please check label.)

Selenium	Iron	Lycopene
☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

30. **NOT counting multi-vitamins reported above**, do you regularly take any of the following supplements, individually or in combinations? (If yes, please mark pills **per week** and amount in **each pill**. If you take a supplement with more than one vitamin, please repeat information for each vitamin.)

Supplement		Pills Per Week	Amount in Each Pill		
Vitamin C	☐ No ☐ Yes →	☐☐ →	☐ 450 mg or less	☐ 500 mg or more	☐ Don't know
Vitamin E	☐ No ☐ Yes →	☐☐ →	☐ 250 IU or less	☐ 300 IU or more	☐ Don't know
Selenium	☐ No ☐ Yes →	☐☐ →	☐ 135 mcg or less	☐ 140 mcg or more	☐ Don't know
Folic Acid	☐ No ☐ Yes →	☐☐ →	☐ 300 mcg or less	☐ 350 mcg or more	☐ Don't know
Vitamin B_{12}	☐ No ☐ Yes →	☐☐ →	☐ 200 mcg or less	☐ 250 mcg or more	☐ Don't know
Calcium (Include Calcium in Tums, etc.) (1 Tums = 200 mg elemental calcium)	☐ No ☐ Yes →	☐☐ →	☐ 350 mg or less	☐ 400 mg or more	☐ Don't know
Vitamin D (In Calcium supplement or separately)	☐ No ☐ Yes →	☐☐ →	☐ 350 IU or less	☐ 400 IU - 900 IU	☐ 1000 IU or more
Glucosamine	☐ No ☐ Yes →	☐☐ →	☐ 400 mg or less	☐ 500 mg or more	☐ Don't know

31. Have you ever taken the following types of omega-3 supplements at least once per week? Include all forms (such as pills, powders and liquids). (**If NO, leave blank.**)

Fish Oil

☐ Yes, currently use →
☐ **Only** took in past

Days per week?	Years taken in lifetime?
☐ 1-3	☐ 0-2
☐ 4-6	☐ 3-5
☐ 7	☐ 6+

Flax Seed

☐ Yes, currently use →
☐ **Only** took in past

Days per week?	Years taken in lifetime?
☐ 1-3	☐ 0-2
☐ 4-6	☐ 3-5
☐ 7	☐ 6+

Thank you for your quick response.

Please return questionnaire in the postage-paid envelope provided to:
CANCER PREVENTION STUDY, PO Box 64735, St. Paul, MN 55164-9661

Questar/Eagan, MN Q11297C-Men-L