

# Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

Public reporting burden for this collection of information is estimated to average 5 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 Office, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.

## ANNUAL STUDY UPDATE (ASU)

Participant ID: <<9>>

<<11>>

February 4, 2021

Participant Name: <<10>>

<<12>>

Study Year: <<13>>

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

Corrected Name: \_\_\_\_\_

**1. In the period from <<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 <<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.

**Prostate, Lung,  
Colorectal  
and Ovarian Cancer  
Screening Trial**

Participant ID Label

OMB #: 0925-0407  
Exp. Date: xx/xx/xxxx  
Version Date: 10/96

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**FOLLOW-UP LOCATOR FORM**

Today's Date: | | / | | / | | | |  
MONTH DAY YEAR

**1.** What is your full name?

TITLE	FIRST	MIDDLE	LAST	SUFFIX

**2.** Are you known by any other last name (please include your maiden name and any previous married names)?

MAIDEN NAME	OTHER LAST NAME

**3.** What is your date of birth?

| | / | | / | | | |  
MONTH DAY YEAR

**4.** What is your Social Security Number?

| | | | - | | | | - | | | | | |

The National Institutes of Health is requesting your Social Security Number under Public Health Service Act 42 USC 285a. The primary use of this information is for researchers to locate you in the future if they are unable to locate you at your home address, and to search vital records in a followup study conducted in the future. Additional disclosures of information may be: to HHS contractors, grantees, and collaborating researchers and their staff in order to accomplish the research purpose for which the records are collected; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and as otherwise required by Law. **Furnishing your Social Security Number is voluntary, and you will not be denied any federal right, benefit, or privilege by your refusal to disclose it.**

**5.** What is your current primary home address and telephone number?

STREET ADDRESS	APT. NO.

CITY	STATE	ZIP

TELEPHONE NUMBER:  
( )

**6.** What is your work telephone number? (IF NOT APPLICABLE, CHECK HERE  AND GO TO QUESTION 7)

TELEPHONE NUMBER:  
( )

(OVER)

