

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

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## Women's Health Status Questionnaire (HSW)

\*HSW\*

HSW-C

1. What is your date of birth?

MO			DAY			YEAR					

**PHYSICAL EXAMINATIONS** 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.)

2a. Have you ever had an eye examination for glaucoma or cataracts?

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

2b. When did you have your most recent eye examination for glaucoma or cataracts?

- 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

2c. What was the main reason you had this eye examination for glaucoma or cataracts?

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

3a. Have you ever had a chest x-ray?

- 1  Yes  
 2  No (GO TO ITEM 4a)  
 3  Don't Know (GO TO ITEM 4a)

3b. When did you have your most recent chest x-ray?

- 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

3c. What was the main reason you had this chest x-ray?

- 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>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)

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

- 3  Don't Know (GO TO ITEM 13a)  
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

<b>Women's Health Status Questionnaire (HSW)</b>																									
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:	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td style="text-align: center;">DAY</td> <td></td> <td style="text-align: center;">YEAR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>													MO		DAY		YEAR							
MO		DAY		YEAR																					

Thank you for completing this questionnaire. Please return this form to:

SC Name

Address

FOR OFFICE USE ONLY	
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"/>	