

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

Men's Health Status Questionnaire (HSM)

HSM

HSM-C

1. What is your date of birth?

|_|_| / |_|_| / |_|_|_|_|
MO DAY YEAR

PHYSICAL EXAMINATIONS

Please complete each question by placing a (✓) in the box next to the answer that best fits your situation. (Mark only one answer for each question.)

2a. Have you ever had an eye examination for glaucoma or cataracts?

- 1 Yes
 2 No (GO TO ITEM 3a)
 3 Don't Know (GO TO ITEM 3a)

2b. When did you have your most recent eye examination for glaucoma or cataracts?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 More than 3 years ago
 5 Don't Know

2c. What was the main reason you had this eye examination for glaucoma or cataracts?

- 1 Because of a specific eye problem
 2 Follow-up to a previous eye problem
 3 Part of a routine physical exam
 4 Part of a routine eye exam

3a. Have you ever had a chest x-ray?

- 1 Yes
 2 No (GO TO ITEM 4a)
 3 Don't Know (GO TO ITEM 4a)

3b. When did you have your most recent chest x-ray?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 More than 3 years ago
 5 Don't Know

3c. What was the main reason you had this chest x-ray?

- 1 Because of a specific health problem
 2 Follow-up to a previous health problem
 3 Part of a routine physical exam

Men's Health Status Questionnaire (HSM)

<p>4a. Have you ever had a Spiral CT (Computed Tomography) of your chest?</p> <p>4b. When did you have your most recent Spiral CT of your chest?</p> <p>4c. What was the main reason you had this Spiral CT of your chest?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 5a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 5a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>5a. Have you ever had a digital rectal examination of the prostate?</p> <p>5b. When did you have your most recent digital rectal examination of the prostate?</p> <p>5c. What was the main reason you had this digital rectal examination of the prostate?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 6a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 6a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific prostate problem 2 <input type="checkbox"/> Follow up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>6a. Have you ever had a barium enema to examine your colon and rectum?</p> <p>6b. When did you have your most recent barium enema to examine your colon and rectum?</p> <p>6c. What was the main reason you had this barium enema to examine your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 7a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 7a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

Men's Health Status Questionnaire (HSM)

7a. Have you ever had a flexible sigmoidoscopy examination of your colon and rectum?

- 1 Yes
 2 No (GO TO ITEM 8a)
 3 Don't Know (GO TO ITEM 8a)

7b. When did you have your most recent flexible sigmoidoscopy examination of your colon and rectum?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 3 to 4 years ago
 5 4 to 5 years ago
 6 More than 5 years ago
 7 Don't Know

7c. What was the main reason you had this flexible sigmoidoscopy examination of your colon and rectum?

- 1 Because of a specific health problem
 2 Follow-up to a previous health problem
 3 Part of a routine physical exam

8a. Have you ever had a colonoscopic examination of your colon and rectum?

- 1 Yes
 2 No (GO TO ITEM 9a)
 3 Don't Know (GO TO ITEM 9a)

8b. When did you have your most recent colonoscopic examination of your colon and rectum?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 3 to 4 years ago
 5 4 to 5 years ago
 6 More than 5 years ago
 7 Don't Know

8c. What was the main reason you had this colonoscopic examination of your colon and rectum?

- 1 Because of a specific health problem
 2 Follow-up to a previous health problem
 3 Part of a routine physical exam

Men's Health Status Questionnaire (HSM)

<p>9a. Have you ever had a test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 10a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 10a)</p>
<p>9b. When did you have your most recent test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p>
<p>9c. What was the main reason you had this test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>10a. Have you ever had your blood pressure checked?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 11a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 11a)</p>
<p>10b. When did you have your most recent blood pressure check?</p>	<p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p>
<p>10c. What was the main reason you had this blood pressure check?</p>	<p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

Men's Health Status Questionnaire (HSM)

BLOOD TESTS Please complete each question by placing a (√) in the box next to the answer that best fits your situation.
(Mark only one answer for each question.)

11a. Have you ever had a test to check your blood cholesterol level?

- 1 Yes
 2 No (GO TO ITEM 12a)
 3 Don't Know (GO TO ITEM 12a)

11b. When did you have your most recent test to check your blood cholesterol level?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 More than 3 years ago
 5 Don't Know

11c. What was the main reason you had this test to check your blood cholesterol level?

- 1 Because of a specific health problem
 2 Follow-up to a previous health problem
 3 Part of a routine physical exam

12a. Have you ever had a test to check your blood glucose (sugar) level?

- 1 Yes
 2 No (GO TO ITEM 13a)
 3 Don't Know (GO TO ITEM 13a)

12b. When did you have your most recent test to check your blood glucose (sugar) level?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 More than 3 years ago
 5 Don't Know

12c. What was the main reason you had this test to check your blood glucose (sugar) level?

- 1 Because of a specific health problem
 2 Follow-up to a previous health problem
 3 Part of a routine physical exam

Men's Health Status Questionnaire (HSM)

13a. Have you ever had a PSA blood test for prostate cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 14) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 14)										
13b. When did you have your most recent PSA blood test for prostate cancer?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know										
13c. What was the main reason you had this PSA blood test for prostate cancer?	1 <input type="checkbox"/> Because of a specific prostate problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam										
14. Today's Date:	<table style="margin: auto; border: none;"> <tr> <td style="border: none;"> _ _ </td> <td style="border: none;">/</td> <td style="border: none;"> _ _ </td> <td style="border: none;">/</td> <td style="border: none;"> _ _ _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">MO</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">DAY</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">YEAR</td> </tr> </table>	_ _	/	_ _	/	_ _ _ _	MO		DAY		YEAR
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MO		DAY		YEAR							

Thank you for completing this questionnaire. Please return this form to:

SC Name
Address

Public Reporting Burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Officer, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730. Attention: PRA (0925-0407). Do not return the completed form to this address.

FOR OFFICE USE ONLY

1. Method of Administration:

- 1 Self-Administered
 2 Self-Administered with Assistance
 3 Telephone Administered
 4 In-person Interview

2. If Completion Date was estimated, check: 1