

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

ANNUAL STUDY UPDATE (ASU)

Participant ID: FIELD(9)

FIELD(11)

November 23, 1998

FIELD(12)

Participant Name: FIELD(10)

Study Year: FIELD(13)

If Your Name (Printed Above) Is Incorrect, Please Record Your Corrected Name Below.

Corrected Name: _____

1. In the period from FIELD(14) to the present, have you been diagnosed with cancer by a health care provider? (Do not include basal-cell or squamous-cell skin cancers.)
- Yes []
No []
- (If no, men go to item 3; women go to item 4)

2. What type of cancer was diagnosed? (Please record all cancers diagnosed during this period except basal-cell and squamous-cell skin cancers.)

Type/Site of Cancer (breast, lung, etc)	Date of Diagnosis	Hospital or clinic where the cancer was diagnosed
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

What is the name, phone number and address of the physician who diagnosed the most recent cancer?

Name: _____ Phone: (____) _____

Address: _____

3. FOR MEN ONLY: In the period from FIELD(15) to the present, have you taken the medication Proscar or Propecia (Finasteride)?
- Yes [] No []

4. Today's Date: _____/_____/_____
- Month Day Year

5. Who completed this questionnaire? (Please check one)

[] Study Participant [] Spouse [] Someone else (SPECIFY) _____

Relationship

6. Comments:
- _____
- _____

Thank you for completing this questionnaire. Please return this form in the enclosed envelope

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