

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial SUPPLEMENTAL QUESTIONNAIRE

PLEASE COMPLETE:  Today's Date

- -

Participant's Date of Birth

- -

Participant ID Number

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.

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WHEN FILLING OUT THE QUESTIONNAIRE, PLEASE FOLLOW THESE INSTRUCTIONS

- Use a blue or black ball-point pen or a Number 2 pencil. Do not use red ink or a felt tip pen. Do not fold, staple, or tear the forms.
- Circles: Please fill in the circles completely. Try not to go outside the lines.

Correct mark 

Incorrect marks   

GENERAL INFORMATION


1 _____

What is your **current** marital status?

- Married/living as married Separated
 Widowed Never married
 Divorced

2 _____

Are you **currently**...

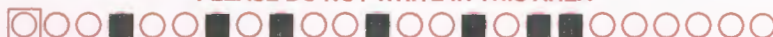
- Homemaker Unemployed
 Employed full-time Retired
 Employed part-time Disabled
 Extended sick leave
 Other (specify) 

3 _____

Into what religion were you born?

- Catholic
 Christian Scientist
 Greek Orthodox
 Jewish
 LDS or Mormon
 Protestant
 Seventh Day Adventist
 Other (specify)  _____
 None

PLEASE DO NOT WRITE IN THIS AREA



215368

FAMILY BACKGROUND AND BODY TYPE

4 Are you Hispanic or Latino?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

5 What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

6 What is your **current** family income?

- Less than \$20,000
- \$20,000 to 49,999
- \$50,000 to 99,999
- \$100,000 to 200,000
- More than \$200,000
- Prefer not to answer

7 What is your current height?

FEET	INCHES

8 Please estimate your weight when you were the following ages. **(EXCLUDE ANY PERIODS WHEN YOU WERE PREGNANT)**

Age	Weight			
30s	<table border="1" style="border-collapse: collapse; width: 80px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Pounds			
40s	<table border="1" style="border-collapse: collapse; width: 80px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Pounds			
50s	<table border="1" style="border-collapse: collapse; width: 80px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Pounds			
60s	<table border="1" style="border-collapse: collapse; width: 80px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Pounds			
70s	<table border="1" style="border-collapse: collapse; width: 80px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Pounds			

9 What is your current **weight**?

POUNDS

--	--	--

10 When you **gain weight**, where do you **MAINLY** tend to add the weight?

- Don't gain weight
- Around the chest and shoulders
- Around the waist and stomach
- Around the hips and thighs
- Equally all over
- Other (specify)

11 When you are trying to **slim down**, where is it most difficult to lose the weight?

- Don't try to lose weight
- Can't lose weight
- Around the chest and shoulders
- Around the waist and stomach
- Around the hips and thighs
- Equally all over
- Other (specify)

12 Compared to other people of the same sex and height, when **sitting**, are you...

- Especially tall
- Somewhat tall
- Typical
- Somewhat short
- Especially short

13 How would you describe your **waist in comparison to your hips** (waist-to-hip ratio)?

- Waist much smaller than hips
- Waist somewhat smaller than hips
- Waist similar to hips
- Waist somewhat larger than hips
- Waist much larger than hips

14

What was your **father's age** when you were born?

- Less than 20 50 to 59
 20 to 29 60 to 69
 30 to 39 70 or older
 40 to 49 Unknown

15

What was your **mother's age** when you were born?

- Less than 20 35 to 39
 20 to 24 40 to 44
 25 to 29 45 or older
 30 to 34 Unknown

16

How many of each of the following **blood relatives** (do not count half sisters or half brothers) do/did you have? **(PLEASE INCLUDE ANY DECEASED)**

- a. Sisters 0 1 2 3 4 5 or more
 b. Brothers 0 1 2 3 4 5 or more
 c. Daughters 0 1 2 3 4 5 or more
 d. Sons 0 1 2 3 4 5 or more

17

Were any of your blood relatives ever diagnosed with cancer?

(BLOOD RELATIVES INCLUDE MOTHER, FATHER, SISTERS, BROTHERS, CHILDREN. DO NOT INCLUDE SKIN CANCER UNLESS IT WAS MELANOMA.)

- No relatives diagnosed with cancer **⇒ GO TO QUESTION 18**
 Yes, at least one relative diagnosed with cancer **(COMPLETE THE TABLE BELOW. IF YOU HAVE MORE THAN FIVE RELATIVES DIAGNOSED WITH CANCER, PLEASE INCLUDE A SEPARATE PAGE WITH THIS INFORMATION.)**

FOR EACH ROW, MARK ONE RELATIVE WHO HAD CANCER	What type(s) of cancer did he/she have? (MARK ALL THAT APPLY)				At what age was he/she diagnosed with first cancer?	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister/Brother <input type="radio"/> Daughter/Son	<input type="radio"/> Breast <input type="radio"/> Prostate <input type="radio"/> Lung <input type="radio"/> Ovarian	<input type="radio"/> Lymphoma <input type="radio"/> Colorectal <input type="radio"/> Endometrial <input type="radio"/> Bladder	<input type="radio"/> Leukemia <input type="radio"/> Other _____ <input type="radio"/> Don't know	<input type="radio"/> Less than 40 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69	<input type="radio"/> 70 to 79 <input type="radio"/> Age 80 or greater <input type="radio"/> Don't know	
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister/Brother <input type="radio"/> Daughter/Son	<input type="radio"/> Breast <input type="radio"/> Prostate <input type="radio"/> Lung <input type="radio"/> Ovarian	<input type="radio"/> Lymphoma <input type="radio"/> Colorectal <input type="radio"/> Endometrial <input type="radio"/> Bladder	<input type="radio"/> Leukemia <input type="radio"/> Other _____ <input type="radio"/> Don't know	<input type="radio"/> Less than 40 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69	<input type="radio"/> 70 to 79 <input type="radio"/> Age 80 or greater <input type="radio"/> Don't know	
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HEALTH HISTORY

18

Were you ever diagnosed with:

[IF YES:] At what age were you first diagnosed?

- | | | | |
|-------------------------|---|--|---|
| a. A stroke? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
| b. A heart attack? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
| c. High cholesterol? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
| d. High blood pressure? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
| e. Diabetes? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
| f. Osteoporosis? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
| g. Asthma? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
| h. Emphysema? | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Less than 50
<input type="radio"/> 50 to 59 | <input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |

19

Were you ever diagnosed with:

[IF YES:] What type of arthritis?

[IF YES:] At what age were you first diagnosed with arthritis?

- | | | | |
|--|---|--|---|
| Arthritis? <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Rheumatoid Arthritis
<input type="radio"/> Osteoarthritis
<input type="radio"/> Not sure which type | <input type="radio"/> Less than 30
<input type="radio"/> 30 to 39
<input type="radio"/> 40 to 49 | <input type="radio"/> 50 to 59
<input type="radio"/> 60 to 69
<input type="radio"/> 70 or older |
|--|---|--|---|

20

After you were 40 years old, did you ever have a **bone fracture or broken bone** in any of the following parts of your body? **(MARK ALL THAT APPLY)**

- Hip
- Forearm or wrist
- Vertebra
- Any other bone
- No bones fractured or broken

QUESTIONS 21 TO 28 CONCERN MEDICATIONS (EITHER PRESCRIPTION OR OVER-THE-COUNTER) THAT ARE ANTI-INFLAMMATORY OR PAIN RELIEVERS.

21 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

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

- None
- Adult strength (usually 325mg)
- Baby strength (usually 81mg)
- Some other strength
- don't know the strength

23 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

24 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

25 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

26 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
- Advil
- Bextra
- Celebrex
- Indocin
- Medipren
- Motrin
- Naprosyn
- Nuprin
- Vioxx
- Other
- None of the NSAIDs

27 During the last 12 months, about how often did you usually take **nonsteroidal anti-inflammatory drugs (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

28 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

PHYSICAL ACTIVITY

The next few questions refer to your usual physical activities over the last 12 months. Work includes paid employment or volunteer work.

29

Think about your activities **at work** over the **past 12 months**. Which of the following choices best describes your usual activities at work?

- Did not work during past 12 months
- Mostly sitting with little walking
- Mostly walking with some sitting
- Mostly walking with some manual labor or exercise
- Mostly manual labor or exercise

30

Not including any time at work, think about your activities over the **past 12 months**. How often did you walk a mile or more at a time without stopping?

- 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

31

In the past 12 months did you:

- | | |
|--|---|
| a. Jog or run outside or on a treadmill? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| b. Ride a bicycle or an exercise bicycle? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| c. Swim? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| d. Do aerobics, water aerobics or aerobic dancing? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| e. Do other dancing? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| f. Do calisthenics or exercise? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| g. Garden or do yard work? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| h. Lift weights? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

[IF YES:] In the past 12 months, how often did you do this activity?

- | | |
|--|--------------------------------------|
| <input type="radio"/> Less than 1 time/month | <input type="radio"/> 3-6 times/week |
| <input type="radio"/> 1-3 times/month | <input type="radio"/> 7+ times/week |
| <input type="radio"/> 1-2 times/week | |
| | |
| <input type="radio"/> Less than 1 time/month | <input type="radio"/> 3-6 times/week |
| <input type="radio"/> 1-3 times/month | <input type="radio"/> 7+ times/week |
| <input type="radio"/> 1-2 times/week | |
| | |
| <input type="radio"/> Less than 1 time/month | <input type="radio"/> 3-6 times/week |
| <input type="radio"/> 1-3 times/month | <input type="radio"/> 7+ times/week |
| <input type="radio"/> 1-2 times/week | |
| | |
| <input type="radio"/> Less than 1 time/month | <input type="radio"/> 3-6 times/week |
| <input type="radio"/> 1-3 times/month | <input type="radio"/> 7+ times/week |
| <input type="radio"/> 1-2 times/week | |
| | |
| <input type="radio"/> Less than 1 time/month | <input type="radio"/> 3-6 times/week |
| <input type="radio"/> 1-3 times/month | <input type="radio"/> 7+ times/week |
| <input type="radio"/> 1-2 times/week | |

32

Over the last 12 months, on average, how many **days per week** did you spend in any physical activity **strenuous** enough to work up a sweat or to increase your breathing and heart rate to very high levels?

- None or less than 1 day per week
- 2 to 3 days per week
- 4 to 5 days per week
- 6 to 7 days per week

33

Over the last 12 months, on average, how long was each session of **strenuous** activity?

- None or less than 15 minutes
- 16 to 19 minutes
- 20 to 29 minutes
- 30 to 39 minutes
- 40 minutes or more

34

Over the last 12 months, on average, how many **days per week** did you spend in any **moderate** physical activity where you worked up a light sweat or increased your breathing and heart rate to moderately higher levels?

- None or less than 1 day per week
- 2 to 3 days per week
- 4 to 5 days per week
- 6 to 7 days per week

35

Over the last 12 months, on average, how long was each session of **moderate** activity?

- None or less than 15 minutes
- 16 to 19 minutes
- 20 to 29 minutes
- 30 to 39 minutes
- 40 minutes or more

36

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 small repairs, washing dishes, etc.?

- None or less than 1 hour per week
- Around 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

37

What is your usual walking pace?

- Easy (less than 2 mph)
- Normal, average (2 to 2.9 mph)
- Brisk pace (3 to 3.9 mph)
- Very brisk, striding (4 mph or faster)
- Unable to walk

38

How many **flights of stairs** do you usually climb daily?

- No flights
- 1 to 2 flights
- 3 to 4 flights
- 5 to 9 flights
- 10 flights or more

39

How often do you leave your home for **shopping or other activities**?

- None or less than 1 time per week
- 1 time per week
- 2 to 4 times per week
- 5 to 6 times per week
- 7 or more times per week

40

Compared with yourself 10 years ago, are you now more active, less active, or about the same?

- More active
- Less active
- About the same

TOBACCO SECTION

Now think about your smoking history.

41 Have you smoked at least 100 cigarettes in your **entire life**?

- Yes ➔ **CONTINUE WITH QUESTION 42**
- No ➔ **GO TO QUESTION 55**

42 How old were you when you first started smoking cigarettes fairly regularly? (**ENTER AGE OR FILL CIRCLE (○) IF NEVER SMOKED REGULARLY**)

AGE STARTED SMOKING

--	--

OR

- NEVER SMOKED REGULARLY

43 Over your lifetime, did you mainly smoke **Ultra-light, Light, or Regular** cigarettes?

- Ultra-Light
- Light or mild
- Regular or full-flavor
- No usual type of cigarettes

44 Over your lifetime, did you mainly smoke **menthol or non-menthol** cigarettes?

- Menthol
- Non-menthol
- No usual type of cigarettes

45 In the **past 30 days**, did you smoke cigarettes every day, some days, or not at all?

- Every day ➔ **CONTINUE WITH QUESTION 46**
- Some days ➔ **CONTINUE WITH QUESTION 46**
- Not at all ➔ **GO TO QUESTION 52**

46 In the **past 30 days**, on days that you smoked, about how many cigarettes did you usually smoke each day?

- 1 to 5 each day
- 6 to under 1 pack each day
- About 1 pack each day
- About 1½ packs each day
- About 2 packs each day
- More than 2 packs each day

47 How soon after you wake up do you usually smoke your first cigarette of the day?

- Within 5 minutes
- 6 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes

48 For **each** of the following statements mark if it is true for you.

- True "I have trouble going more than a few hours without smoking."
- False

- True "Even in a bad rainstorm, if I ran out of cigarettes, I would probably go to the store to get some more."
- False

- True "When I go without smoking for a few hours, I experience craving."
- False

- True "If I were in a public place where smoking was not allowed, I would probably go outside to smoke a cigarette, even in cold or rainy weather."
- False

49 Are you considering quitting smoking during the next 6 months?

- Yes, plan to stop within next 30 days
- Yes, plan to stop within next 6 months, but not within next 30 days
- No, not thinking of quitting in next 6 months

50

In the past, have you ever made a **serious** attempt to quit smoking? That is, have you stopped smoking for at least one day or longer because you were trying to quit?

- Yes ➡ **CONTINUE WITH QUESTION 51**
 No ➡ **GO TO QUESTION 54**

51

What was the longest length of time you stopped smoking because you were trying to quit?

- Less than 1 week
 1 to 3 weeks
 1 to 2 months
 3 to 11 months
 1 to 4 years
 5 to 9 years
 10 years or more

52

How old were you when you most recently quit smoking?

AGE STOPPED
SMOKING

--	--

53

Thinking of the most recent time you quit smoking, did you use any of the following products? (**MARK EACH ONE THAT YOU USED**)

- Nicotine gum
 Nicotine patch
 Nicotine nasal spray, inhaler, lozenge, or tablet
 Prescription pill such as Zyban, Bupropion, or Wellbutrin
 None of these

54

During the past 12 months did any doctor, dentist, nurse, or any other health professional advise you to quit smoking?

- Yes
 No, was not advised to quit
 No, did not see a health professional in past 12 months
 No, did not smoke in past 12 months

Now think about your exposure to other peoples' smoke.

55

Before you were 18, did you ever **live** with someone who smoked cigarettes in the home on a regular basis?

- Yes, during **most** of your childhood
 Yes, during **some** of your childhood
 No, not at all

56

As an adult (**AFTER you turned 18**), did you ever **live** with someone who smoked cigarettes in the home on a regular basis?

- Yes, during **most** of your adult life
 Yes, during **some** of your adult life
 No, not at all

57

As an adult (**AFTER you turned 18**), did you ever **work** indoors with someone who smoked cigarettes in your work area on a regular basis?

- Yes, during **most** of your work experience
 Yes, during **some** of your work experience
 No, not at all

58

How often do you worry about getting lung cancer? Would you say:

- Rarely or never
 Sometimes
 Often
 All of the time

59

Compared to others your age who currently smoke, what do you think are your chances of being **diagnosed** with lung cancer during your lifetime?

Are you:

- at much less risk
 at less risk
 at the same risk
 at higher risk
 at much higher risk

WOMEN ONLY

60 During any of your pregnancies, were you carrying **more than one baby** (twins, triplets, etc.)?

Yes
 No
 Never pregnant

61 In your lifetime, how many total months have you **breast-fed**?

None or never pregnant
 Less than 6 months
 6 to 11 months
 12 to 35 months
 36 months or more

62 When did you have your **last Pap smear**?

Never
 Less than 1 year ago
 1 year ago
 2 to 3 years ago
 4 or more years ago

63 When did you have your last **mammogram**?

Never
 Less than 1 year ago
 1 year ago
 2 to 3 years ago
 4 or more years ago

64 Did you **ever** take any of the following medications to strengthen your bones or for any other reason? Did you **ever** take:

- a. **Nolvadex** (Tamoxifen)? Yes No
- b. **Evista** (Raloxifene)? Yes No
- c. **Fosamax** (Alendronate)? Yes No
- d. **Actonel** (Risendronate)? Yes No
- e. **Miacalcin** (Calcitonin)? Yes No
- f. **Didronel** (Etidronate)? Yes No
- g. **Forteo** (Teriparatide)? Yes No
- h. **Boniva** (Ibandronate)? Yes No

[IF EVER TOOK:] Are you taking this medication now?

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

65 Did you ever have a **breast biopsy**?

Yes No

[IF YES:] How many have you had?

1
 2
 3 or more

[IF YES:] At what age was your most recent one?

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

66 Have you ever had an **ovary removed**?

Yes No

[IF YES:] How many ovaries have been removed?

Both ovaries
 One ovary
 Partial removal of an ovary
 Not sure

[IF YES:] At what age was your most recent ovary removal?

Less than 40 55 to 59
 40 to 44 60 to 69
 45 to 49 70 to 79
 50 to 54 80 or older

67 Have you ever had a **hysterectomy**, that is, have you had your uterus or womb removed?

Yes No

[IF YES:] At what age was your hysterectomy?

Less than 40 55 to 59
 40 to 44 60 to 69
 45 to 49 70 to 79
 50 to 54 80 or older

Sometimes women take female hormones, such as estrogen or progesterin during or after menopause. The next few questions ask about your use of such hormones, often called hormone replacement therapy or HRT.

68 Have you ever taken **HRT**?

Yes No

CONTINUE WITH QUESTION 69
 END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

69 At about what age did you **first** begin taking **HRT**?

AGE FIRST TOOK HRT

--	--

70 What type of **HRT** did you take when you **first** began HRT?

Estrogen pills only (such as Premarin, Estrace, Estratab, Menest, Orthoest, Ogen, Gynodiol, Cenestin, or Alora)

Progesterone/progesterin pills only (such as Provera, Amen, Cycrin, Megace, Curretab, Prometrium, or Aygestin)

Estrogen and progesterone/progesterin in the same pill (such as Prempro or Premphase) **or in different pills**

Estrogen creams, shots, or patches

Progesterone/progesterin creams, shots, or patches

Estrogen and progesterone/progesterin creams, shots, or patches

Not sure

71

Are you still taking this type of HRT, or did you stop, or switch types?

Still taking this type of HRT **END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE**

Stopped taking this type of HRT

At what Age did you Stop

□ □

END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

Switched taking this type of HRT

At what Age did you Switch

□ □

72

When you switched, what type of HRT did you switch to?

- Estrogen pills only
- Progesterone/progestin pills only
- Estrogen and progesterone/progestin in the same pill or in different pills
- Estrogen creams, shots, or patches
- Progesterone/progestin creams, shots, or patches
- Estrogen and progesterone/progestin creams, shots, or patches
- Not sure

73

Are you still taking this type of HRT?

- Yes
- No

WOMEN END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

MEN ONLY

74

What was your hair pattern at age 45?



75

During a typical night in the last 12 months, how many times did you wake up to urinate?

- Never
- Once
- 2 times
- 3 times
- 4 or more times

76

How old were you when you first began waking up to urinate more than once a night on a regular basis?

- Never woke up to urinate more than once a night
- Less than 30
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older

77

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

- Yes **CONTINUE WITH QUESTION 78**
- No **END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE**

78

How old were you when a doctor first told you that you had this problem?

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

MEN END. THANK YOU FOR COMPLETING THE QUESTIONNAIRE

