American Cancer Society®

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 19th 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,

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:

- Print legibly using a blue or black ink pen.
- Do not use pencil or felt tip markers.
- When entering letters or numbers, enter one per box and stay within the confines of the box.
- Fill in the ovals completely with a dark mark.
- If you wish to change an answer, place an "x" through the first mark, and mark the oval for your preferred answer.

EXAMPLES:

Correct: I K 2 5

Incorrect: a 2 k +

Please **PRINT** where applicable.

START HERE

1. Is this your correct date of birth?
   - ◯ Yes, this is my birthday
   - ◯ No, my birthday is: Month Day Year

2. Is this your correct state of birth?
   - ◯ Yes, this is my birth state
   - ◯ No, my birth state is:

GENERAL

3. What is your **current** weight? Pounds

4. Do you **currently** smoke cigarettes?
   - ◯ No
   - ◯ Yes

5. In general, would you say your health is:
   - ◯ Excellent
   - ◯ Very Good
   - ◯ Good
   - ◯ Fair
   - ◯ Poor

6. 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?	◯	◯	◯
Mammogram?	◯	◯	◯
Pap smear?	◯	◯	◯
Colonoscopy?	◯	◯	◯
Sigmoidoscopy?	◯	◯	◯

MEDICAL

7. 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 1999
- Oct. 1999 - Sept. 2001
- After September 2001

Benign polyp of the colon or rectum

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

Basal cell or squamous cell skin cancer

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

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

Breast cancer

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

Cancer of the uterus or endometrium

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

Lung or bronchial cancer

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

Colon or rectal cancer

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

Bladder cancer

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

Lymphoma

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

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

- Never
- Before October 1999
- Oct. 1999 - Sept. 2001
- After September 2001

→ *Specify other cancer not mentioned in questions 7 or 8.*

9. Since September 1999, have you used female replacement hormones other than oral contraceptives?

- No
- Yes

a. How many months did you use them during the **24-month period** between SEPTEMBER 1999 and SEPTEMBER 2001?

- 1-4 months
- 5-9 months
- 10-14 months
- 15-19 months
- 20-24 months
- Used **only** after September 2001

b. Are you currently using them (within the last month)?

- Yes, currently
- No, not currently

c. Mark the types of hormones you have used the **longest** during this **24-month period**.

- Estrogen only
- Estrogen and Progesterone
- Other

MEDICATIONS/EXERCISE

10. Multi-vitamins contain 10 or more vitamins and/or minerals. (For example: One-A-Day and Centrum Silver.)

Do you **currently** take a **multi-vitamin**?

- ○ No
- ○ Yes → How many multi-vitamin pills do you take per week?
  ○ 2 or fewer ○ 3-5 ○ 6-9 ○ 10 or more

11. **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	→	Pills per day
Aspirin Baby or low-dose aspirin (162 mg or less)		○	☐☐	→	☐☐
Regular or extra strength aspirin (163 mg or more)	*for example:* Bufferin, Anacin, Bayer, Excedrin, Ecotrin, etc.	○	☐☐	→	☐☐
Ibuprofen	*for example:* Motrin, Advil, Nuprin, Mediprin, etc.	○	☐☐	→	☐☐
COX2 inhibitors	*for example:* Celebrex (celecoxib), Vioxx (rofecoxib), etc.	○	☐☐	→	☐☐
Acetaminophen	*for example:* Tylenol, Phenaphen, etc.	○	☐☐	→	☐☐
Other anti-inflammatory analgesics	*for example:* Naprosyn, Anaprox, Aleve, Voltaren, Feldene, Toradol, Indocin, etc.	○	☐☐	→	☐☐

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

	None	Average Total Time Per Week: 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)	○	○	○	○	○	○	○	○	○
Jogging/Running	○	○	○	○	○	○	○	○	○
Lap Swimming	○	○	○	○	○	○	○	○	○
Tennis or Racquetball	○	○	○	○	○	○	○	○	○
Bicycling/Aerobic exercise machines	○	○	○	○	○	○	○	○	○
Aerobics/Calisthenics	○	○	○	○	○	○	○	○	○
Dancing	○	○	○	○	○	○	○	○	○
Gardening, Mowing, Planting, etc.	○	○	○	○	○	○	○	○	○
Low intensity exercise (e.g., Yoga, Stretching)	○	○	○	○	○	○	○	○	○
Weight training or resistance exercises	○	○	○	○	○	○	○	○	○

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 55164-9332