

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

Women's Health Status Questionnaire (HSW)	
	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 24px; margin: 0;">*HSW*</p> <p style="font-size: 24px; margin: 10px 0 0 0;">HSW-C</p> </div>
1. What is your date of birth?	<div style="display: flex; justify-content: center; gap: 10px;"> __ __ __ / __ __ __ / __ __ __ __ </div> <div style="display: flex; justify-content: center; gap: 10px; font-size: 12px;"> MO DAY YEAR </div>
PHYSICAL EXAMINATIONS <i>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.)</i>	
2a. Have you ever had an eye examination for glaucoma or cataracts?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 3a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 3a)
2b. When did you have your most recent eye examination for glaucoma or cataracts?	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
2c. What was the main reason you had this eye examination for glaucoma or cataracts?	1 <input type="checkbox"/> Because of a specific eye problem 2 <input type="checkbox"/> Follow-up to a previous eye problem 3 <input type="checkbox"/> Part of a routine physical exam 4 <input type="checkbox"/> Part of a routine eye exam
3a. Have you ever had a chest x-ray?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 4a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 4a)
3b. When did you have your most recent chest x-ray?	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
3c. What was the main reason you had this chest x-ray?	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

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<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 pelvic examination?</p> <p>5b. When did you have your most recent pelvic examination?</p> <p>5c. What was the main reason you had this pelvic examination?</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 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>6a. Have you ever had a transvaginal ultrasound examination?</p> <p>6b. When did you have your most recent transvaginal ultrasound examination?</p> <p>6c. What was the main reason you had this transvaginal ultrasound examination?</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"/> 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>

Women's Health Status Questionnaire (HSW)

7a. Have you ever had a mammogram?

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

7b. When did you have your most recent mammogram?

- 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

7c. What was the main reason you had this mammogram?

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

8a. Have you ever had a barium enema to examine 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 barium enema to examine 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 barium enema to examine 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

Women's Health Status Questionnaire (HSW)

<p>9a. Have you ever had a flexible sigmoidoscopy examination of your colon and rectum?</p> <p>9b. When did you have your most recent flexible sigmoidoscopy examination of your colon and rectum?</p> <p>9c. What was the main reason you had this flexible sigmoidoscopy examination of your colon and rectum?</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>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>
<p>10a. Have you ever had a colonoscopic examination of your colon and rectum?</p> <p>10b. When did you have your most recent colonoscopic examination of your colon and rectum?</p> <p>10c. What was the main reason you had this colonoscopic examination of your colon and rectum?</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>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>
<p>11a. Have you ever had a test for blood in the stool?</p> <p>11b. When did you have your most recent test for blood in the stool?</p> <p>11c. What was the main reason you had this test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 12a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 12a)</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>

Women's Health Status Questionnaire (HSW)

12a. Have you ever had your blood pressure checked?

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

12b. When did you have your most recent blood pressure check?

- 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 blood pressure check?

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

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.)

13a. Have you ever had a test to check your blood cholesterol level?

- 1 Yes
 2 No (GO TO ITEM 14a)
 3 Don't Know (GO TO ITEM 14a)

13b. 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

13c. 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

14a. Have you ever had a test to check your blood glucose (sugar) level?

- 1 Yes
 2 No (GO TO ITEM 15a)
 3 Don't Know (GO TO ITEM 15a)

14b. 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

14c. 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

Women's Health Status Questionnaire (HSW)	
15a. Have you ever had a CA-125 blood test for ovarian cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 16) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 16)
15b. When did you have your most recent CA-125 blood test for ovarian 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
15c. What was the main reason you had this CA-125 blood test for ovarian cancer?	1 <input type="checkbox"/> Because of a specific problem with your ovaries 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam
16. Today's Date:	_ _ / _ _ / _ _ _ _ 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.

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1. Method of Administration: 1 <input type="checkbox"/> Self-Administered 2 <input type="checkbox"/> Self-Administered with Assistance 3 <input type="checkbox"/> Telephone Administered 4 <input type="checkbox"/> In-person Interview
2. If Completion Date was estimated, check: 1 <input type="checkbox"/>