Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial
Medication Use Questionnaire

INSTRUCTIONS

- *Use a black or blue ink pen. Do not use felt tip markers or gel pens.*
- *Please answer by putting X in the box. Do not check, dot, fill-in, or half fill-in the box. Try not to go outside the lines.*
  → **Correct mark:** ☐ ☒ ☐ ☐ **Incorrect marks:** ☑ ☐ ☐ ☐
- *If you make a mistake, completely fill in the box for the incorrectly marked answer then mark the correct box*
  → **Correct mark:** ■ ☐ ☒ ☐
- *Please PRINT IN CAPITAL LETTERS where applicable.* **Example:** D R U G
  Enter only one letter or number per box.
- *Please return the survey in the pre-paid envelope.*
- *Always round down the number of years you have taken a medication. For example, if you have been taking a prescription medication for 5 years and 6 months, round it down to 5 years and record it in the category option for 3-5 years.*
- ***Please see the consent box at the end of this form and indicate your choice.***

Today's Date: ☐☐ / ☐☐ / 20☐☐
m m / d d / y y

1. Do you currently smoke cigarettes?

☐ YES → On average, how many cigarettes per day?
☐ 1-5 cigarettes ☐ 6-20 ☐ 21-30 ☐ 31-40 ☐ More than 40 cigarettes

☐ NO

2. What is your current weight in pounds?

☐☐☐ Pounds

Questions 3 to 10 concern drugs (either prescription or over-the-counter) that are anti-inflammatory or pain relievers.

3. During the last 12 months, about how often did you usually take **aspirin** (examples of aspirin include Bayer, Bufferin, Anacin and baby aspirin)?

☐ None or less than 1 time per month
☐ 1 to 3 times per month
☐ 1 to 2 times per week
☐ 3 to 6 times per week
☐ 7 or more times per week

4. When you took **aspirin**, what strength or dose did you usually take?

☐ None
☐ Adult strength (usually 325 mg)
☐ Baby strength (usually 81 mg)
☐ Some other strength
☐ Don't know strength

5. For how many years have you taken **aspirin** at least once per week?

- ☐ None
- ☐ Less than 10 years
- ☐ 10 to 19 years
- ☐ 20 to 39 years
- ☐ 40 or more years

6. During the last 12 months, about how often did you usually take **acetaminophen** (examples of acetaminophen include Tylenol and Panedol)?

- ☐ None or less than 1 time per month
- ☐ 1 to 3 times per month
- ☐ 1 to 2 times per week
- ☐ 3 to 6 times per week
- ☐ 7 or more times per week

7. For how many years have you taken **acetaminophen** at least once per week?

- ☐ None
- ☐ Less than 10 years
- ☐ 10 to 19 years
- ☐ 20 to 39 years
- ☐ 40 or more years

8. Not including aspirin, during the last 12 months, did you take any of the following **nonsteroidal anti-inflammatory drugs (NSAIDs)** at least once a week? **(MARK ALL THAT APPLY)**

- ☐ Aleve ☐ Celebrex ☐ Indocin
- ☐ Motrin, Advil, generic Ibuprofen
- ☐ Naproxyn
- ☐ Other → ☐☐☐☐☐☐☐☐☐☐

9. During the last 12 months, about how often did you usually take **NSAIDs**?

- ☐ None or less than 1 time per month
- ☐ 1 to 3 times per month
- ☐ 1 to 2 times per week
- ☐ 3 to 6 times per week
- ☐ 7 or more times per week

10. For how many years have you taken **NSAIDs** at least once per week?

- ☐ None
- ☐ Less than 10 years
- ☐ 10 to 19 years
- ☐ 20 to 39 years
- ☐ 40 or more years

*For the next set of questions, please include all **prescription** drugs (including pills, patches, and injections) you took in the past 30 days (**exclude** any NSAID drugs you indicated in Question 8). Please refer to the labels on your prescription containers to help answer these questions. Please write the drug name as written on your prescription container label. Write the total number of days per month and the number of years you have taken this medication. PRINT IN CAPITAL LETTERS.*

11. Name of Drug #1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For how many years?
☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years
☐ 6-10 years ☐ 11-15 years ☐ Greater than 15

Number of days taken per **month**? ☐☐

12. Name of Drug #2: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For how many years?
☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years
☐ 6-10 years ☐ 11-15 years ☐ Greater than 15

Number of days taken per **month**? ☐☐

13. Name of Drug #3: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For how many years?
☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years
☐ 6-10 years ☐ 11-15 years ☐ Greater than 15

Number of days taken per **month**? ☐☐

MORE QUESTIONS ON NEXT PAGE →

14. Name of Drug #4:		Number of days taken per **month**?
For how many years?	☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15	
15. Name of Drug #5:		Number of days taken per **month**?
For how many years?	☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15	
16. Name of Drug #6:		Number of days taken per **month**?
For how many years?	☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15	
17. Name of Drug #7:		Number of days taken per **month**?
For how many years?	☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15	
18. Name of Drug #8:		Number of days taken per **month**?
For how many years?	☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15	
19. Name of Drug #9:		Number of days taken per **month**?
For how many years?	☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15	

If you need to list additional drugs, please put an X in this box ☐ *and on a separate sheet of paper, please list the name, times taken per month, and years of use.*

20. MEDICARE & MEDICAID

The PLCO Study would like to collect additional information to conduct research into possible causes of other health conditions besides cancer. We would like to use your personal information (such as name and date of birth) to obtain health information from electronic records such as Medicare and Medicaid. Providing this information is voluntary. This will have no effect on any benefits you may receive. PLCO will maintain confidentiality of your information to the full extent permitted by law.

Please read the following sentence and check one box to indicate your choice:

I consent to the use of my personal information to obtain health information from electronic records such as Medicare and Medicaid.

☐ Yes ☐ No **Please sign here:** _____