Dear Cancer Prevention Study Participant,

Thank you for your continued participation in the American Cancer Society's Cancer Prevention Study. Because of you and others like you, we have learned a great deal about factors that may cause or prevent cancer.

The attached very brief questionnaire asks only for the most important information necessary for continuing our research. We have made it as short as possible in the hope that you will take a few minutes to complete the form.

In addition, please take a moment to verify that the information printed above is your full legal name and correct mailing address. We will use this information to identify cases of cancer through cancer registries and death indexes. As always, all information is kept strictly confidential and is used for medical statistical purposes only.

Please continue to be a part of this important research. Your prompt reply will help us provide answers to the many unresolved questions concerning lifestyle and cancer.

With many thanks,

Michael J. Thun, MD
Vice President
Epidemiology and Surveillance Research

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

If the person whose name appears on this form is deceased, please mark this bubble and STOP HERE. Please return the blank questionnaire in the postage-paid envelope.

The answers to the following questions should be provided by the person named on the mailing label. If someone else provides the answers about that person, please mark this bubble.

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INSTRUCTIONS

This form is designed to be read by optical scanning equipment, so it is important that you follow these directions:

- Fill in the bubble completely with a dark mark
- Erase completely to change a response
- Make no stray marks on the survey

Example:

CORRECT MARK

INCORRECT MARKS

WE APPRECIATE YOU TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!
1. Is this your correct date of birth?
   ○ Yes, this is my birthday
   ○ No, my birthday is: Month Day Year

2. What is your state of birth? (please print)

3. What is your current weight? Pounds

4. Do you smoke cigarettes now?
   ○ No ○ Yes

5. During the past year, have you engaged in any of the following activities?
   (If not, leave blank. If yes, mark hours per week.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less than 1</th>
<th>1</th>
<th>2-3</th>
<th>4 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Jogging/running</td>
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<tr>
<td>Lap swimming</td>
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<tr>
<td>Tennis or racquetball</td>
<td></td>
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<tr>
<td>Bicycling/exercise machines</td>
<td></td>
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<tr>
<td>Aerobics/callisthenics</td>
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<tr>
<td>Dancing</td>
<td></td>
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</tr>
<tr>
<td>Gardening, mowing, planting, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Has a physician ever told you that you had any of the following cancers?
   (If not, leave blank. If yes, mark Yes and year first diagnosed.)

   - Breast cancer
   - Cancer of the cervix
   - Cancer of the uterus or endometrium
   - Cancer of the ovary
   - Lung or bronchial cancer
   - Colon or rectal cancer
   - Melanoma
   - Bladder cancer
   - Other cancer
   (Specify other cancer:)

7. Do you currently use female hormones? (Premarin, etc.)
   ○ No ○ Yes

8. Please mark years in which you have had a mammogram (x-ray of breasts): (mark all that apply)

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9. Please mark which of your following BIOLOGICAL relatives listed (living or dead) has ever had any of these cancers. (don't count half-siblings) Include relative's age at diagnosis, if known:

Breast cancer:
- Mother
- One sister
- Additional sister
- Additional sister
- Daughter
- None of the above

Colon or Rectal cancer:
- Mother
- Father
- One sister
- Additional sister
- One brother
- Additional brother
- Daughter
- Son
- None of the above

Prostate cancer:
- Father
- One brother
- Additional brother
- Additional brother
- Son
- None of the above

Relative's age at diagnosis

10. Please indicate the name of someone at a different permanent address to whom we might write if we are unable to contact you in the future. (please print)

Name: ________________________________
Address: ____________________________________________
Street
City State Zip Code

11. What is your maiden name? (please print) _______________________________________________________________________

- Thank you for your quick response. Please return questionnaire in the postage-paid envelope provided to:
  CANCER PREVENTION STUDY, PO BOX 1208, TUSTIN, CA 92681-9954