Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial Brief Survey

INSTRUCTIONS

➔ Please use a black or blue pen to complete this form.
➔ Mark ☒ to indicate your answer.
➔ If you want to change your answer, darken the box ■ and mark the correct answer.

Today's Date: ☐☐ / ☐☐ / 2 0 ☐☐
m m d d y y y y

1. Do you currently smoke cigarettes?

☐ Yes
☐ No ➔ Go to 2

1a. On average, how many cigarettes per day do you currently smoke?

☐ Less than 1 cigarette
☐ 1 to 5 cigarettes
☐ 6 to 20
☐ 21 to 30
☐ 31 to 40
☐ More than 40 cigarettes

2. If you used to smoke, when did you quit?

☐ Less than 1 year ago
☐ 1 to 5 years ago
☐ 5 to 10 years ago
☐ More than 10 years ago
☐ Never Smoked

3. What is your current weight in pounds? ☐☐☐ lbs

4. Do you now weigh about the same, more, or less than you did 5 years ago?

☐ About the same ➔ Go to 5
☐ More ➔ Go to 5
☐ Less ➔ Go to 4a

4a. How did you lose the weight? *(Mark all that apply)*

☐ Dieting
☐ Exercise
☐ Illness
☐ Other **(Specify)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐ I don't know

5. What is your current height in feet and inches? ☐ feet ☐☐ inches

6. Since December 31, 2010, have you been diagnosed with cancer by a health care provider? Do not include basal-cell or squamous cell skin cancers.

☐ Yes ➔ Go to 7
☐ No ➔ Go to 8

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7. What type of cancer was diagnosed? (Please record all cancers diagnosed during this period except basal-cell or squamous cell skin cancers, date of diagnosis, and the name of the hospital/clinic where diagnosed.)

	Type/site of cancer (breast, lung, etc.)	Date of Diagnosis mm/dd/yy	Name of Hospital/Clinic where diagnosed
a.		/ /	
b.		/ /	
c.		/ /	
d.		/ /	

8. What is your typical walking pace?

- ☐ Unable to walk
- ☐ Slow (less than 2 miles per hour)
- ☐ Average (2 to 2.9 miles per hour)
- ☐ Brisk (3 to 3.9 miles per hour)
- ☐ Very brisk, striding (4 miles per hour or faster)

9. Over the past 12 months, on average, how many HOURS PER WEEK did you spend doing light work around the house including preparing meals, cleaning, doing some repairs, laundry, washing dishes, light yard work, etc.?

- ☐ None or less than 1 hour per week
- ☐ 1 hour per week
- ☐ 2 to 3 hours per week
- ☐ 4 to 5 hours per week
- ☐ 6 to 7 hours per week
- ☐ More than 7 hours per week

10. Over the past 12 months, on average, how many DAYS PER WEEK did you spend in any moderate–vigorous physical activity where you worked up a sweat or increased your breathing and heart rate?

- ☐ None ➡ Go to 11
- ☐ Less than 1 day per week
- ☐ 1 day per week
- ☐ 2 to 3 days per week
- ☐ 4 to 5 days per week
- ☐ 6 to 7 days per week

10a. On average, how long was each session of moderate–vigorous activity?

- ☐ Less than 15 minutes
- ☐ 16 to 19 minutes
- ☐ 20 to 29 minutes
- ☐ 30 to 39 minutes
- ☐ More than or equal to 40 minutes

ACTIVITY	AVERAGE NUMBER OF HOURS PER DAY							
11. In a typical 24-hour period during the past 12 months, what is the average number of HOURS PER DAY you engaged in the following activities? *(Mark only one response per activity row)* **Was it…**	**None**	**Less than 3 hours**	**3 to 4 hours**	**5 to 6 hours**	**7 to 8 hours**	**9 to 10 hours**	**11 to 12 hours**	**More than 12 hours**
a) Sleeping at night?	☐	☐	☐	☐	☐	☐	☐	☐
b) Napping during the day?	☐	☐	☐	☐	☐	☐	☐	☐
c) Sitting while watching TV shows, videos, movies, etc.?	☐	☐	☐	☐	☐	☐	☐	☐
d) Sitting or driving in a car, bus, or train?	☐	☐	☐	☐	☐	☐	☐	☐
e) All other sitting (reading, socializing, using computer, hobbies, etc.)?	☐	☐	☐	☐	☐	☐	☐	☐

12. During the past 12 months, how much trouble, if any, did you have with your regular daily activities as a result of your physical health? Was it…

☐ None
☐ Slight amount
☐ Moderate amount
☐ Quite a bit
☐ An enormous amount

13. Currently, how would you describe your overall health? Is it…

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

14. Have you been diagnosed with any of the following conditions? Mark No or Yes. If yes, please indicate the year you were first diagnosed.

	No ▼	Yes ▼	Before 2007 ▼	2007–2012 ▼	2013–present ▼
a) High blood pressure	☐	☐ →	☐	☐	☐
b) Diabetes	☐	☐ →	☐	☐	☐
c) High cholesterol	☐	☐ →	☐	☐	☐
d) Heart attack, angina, or coronary artery disease	☐	☐ →	☐	☐	☐
e) Stroke	☐	☐ →	☐	☐	☐
f) Mini-stroke or TIA (Transient Ischemic Attack)	☐	☐ →	☐	☐	☐
g) Pulmonary embolus or embolism (blood clot in lungs)	☐	☐ →	☐	☐	☐
h) COPD (including e.g. emphysema, chronic bronchitis)	☐	☐ →	☐	☐	☐
i) Arthritis	☐	☐ →	☐	☐	☐
j) Hip fracture	☐	☐ →	☐	☐	☐
k) Asthma	☐	☐ →	☐	☐	☐
l) Kidney stones	☐	☐ →	☐	☐	☐
m) Gallstones	☐	☐ →	☐	☐	☐
n) Colon or rectal polyps	☐	☐ →	☐	☐	☐
o) Osteoporosis (not including osteopenia)	☐	☐ →	☐	☐	☐
p) Parkinson's disease	☐	☐ →	☐	☐	☐
q) Multiple sclerosis	☐	☐ →	☐	☐	☐
r) ALS (Amyotrophic lateral sclerosis, Lou Gehrig's Disease)	☐	☐ →	☐	☐	☐
s) Depression	☐	☐ →	☐	☐	☐

15. **When did you have your last lung cancer screening with Low Dose Computed Tomography Scan (Low Dose CT Scan or LDCT)? Was it…**

☐ Never
☐ Less than 1 year ago
☐ 1 year ago
☐ 2 to 3 years ago
☐ 4 or more years ago
☐ Had one, but don't know when

16. **When were you last screened for colon/colorectal cancer through a sigmoidoscopy, colonoscopy, or stool test kit known as a fecal occult blood test (FOBT)? Was it...**

☐ Never
☐ Less than 1 year ago
☐ 1 year ago
☐ 2 to 3 years ago
☐ 4 or more years ago
☐ Had one, but don't know when

MEN ONLY

17. **When did you last have a PSA test to screen for prostate cancer?** *(Please mark only one.)* **Was it…**

☐ Never had one
☐ Less than 1 year ago
☐ 1 to 2 years ago
☐ 3 to 4 years ago
☐ More than 5 years ago
☐ Had one, but not sure when
☐ Not sure if had one

Go to 22

WOMEN ONLY

18. Have you had a hysterectomy (uterus removed)?

☐ Yes
☐ No ➡ Go to 19

18a. What was the date of your surgery? Was it…

☐ Before 2004
☐ 2004–2006
☐ 2007–present

19. Have you had either of your ovaries surgically removed?

☐ Yes
☐ No ➡ Go to 20

19a. What was the date of your surgery? Was it…

☐ Before 2004
☐ 2004–2006
☐ 2007–present

19b. How many ovaries do you have remaining?

☐ None
☐ One

20. When did you have your last Pap smear to screen for cervical cancer? Was it…

☐ Never
☐ Less than 1 year ago
☐ 1 year ago
☐ 2 to 3 years ago
☐ 4 or more years ago
☐ Had one, but don't know when

21. When did you have your last mammogram to screen for breast cancer? Was it…

☐ Never
☐ Less than 1 year ago
☐ 1 year ago
☐ 2 to 3 years ago
☐ 4 or more years ago
☐ Had one, but don't know when

22. Who completed this questionnaire? Was it…

☐ Study Participant
☐ Study Spouse
☐ Someone else **(Specify)**