Dear Cancer Prevention Study Participant,

We hope you will take the time to complete and return this very brief questionnaire. Your participation and prompt response are critical to the Cancer Prevention Study. Study results are valuable not only to cancer researchers but also to the many people who turn to the American Cancer Society as one of the nation's most trusted cancer resources.

Also, 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.

If you have any questions about the survey, please call us at 1-800-646-7853.

Sincerely,

Susan M. Gapstur, PhD, MPH
Vice President of Epidemiology

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

If the person whose name appears on this form has died, please mark this square and STOP HERE. Return the blank questionnaire in the postage-paid envelope.

The answers to the following questions should be provided by the person named above. If someone else provides the answers about that person, please mark this square.
2. Has a physician ever told you that you had any of the following conditions or cancers? (If not, mark No; if yes, mark year first diagnosed.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year first diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enlarged prostate, not surgically treated</td>
<td></td>
</tr>
<tr>
<td>Enlarged prostate, surgically treated</td>
<td></td>
</tr>
<tr>
<td>Benign polyp of the colon or rectum</td>
<td></td>
</tr>
<tr>
<td>Basal cell or squamous cell skin cancer</td>
<td></td>
</tr>
<tr>
<td>Prostate cancer</td>
<td></td>
</tr>
<tr>
<td>Lung or bronchial cancer</td>
<td></td>
</tr>
<tr>
<td>Colon or rectal cancer</td>
<td></td>
</tr>
<tr>
<td>Bladder cancer</td>
<td></td>
</tr>
<tr>
<td>Lymphoma</td>
<td></td>
</tr>
<tr>
<td>Other cancer</td>
<td></td>
</tr>
</tbody>
</table>

(Specify type of other cancer)

3. In the past two years, have you used the medications Finasteride (Proscar, Propecia) or Dutasteride (Avodart) on a regular basis?

☐ No ☐ Yes
4. In general, would you say your health is:
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

5. In general, would you say your quality of life is:
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

6. In general, how would you rate your physical health?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

7. In general, how would you rate your mental health, including your mood and your ability to think?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

8. In general, how would you rate your satisfaction with your social activities and relationships?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

9. How would you rate your pain on average?
   - 0 = No Pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10 = Worst pain imaginable

10. How would you rate your fatigue on average?
    - None
    - Mild
    - Moderate
    - Severe
    - Very Severe

11. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?
    - Never
    - Rarely
    - Sometimes
    - Often
    - Always

12. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?
    - Completely
    - Mostly
    - Moderately
    - A little
    - Not at all

13. What is your current weight?
    - Pounds

14. Do you currently smoke cigarettes?
    - No
    - Yes

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

   - A physical exam
   - Yes, for routine exams
   - Yes, for symptoms
   - Colonoscopy
   - Yes
   - No
   - Sigmoidoscopy
   - Yes
   - No
   - A prostate biopsy
   - Yes
   - No
   - PSA blood test for prostate cancer screening
   - Yes
   - No
   - If “yes” for PSA screening, was your PSA elevated?
     - No
     - Unknown
     - Yes

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

    Do you currently take a multi-vitamin? (Please do not include individual supplements or eye health vitamins such as Ocuvite.)
    - No
    - Yes

    a. How many multi-vitamin pills do you take per week?
       - 2 or fewer
       - 3-5
       - 6-9
       - 10 or more
17. **During the past year**, on average, how frequently have you taken the following?

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Frequency Options</th>
<th>Days per month</th>
<th>Pills per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby or low-dose aspirin (162 mg or less)</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular or extra strength aspirin (163 mg or more) for example: Bufferin, Anacin, Bayer, Excedrin, Ecotrin</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprofen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for example: Motrin, Advil, Nuprin, Mediprin</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetaminophen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for example: Tylenol, Phenaphen</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naproxen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for example: Aleve, Naprosyn, Anaprox</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other anti-inflammatory analgesics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for example: Mobic, nabumetone, meloxicam, diclofenac, indomethacin</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celebrex</td>
<td>☑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Has a physician ever told you that you had any of the following conditions? (If **NO**, leave blank. If yes, mark the **yes** square and **year of diagnosis** for each illness you have had diagnosed.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mark here for YES</th>
<th>Before August 2007</th>
<th>August 2007-July 2009</th>
<th>After July 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>or angina pectoris</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hospitalized for MI</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Coronary bypass, angioplasty or stent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stroke (CVA) or TIA (Transient ischemic attack)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Carotid surgery (Endarterectomy)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>ALS (Lou Gehrig's Disease)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Emphysema or chronic bronchitis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wrist fracture, vertebral fracture or hip fracture</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Osteoarthritis or Rheumatoid arthritis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Thank you for your quick response.**

*Please return questionnaire in the postage-paid envelope provided to:* CANCER PREVENTION STUDY, PO Box 64735, ST PAUL, MN 55164-9881