



MEN



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 being an active participant in the Cancer Prevention Study for over twenty years!

This **very brief** questionnaire will focus on your medical history and use of medications, vitamins, and supplements. These new questions will allow us to broaden and update the information you have already given us in the past.

Please continue to be a participant in this important study by completing and returning the attached questionnaire within 10 days. In addition, please verify that the information printed above is your full legal name and correct address and make corrections if needed. We will use this information to verify or 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.

Thank you again for your continued participation. We value your contribution. If you have any questions about the survey, please call us at 1-800-646-7853.

Sincerely,
Michael J. Thun

Michael J. Thun, M.D.
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.

Do you have an e-mail address?
If you do, please print your e-mail address in the box below:

We will not release your e-mail address to anyone!

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 or dark pencil.
- Do not use 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, erase cleanly (pencil) or place an "X" through the first mark (pen), and mark the oval for your preferred answer.

EXAMPLES:

Correct Incorrect

I K 2 5 a 2 k

○ ○ ● ○ ○ ○ ○ ○

X ○ ● ○ ○ ○ ○ ○

Please **PRINT** where applicable.

START HERE

1. Is this your correct date of birth?

Yes

Month Day Year

No, my birthday is:

2. Is this your correct state of birth?

Yes

No, my birth state is:

GENERAL

3. In general, would you say your health is:

Excellent Fair

Very Good Poor

Good

4. What is your **current** weight?

Pounds

5. Do you **currently** smoke cigarettes?

No

Yes

6. In the **past two years**, have you had any of the following? (If yes, **mark all that apply**.)

	No	Yes, for routine exams	Yes, for symptoms
A physical exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSA blood test for prostate cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A prostate biopsy or rectal ultrasound for prostate examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.)

Enlarged prostate, not surgically treated

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Enlarged prostate, surgically treated

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Benign polyp of the colon or rectum

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Basal cell or squamous cell skin cancer

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

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

Prostate cancer

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Lung or bronchial cancer

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Colon or rectal cancer

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Bladder cancer

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Lymphoma

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

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

- Never
- Before October 2001
- Oct. 2001 - July 2003
- After July 2003

Specify other cancer not mentioned in questions 7 or 8.

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9. 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**?

(Please do not include additional individual supplements or eye health vitamins such as Ocuville.)

No

Yes

How many multi-vitamin pills do you take **per week**?

- 2 or fewer
- 3-5
- 6-9
- 10 or more

WOMEN'S HEALTH ISSUES/VITAMINS

10. Since October 2001, have you used prescription female replacement hormones?

No

Yes → a. How many months did you use them since OCTOBER 2001?

- 1-4 months 10-14 months 20-24 months
 5-9 months 15-19 months 25+ months

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

- Yes, currently No, not currently

c. Mark the type(s) of hormones you are CURRENTLY using.

Combined:

- Prempro (Pink) Prempro (Blue) Premphase Combipatch FemHRT

Estrogen:

- Oral Premarin Vaginal Estrogen Estrace Other Estrogen
 Patch Estrogen Ogen Estratest

Progesterone/Progestin:

- Provera/Cycrin/MPA Micronized (e.g., Prometrium) Vaginal Other Progesterone

11. 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**?

(Please do not include additional individual supplements or eye health vitamins such as Ocuville.)

No

Yes → How many multi-vitamin pills do you take per week?

- 2 or fewer 3-5 6-9 10 or more

12. **NOT counting multi-vitamins reported above**, do you regularly take any of the following supplements, individually or in combinations? (If yes, please mark pills per week and amount in each pill. If you take a supplement with more than one vitamin, please repeat information for each vitamin.)

			Pills Per Week	Amount In Each Pill		
Vitamin C	<input type="radio"/> No	<input type="radio"/> Yes →	<input type="text"/>	→ <input type="radio"/> 450 mg or less	<input type="radio"/> 500 mg or more	<input type="radio"/> Don't know
Vitamin E	<input type="radio"/> No	<input type="radio"/> Yes →	<input type="text"/>	→ <input type="radio"/> 250 IU or less	<input type="radio"/> 300 IU or more	<input type="radio"/> Don't know
Selenium	<input type="radio"/> No	<input type="radio"/> Yes →	<input type="text"/>	→ <input type="radio"/> 135 mcg or less	<input type="radio"/> 140 mcg or more	<input type="radio"/> Don't know
Folic Acid	<input type="radio"/> No	<input type="radio"/> Yes →	<input type="text"/>	→ <input type="radio"/> 300 mcg or less	<input type="radio"/> 350 mcg or more	<input type="radio"/> Don't know
Calcium <small>(Include Calcium in Turns, etc.) (1 Turns = 200 mg elemental calcium)</small>	<input type="radio"/> No	<input type="radio"/> Yes →	<input type="text"/>	→ <input type="radio"/> 350 mg or less	<input type="radio"/> 400 mg or more	<input type="radio"/> Don't know
Zinc	<input type="radio"/> No	<input type="radio"/> Yes →	<input type="text"/>	→ <input type="radio"/> 45 mg or less	<input type="radio"/> 50 mg or more	<input type="radio"/> Don't know

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