American Cancer Society®

MEN

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

Dear Cancer Prevention Study Participant,

We hope you will take the time to complete and return this **brief** questionnaire. Your participation and prompt response are critical to the Cancer Prevention Study. Study results are valuable not only to cancer researchers but also to the many people who turn to the American Cancer Society as one of the nation's most trusted cancer resources.

Please verify that the information printed above is your full legal name and correct address and make corrections 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, all information is kept strictly confidential and is used for research purposes only.

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

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

2. Please print your phone number below. We will not release it to anyone.

   ___ - ___ - ____
   Area Code

- 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.
- **To change** an answer, fill in the square and **circle** the square of your preferred answer.
  → **Correct:** ◉☐■☐ **or** ⊗☐☒☐

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

4. To what extent are you able to carry out everyday activities (climb stairs, carry groceries, etc.)?
   ☐ Completely ☐ Mostly ☐ Moderately ☐ A little ☐ Not at all

5. **During the past year**, what was your **average time PER WEEK** spent walking?
   ☐ None ☐ 1-3 hours/week ☐ 4-6 hours/week ☐ 7+ hours/week

6. **During the past year**, on average, how many **hours PER DAY** did you spend sitting (watching TV, reading, while driving, etc.)?
   ☐ None ☐ Less than 3 hrs/day ☐ 3-5 hrs/day ☐ 6-8 hrs/day ☐ More than 8 hrs/day

7. What is your **current** weight? ☐☐☐ Pounds

8. Do you **currently** smoke cigarettes? ☐ No ☐ Yes

◆

9. **On average**, how often did you drink beer, wine or liquor in the last year?
   ☐ Never or less than 1 day/month ☐ 1-4 days/month ☐ 2-5 days/week ☐ 6-7 days/week

10. **On average, on the days that you drank beer, wine, or liquor**, how many drinks did you have?
    ☐ I don't drink alcohol ☐ 1 drink/day ☐ 2 drinks/day ☐ 3 or more drinks/day

11. 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 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.

Sigmoidoscopy: A short tube 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.

12. Has a physician ever told you that you had any of the following **conditions** or **cancers**? (If not, mark **never**; if yes, mark year **first** diagnosed.)

Enlarged prostate, not surgically treated
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Enlarged prostate, surgically treated
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Benign polyp of the colon or rectum
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Basal cell or squamous cell skin cancer
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Prostate cancer
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Lung or bronchial cancer
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Colon or rectal cancer
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Bladder cancer
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Lymphoma
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

Other cancer (If you have been diagnosed with another type of cancer, please specify type of cancer below.)
- ☐ Never
- ☐ Before August 2011
- ☐ Aug. 2011 - July 2013
- ☐ After July 2013

→ ***Specify type of other cancer***

◆

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

	Mark here for YES	Year first diagnosed: Before August 2011	Aug 2011 to July 2013	After July 2013
Diabetes mellitus	☐ Yes	☐	☐	☐
Use insulin injection or pump →	☐ Yes			
Myocardial infarction (heart attack) or angina pectoris	☐ Yes	☐	☐	☐
Hospitalized for MI →	☐ Yes			
Coronary bypass, angioplasty or stent	☐ Yes	☐	☐	☐
Stroke (CVA) or TIA (Transient ischemic attack)	☐ Yes	☐	☐	☐
Carotid surgery (Endarterectomy)	☐ Yes	☐	☐	☐
Parkinson's Disease	☐ Yes	☐	☐	☐
Emphysema or chronic bronchitis	☐ Yes	☐	☐	☐
Wrist fracture, vertebral fracture or hip fracture	☐ Yes	☐	☐	☐
Rheumatoid arthritis	☐ Yes	☐	☐	☐

14. **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	At least once a month: Pills per day
Aspirin Baby or low-dose aspirin (162 mg or less)		☐		
Regular or extra strength aspirin (163 mg or more)	*example:* Bufferin, Anacin, Bayer, Excedrin, Ecotrin	☐		
Ibuprofen	*example:* Motrin, Advil, Nuprin, Mediprin	☐		
Acetaminophen	*example:* Tylenol	☐		
Celebrex		☐		
Other anti-inflammatory pain relievers	*example:* Aleve, naproxen, mobic, nabumetone, meloxicam, diclofenac, indomethacin	☐		

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Multi-vitamins contain 10 or more vitamins and/or minerals. (For example: One-A-Day and Centrum) Please do not include individual supplements or eye health vitamins such as Ocuvite.

15. Do you **currently** take a **multi-vitamin**? ☐ No ☐ Yes →

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

16. **NOT counting multi-vitamins reported above**, do you regularly take either of the following?

			Pills Per Week	Amount in Each Pill
Calcium (Include Calcium in Tums, etc.) (1 Tums = 300 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

17. Have you ever taken **Fish Oil** supplements at least once per week? (**If NO, leave blank.**)

☐ Yes, currently use → Days **per week?** ☐ 1-3 ☐ 4-6 ☐ 7

☐ **Only** took in past

Thank You. Please return questionnaire in the postage-paid envelope to:
CANCER PREVENTION STUDY, PO Box 5836, HOPKINS, MN 55343-9525

Questar/Minnetonka, MN 001317-Men