

CANCER PREVENTION STUDY



WOMEN

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 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,

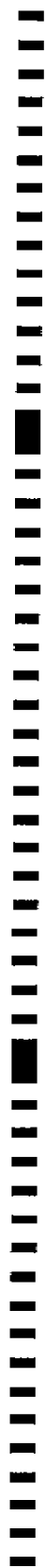
Michael J. Thun, MD
Vice President
Epidemiology and Surveillance Research

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.



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:



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.)

	YES - Hours per week			
	Less than 1	1	2-3	4 or more
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging/running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis or racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling/exercise machines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aerobics/calisthenics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dancing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gardening, mowing, planting, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.)*

	YES	Year first diagnosed			
		Before 1992	1992-1993	1994-1995	1996 or after
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the cervix	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the uterus or endometrium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the ovary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung or bronchial cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Specify other cancer:)

7. Do you currently use female hormones? (Premarin, etc.)

No Yes →

Estrogen only

Estrogen and Progesterone

Other

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

Never 1993 1996 1999

Before 1992 1994 1997

1992 1995 1998

15967





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:

<input type="checkbox"/> Mother	Relative's age at diagnosis	<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> One sister		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Additional sister		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Additional sister		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Daughter		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> None of the above				

Colon or Rectal cancer:

<input type="checkbox"/> Mother	Relative's age at diagnosis	<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Father		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> One sister		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Additional sister		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> One brother		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Additional brother		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Daughter		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Son		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> None of the above				

Prostate cancer:

<input type="checkbox"/> Father	Relative's age at diagnosis	<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> One brother		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Additional brother		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Additional brother		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Son		<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> None of the above				

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