

Women

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

Dear Cancer Prevention Study Participant,

This year marks the 17th anniversary of your participation in the Cancer Prevention Study. As always, thank you for your continuing support of this research. Your careful responses to the questionnaires contribute to many scientific publications on important topics.

The attached very brief questionnaire asks only for the most important information necessary for continuing 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,

NIM

Michael J. Thun, MD Vice President

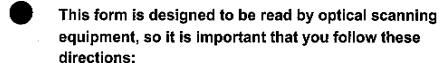
Epidemiology and Surveillance Research

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

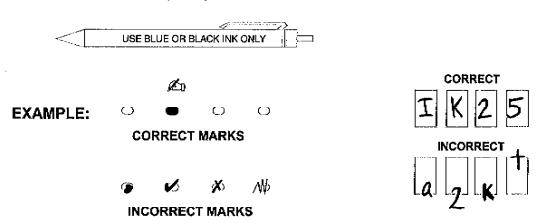
- If the person whose name appears on this form is deceased, please mark this bubble and STOP HERE. Please return the blank questionnaire in the postage-paid envelope.
- The answers to the following questions should be provided by the person named on the mailing label. If someone else provides the answers about that person, please mark this bubble.



INSTRUCTIONS



- Print legibly using a <u>blue or black ink pen.</u>
- <u>Do not use</u> pencil or felt tip markers.
- · When entering numbers, enter one per box and stay within the confines of the box.
- Fill in the ovals completely with a dark mark.



1. Is this your correct date of birth? Yes, this is my birthday No, my birthday is: No, my birth state is: No, my birth state is: 1. Is this your correct state of birth? Yes, this is my birth state No, my birth state is: No, my birth state is: No you currently smoke cigarettes? No Yes

CANCER PREVENTION STUDY



5.	Has a physician ever told you that you (If not, mark <u>never</u> ; if yes, mark ye		•		
	Fibrocystic or other benign breast disease	Benign polyp of the colon or rectum	Skin cancer (Non-melanoma)		
	 Never Before October 1997 Oct. 1997 - Sept. 1999 After September 1999 	 Never Before October 1997 Oct. 1997 - Sept. 1999 After September 1999 	 Never Before October 1997 Oct. 1997 - Sept. 1999 After September 1999 		
6.	Has a physician ever told you that you	u had any of the following <u>cancers</u> ?			
	Breast cancer	Cancer of the uterus or endometrium	Lung or bronchial cancer		
	○ Never○ Before October 1997○ Oct. 1997 - Sept. 1999○ After September 1999	 Never Before October 1997 Oct. 1997 - Sept. 1999 After September 1999 	 Never Before October 1997 Oct. 1997 - Sept. 1999 After September 1999 		
	Colon or rectal cancer	Melanoma	Bladder cancer		
	○ Never○ Before October 1997○ Oct. 1997 - Sept. 1999○ After September 1999	 Never Before October 1997 Oct. 1997 - Sept. 1999 After September 1999 	NeverBefore October 1997Oct. 1997 - Sept. 1999After September 1999		
	Other cancer (If you have been diag Never Before October 1997 Oct. 1997 - Sept. 1999 After September 1999	nosed with another type of cancer, pleas Specify other cancer	e specify type of cancer below.)		
7.	Are you <u>currently</u> using any of the	ese medications?			
	○ Evista (raloxifene)○ Didronel○ Not using		○ Miacalcin (calcitonin)		
8.	Do you <u>currently</u> use female horn	were color or cetum Skin cancer (Non-melanoma) Were Color or rectum Skin cancer (Non-melanoma) Were Never Never September 1997 In 1997 - Sept. 1999 Oct. 1997 - Sept. 1999 Oct. 1997 - Sept. 1999 Proposition or endometrium cancer Were Never September 1999 Oct. 1997 - Sept. 1999 Proposition or endometrium cancer Were Never Never Never Never Never September 1999 Proposition of the discovery of the following cancers or endometrium cancer Were Never Never Never Never Never September 1999 Proposition of the discovery of the following cancers or endometrium cancer Were Never Never Never Never Never Never Never September 1999 Proposition of the discovery of the following cancer (September 1999) Proposition of the discovery of the following cancers or endometrium cancer Were Never			
	Benign polyp of the coton or rectum Never Never Never Never Never Sefore October 1997 Oct. 1997 - Sept. 1999 After September				



9.	In the past two years, have you had
	(If yes, mark all that apply.)

	No	Yes, for routine exams	Yes, for symptoms
A physical exam?	0	0	0
Mammogram?	0	0	10
Pap smear?	0		0
Colonoscopy or sigmoidoscopy?	0	0	0

10. What is your normal walking pace ou	utdoors
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- Slow (less than 2 mph)
- O Normal, average (2 to 2.9 mph)
- O Brisk pace (3 to 3.9 mph)
- O Very brisk, striding (4 mph or faster)
- Unable to walk

11. How many flights of stairs (not individual steps) do you climb daily?

- No flights
- 5-9 flights
- 1-2 flights
- O 10-14 flights
- O 3-4 flights
- 15 or more flights

12. During the past year, what was your average total time per week spent at each of the following activities?

Average Total Time Per Week

·											
	None	1-39 min.	40-89 min.	1.5 hrs.	2-3 hrs.	4-6 hrs.	7-10 hrs.	11-20 hrs.	21-30 hrs.	31-40 hrs.	40+ hrs.
Sitting at work.	0	0	0	0	0	0	0	. 0	0	0.	
Sitting or driving in a car, bus, or train.	0	0	0	0	0	0	0	0	0	0	0
Sitting or lying watching TV or VCR.	. 0		. 0	0.	0	0	0	0	0	0	. 0
Sitting at home reading.	0	0	0	0	.0	0	0	0	0	0	0
Other sitting (for example, at desk or games).	0	0	0.	0	,0	0	0	0	.0	0	0

Average Total Time Per Week 13. **During the past year**, what was your

<u>average total time per week</u> spent at each of the following activities?	None	1-19 min.	20-59 min.	1 hr.	1-1.5 hrs.	2-3 hrs.	4-6 hrs.	7-10 hrs.	11+ hrs.
Walking (including walking at golf)	0'	0	0	0	0	0	0	0	0
Jogging/Running	0	0	0	0	0	0	0	0	0
Lap Swimming	0	0	0	0	.0	0	0	0	0
Tennis or racquetball	0	0	0	0	0	0	0	0	0
Bicycling/Exercise machines	0	0	0	0:	0.	0	0	0	0
Aerobics/Calisthenics	0	0	0	0	0	\circ	0	0	0
Dancing	0	0	0	0	0	0	0	0	0
Gardening, mowing, planting, etc.	0	0	0	0	0	0	0	0	0
Low intensity exercise (e.g., yoga, stretching, toning)	0	0	0	0	0.	0	0	0	0

Thank you for your quick response.
Please etum questionnaire in the postage paid envelope provided to CANGER PREVENTION STUDY PO 86% 64761, ST PAUL MN 55164-9333

