

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,

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,

A handwritten signature in black ink, appearing to read "M. Thun".

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.

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

Fibrocystic or other benign breast disease

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Benign polyp of the colon or rectum

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Skin cancer (Non-melanoma)

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

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

Breast cancer

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Cancer of the uterus or endometrium

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Lung or bronchial cancer

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Colon or rectal cancer

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Melanoma

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Bladder cancer

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

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

- Never
- Before October 1997
- Oct. 1997 - Sept. 1999
- After September 1999

Specify other cancer

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7. Are you **currently** using any of these medications?

- Evista (raloxifene)
- Tamoxifen
- Fosamax (alendronate)
- Miacalcin (calcitonin)
- Didronel
- Not using any of these

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

- No
- Yes
 - Estrogen only
 - Estrogen and Progesterone
 - Other

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy or sigmoidoscopy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What is your **normal** walking pace outdoors?

- Slow (less than 2 mph)
- Normal, average (2 to 2.9 mph)
- Brisk pace (3 to 3.9 mph)
- 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
- 1-2 flights
- 3-4 flights
- 5-9 flights
- 10-14 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting or driving in a car, bus, or train.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting or lying watching TV or VCR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting at home reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sitting (for example, at desk or games).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. **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	1-19 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging/Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lap Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis or racquetball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling/Exercise machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics/Calisthenics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening, mowing, planting, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low intensity exercise (e.g., yoga, stretching, toning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your quick response.

Please return questionnaire in the postage-paid envelope provided to:
CANCER PREVENTION STUDY, PO Box 64761, ST PAUL, MN 55164-9333