

Participant ID Number

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

BASELINE QUESTIONNAIRE FOR MALE PARTICIPANTS (BQM3)

PLEASE COMPLETE:

Participant Name: First Middle Last

Participant Date of Birth: Month Day Year

Participant Telephone Number: ()

INSTRUCTIONS

- Do not fold, staple or tear the pages of this form.
Use a #2 PENCIL to mark your answers.
Make heavy black marks that fill the circle completely.
If you need to change an answer, be sure to erase completely.
Mark only one response for each question, unless the instructions tell you otherwise.
Some questions ask you to write your answer in the space provided.
Some questions also have additional instructions next to certain answers. These instructions may either ask you to skip questions that do not apply to you or ask you to provide additional information. First darken the appropriate circle, then follow the instructions as directed. Unless instructed otherwise, go to the next question.

CORRECT MARK

INCORRECT MARKS

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by the Privacy Act of 1974. Participation is voluntary and there are no penalties for not participating or withdrawing from the study at any time. Participation will not influence a person's relationship with any provider of medical care or any federal program such as Social Security or Medicare. The information collected in this study will be kept confidential and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries. Study records will be kept for approximately 2 years past the end of the study, and then destroyed.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including 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 Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.

The following questions ask about your general background, work history, and smoking history.

1. In what state or foreign country were you born?

State/Foreign Country: _____

2. Which of these groups best describes you? (Choose One)

- White Pacific Islander
 Black American Indian or Alaska Native
 Asian

2a. Are you of Hispanic origin? (Choose One)

- No
 Yes

3. What is the highest grade or level of schooling you completed? (MARK ONLY ONE RESPONSE)

- Less than 8 years
 8 through 11 years
 12 years or completed high school
 Post high school training other than college (for example, vocational or technical training)
 Some college
 College graduate
 Postgraduate

4. What is your current marital status? (Choose One)

- Married or living as married Separated
 Widowed Never married
 Divorced

5. Which of these categories best describes your current working situation? (Choose One)

- Homemaker Extended sick leave
 Working Disabled
 Unemployed Other (SPECIFY)
 Retired

6. What has been your usual adult occupation? That is, at what type of occupation have you worked the longest during your adult life?

Usual adult occupation: _____

IF HOMEMAKER, GO TO QUESTION 10.

7. What were your usual activities and duties in this occupation?

Usual activities or duties: _____

8. In what type of business or industry were you usually employed in this occupation?

Business or industry: _____

9. How many years have you worked in this occupation?

_____ Number of years worked in occupation

10. Have you ever smoked cigarettes regularly for six months or longer? (Choose One)

- No (GO TO QUESTION 16)
- Yes

11. At what age did you start smoking cigarettes regularly? (Enter age first started smoking)

Age In Years: _____

12. Do you smoke cigarettes regularly now? (Choose One)

- No
- Yes (GO TO QUESTION 14)

13. At what age did you last stop smoking cigarettes regularly? (Enter age last stopped smoking)

Age In Years: _____

14. During periods when you smoked, how many cigarettes did or do you usually smoke per day? (Choose One)

- 1-10
- 11-20
- 21-30
- 31-40
- 41-60
- 61-80
- 81 or more

15. During periods when you smoked, did or do you more often smoke filter or non-filter cigarettes? (Choose One)

- Filter more often
- Non-filter more often
- Both about equally

16. Do you now or did you ever smoke a pipe regularly for a year or longer? (Choose One)

- Never smoked a pipe
- Did smoke a pipe but currently do not smoke
- Currently do smoke a pipe

17. Do you now or did you ever smoke cigars regularly for a year or longer? (Choose One)

- Never smoked cigars
- Did smoke cigars but currently do not smoke
- Currently do smoke cigars

The following questions ask about your family medical history and your personal medical history.

18. How many full and half-sisters do you have, both living and deceased? (Choose One)

- 0 3 6 9
 1 4 7 10
 2 5 8 11 or more

19. How many full and half-brothers do you have, both living and deceased? (Choose One)

- 0 3 6 9
 1 4 7 10
 2 5 8 11 or more

20. Have your parents, children, brothers, sisters, half-brothers, or half-sisters ever been diagnosed as having any type of cancer? (DO NOT INCLUDE BASAL-CELL SKIN CANCER) (Choose One)

- No (GO TO QUESTION 22)
 Yes

21. Please complete this chart for each relative (mother, father, children, brothers, sisters, half-brothers, half-sisters) diagnosed with cancer. (DO NOT INCLUDE BASAL-CELL SKIN CANCER.) (If you have more than four relatives diagnosed with cancer, please include a separate page with this information.)

Who was diagnosed as having cancer, that is, what is his or her relationship to you?		What type of cancer did he or she have?	How old was your relative when he or she was diagnosed as having cancer?
1st RELATIVE	_____ Relationship	_____ Type of cancer	_____ Age
2nd RELATIVE	_____ Relationship	_____ Type of cancer	_____ Age
3rd RELATIVE	_____ Relationship	_____ Type of cancer	_____ Age
4th RELATIVE	_____ Relationship	_____ Type of cancer	_____ Age

22. What is or was your weight at these ages? (Enter the weight in pounds.)

Weight at Age 50? _____

Weight at Age 20? _____

Current Weight? _____

23. How tall are you? (Record your height in feet and inches.)

Feet _____ Inches _____

24. During the last 12 months, have you regularly used aspirin or aspirin-containing products, such as Bayer, Bufferin, or Anacin? (Please do not include aspirin-free products such as Tylenol and Panadol.) (Choose One)

- No (GO TO QUESTION 26)
- Yes

25. During the last 12 months, how many pills of aspirin or aspirin-containing products did you usually take per day, per week, or per month? (Choose One)

- 1 per day
- 2 or more per day
- 1 per week
- 2 per week
- 3-4 per week
- Less than 2 per month
- 2-3 per month

26. During the last 12 months, have you regularly used ibuprofen-containing products, such as Advil, Nuprin, or Motrin? (Choose One)

- No (GO TO QUESTION 28)
- Yes

27. During the last 12 months, how many pills of ibuprofen-containing products did you usually take per day, per week, or per month? (Choose One)

- 1 per day
- 2 or more per day
- 1 per week
- 2 per week
- 3-4 per week
- Less than 2 per month
- 2-3 per month

28. Has a doctor ever told you that you have any of the following conditions? (MARK YES OR NO FOR EACH CONDITION)

- | NO | YES | |
|-----------------------|-----------------------|-------------------------------------|
| <input type="radio"/> | <input type="radio"/> | High blood pressure (hypertension) |
| <input type="radio"/> | <input type="radio"/> | Coronary heart disease/heart attack |
| <input type="radio"/> | <input type="radio"/> | Stroke |
| <input type="radio"/> | <input type="radio"/> | Emphysema |
| <input type="radio"/> | <input type="radio"/> | Chronic bronchitis |
| <input type="radio"/> | <input type="radio"/> | Diabetes |
| <input type="radio"/> | <input type="radio"/> | Colorectal polyp(s) |
| <input type="radio"/> | <input type="radio"/> | Ulcerative colitis |
| <input type="radio"/> | <input type="radio"/> | Crohn's Disease |
| <input type="radio"/> | <input type="radio"/> | Familial polyposis |
| <input type="radio"/> | <input type="radio"/> | Arthritis |
| <input type="radio"/> | <input type="radio"/> | Osteoporosis |
| <input type="radio"/> | <input type="radio"/> | Gardner's Syndrome |

- | | | |
|-----------------------|-----------------------|-------------------------------------|
| NO | YES | |
| <input type="radio"/> | <input type="radio"/> | Hepatitis |
| <input type="radio"/> | <input type="radio"/> | Cirrhosis |
| <input type="radio"/> | <input type="radio"/> | Diverticulitis/diverticulosis |
| <input type="radio"/> | <input type="radio"/> | Gall bladder stones or inflammation |

29. Have you ever been diagnosed as having cancer? (DO NOT INCLUDE BASAL-CELL SKIN CANCER) (Choose One)

- No (GO TO QUESTION 31)
- Yes

30. Please complete this chart for each cancer. (DO NOT INCLUDE BASAL-CELL SKIN CANCER.) (If you have been diagnosed with more than 3 types of cancer, please include a separate page to record this information.)

What type of cancer did you have?		How old were you when you were diagnosed with this cancer?
1st CANCER	_____ Type of cancer	_____ Age
2nd CANCER	_____ Type of cancer	_____ Age
3rd CANCER	_____ Type of cancer	_____ Age

31. During a typical night in the last year, how many times did you usually wake up to urinate? (Choose One)

- Never (GO TO QUESTION 33)
- Once (GO TO QUESTION 33)
- Twice
- Three times
- More than three times

32. How old were you when you first began waking up to urinate more than once a night on a regular basis? (Choose One)

- | | |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Less than 30 | <input type="radio"/> 50-59 |
| <input type="radio"/> 30-39 | <input type="radio"/> 60-69 |
| <input type="radio"/> 40-49 | <input type="radio"/> 70 or older |

33. Has a doctor ever told you that you had a problem with your prostate? (Choose One)

- No
- Yes

34. Has a doctor ever told you that you had an enlarged prostate or benign prostatic hypertrophy (BPH)? (Choose One)

- No (GO TO QUESTION 36)
- Yes

35. How old were you when your doctor first told you that you had this problem? (Choose One)

- Less than 30
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or older

36. Has a doctor ever told you that you had an inflamed prostate or prostatitis? (Choose One)

- No (GO TO QUESTION 38)
- Yes

37. How old were you when your doctor first told you that you had this problem? (Choose One)

- Less than 30
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or older

38. Have you ever had any of the following surgical procedures of the prostate? (Mark all that apply)

- Biopsy
- Transurethral resection of the prostate or TURP
- Prostatectomy for benign disease
- Prostate surgery, type unknown
- None (GO TO QUESTION 40)
- Don't know (GO TO QUESTION 40)

39. How old were you when you had a surgical procedure of the prostate the first time? (Choose One)

- Less than 30
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or older

40. Have you had a vasectomy, that is, a sterilization procedure for men? (Choose One)

- No (GO TO QUESTION 42)
- Yes

41. How old were you when you had a vasectomy? (Choose One)

- Less than 25
- 25-34
- 35-44
- 45 or older

42. Has a doctor ever told you that you had any of the following conditions? (MARK YES OR NO FOR EACH CONDITION.)

- | NO | YES | |
|-----------------------|-----------------------|-----------|
| <input type="radio"/> | <input type="radio"/> | Syphilis |
| <input type="radio"/> | <input type="radio"/> | Gonorrhea |

43. During the past three years, have you had a chest x-ray? (Choose One)

- No Yes, more than once
 Yes, once Don't know

44. During the past three years, have you had a digital rectal examination of the prostate? (Choose One)

- No Yes, more than once
 Yes, once Don't know

45. During the past three years, have you had a blood test for prostate cancer, for example PSA? (Choose One)

- No Yes, more than once
 Yes, once Don't know

46. During the past three years, have you had a test for blood in the stool? (Choose One)

- No Yes, more than once
 Yes, once Don't know

47. During the past three years, have you had a colonoscopy, sigmoidoscopy, or barium enema to examine the colon and rectum? (Choose One)

- No Yes, more than once
 Yes, once Don't know

48. What is the date you completed this questionnaire? (MONTH, DAY, YEAR)

MONTH _____ DAY _____ YEAR _____

For Office Use Only: Estimated Date

49. Who completed this questionnaire? (Choose One)

- Completed by study participant
 Completed by someone else (SPECIFY RELATIONSHIP)

Thank you very much for completing this questionnaire. Please check each page carefully to make certain you have answered all the questions that apply to you; then complete the Baseline Locator Form.

For Office Use Only:

SCREENING CENTER ID # ____

SATELLITE CENTER ID # ____

SC STAFF ID# ____

METHOD OF ADMINISTRATION (MARK ONE):

- SELF-ADMINISTERED
- SELF-ADMINISTERED WITH ASSISTANCE
- IN-PERSON INTERVIEW-BY SC STAFF
- IN-PERSON INTERVIEW BY OTHER
- TELEPHONE ADMINISTERED

FORM PROCESSING (Choose One)

- Form Receipted into SMS
- Manual Review Completed

Data Retrieval: (Choose One)

- Attempted OR
- None Required

Data Entry of Non-Scannable Items: (Choose One)

- Completed OR
- None Required

Final Disposition: (Choose One)

- Final Complete (FCM) OR
- Final Incomplete (FIC)

ITEM 21. Relationships with Cancer

Please specify SEQNO, RECODE, CACODE, and AGE for each

ITEM 30. Cancer Types

Please specify SEQNO, CACODE, and AGE for each