

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

PLEASE COMPLETE: Today's Date: |\_\_||\_\_||/|\_\_||\_\_||/|\_\_||\_\_||\_\_||\_\_||

Participant 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. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in professional confidence. 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 report as statistical summaries.

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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
- Widowed                       Separated
- Divorced                         Never married

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

## 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Pounds
40s	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Pounds
50s	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Pounds
60s	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Pounds
70s	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 or older
- Unknown

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

- Less than 20
- 20 to 24
- 25 to 29
- 30 to 34
- 35 to 39
- 40 to 44
- 45 or older
- 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	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 or more
b. Brothers	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 or more
c. Daughters	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 or more
d. Sons	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 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"/> Breast	<input type="radio"/> Lymphoma	<input type="radio"/> Leukemia	<input type="radio"/> Less than 40	<input type="radio"/> 70 to 79
<input type="radio"/> Father	<input type="radio"/> Prostate	<input type="radio"/> Colorectal	<input type="radio"/> Other	<input type="radio"/> 40 to 49	<input type="radio"/> Age 80 or greater
<input type="radio"/> Sister/Brother	<input type="radio"/> Lung	<input type="radio"/> Endometrial	<input type="radio"/> _____	<input type="radio"/> 50 to 59	<input type="radio"/> Don't know
<input type="radio"/> Daughter/Son	<input type="radio"/> Ovarian	<input type="radio"/> Bladder	<input type="radio"/> Don't know	<input type="radio"/> 60 to 69	<input type="radio"/> Don't know
<input type="radio"/> Mother	<input type="radio"/> Breast	<input type="radio"/> Lymphoma	<input type="radio"/> Leukemia	<input type="radio"/> Less than 40	<input type="radio"/> 70 to 79
<input type="radio"/> Father	<input type="radio"/> Prostate	<input type="radio"/> Colorectal	<input type="radio"/> Other	<input type="radio"/> 40 to 49	<input type="radio"/> Age 80 or greater
<input type="radio"/> Sister/Brother	<input type="radio"/> Lung	<input type="radio"/> Endometrial	<input type="radio"/> _____	<input type="radio"/> 50 to 59	<input type="radio"/> Don't know
<input type="radio"/> Daughter/Son	<input type="radio"/> Ovarian	<input type="radio"/> Bladder	<input type="radio"/> Don't know	<input type="radio"/> 60 to 69	<input type="radio"/> Don't know
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<input type="radio"/> Sister/Brother	<input type="radio"/> Lung	<input type="radio"/> Endometrial	<input type="radio"/> _____	<input type="radio"/> 50 to 59	<input type="radio"/> Don't know
<input type="radio"/> Daughter/Son	<input type="radio"/> Ovarian	<input type="radio"/> Bladder	<input type="radio"/> Don't know	<input type="radio"/> 60 to 69	<input type="radio"/> Don't know
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<input type="radio"/> Sister/Brother	<input type="radio"/> Lung	<input type="radio"/> Endometrial	<input type="radio"/> _____	<input type="radio"/> 50 to 59	<input type="radio"/> Don't know
<input type="radio"/> Daughter/Son	<input type="radio"/> Ovarian	<input type="radio"/> Bladder	<input type="radio"/> Don't know	<input type="radio"/> 60 to 69	<input type="radio"/> Don't know

## 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 type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 60 to 69 <input type="radio"/> 50 to 59 <input type="radio"/> 70 or older
b. A heart attack? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 60 to 69 <input type="radio"/> 50 to 59 <input type="radio"/> 70 or older
c. High cholesterol? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 60 to 69 <input type="radio"/> 50 to 59 <input type="radio"/> 70 or older
d. High blood pressure? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 60 to 69 <input type="radio"/> 50 to 59 <input type="radio"/> 70 or older
e. Diabetes? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 60 to 69 <input type="radio"/> 50 to 59 <input type="radio"/> 70 or older
f. Osteoporosis? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 60 to 69 <input type="radio"/> 50 to 59 <input type="radio"/> 70 or older
g. Asthma? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 10 <input type="radio"/> 30 to 39 <input type="radio"/> 10 to 19 <input type="radio"/> 40 to 49 <input type="radio"/> 20 to 29 <input type="radio"/> 50 or older
h. Emphysema? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 50 <input type="radio"/> 60 to 69 <input type="radio"/> 50 to 59 <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 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"/> 50 to 59 <input type="radio"/> 30 to 39 <input type="radio"/> 60 to 69 <input type="radio"/> 40 to 49 <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

<b>31.</b> In the past 12 months did you:	<b>[IF YES:]</b> In the past 12 months, how often did you do this activity?
a. Jog or run outside or on a treadmill? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ times/week
b. Ride a bicycle or an exercise bicycle? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ times/week
c. Swim? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ times/week
d. Do aerobics, water aerobics or aerobic dancing? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ times/week
e. Do other dancing? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ times/week
f. Do calisthenics or exercise? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ times/week
g. Garden or do yard work? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ times/week
h. Lift weights? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Less than 1 time/month <input type="radio"/> 1-3 times/month <input type="radio"/> 3-6 times/week <input type="radio"/> 1-2 times/week <input type="radio"/> 7+ 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 (O) 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

|

QUESTIONS 60 TO 73 ARE FOR WOMEN ONLY. MEN PLEASE GO TO QUESTION 74.

### 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 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 <b>ever</b> take any of the following medications to strengthen your bones or for any other reason? Did you <b>ever</b> take:	<b>[IF EVER TOOK:]</b> Are you taking this medication now?
a. <b>Nolvadex</b> (Tamoxifen)? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. <b>Evista</b> (Raloxifene)? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. <b>Fosamax</b> (Alendronate)? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. <b>Actonel</b> (Risendronate)? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. <b>Miacalcin</b> (Calcitonin)? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. <b>Didronel</b> (Etidronate)? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
g. <b>Forteo</b> (Teriparatide)? <input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

h. **Boniva** (Ibandronate)?

- Yes →
- No

- Yes
- No

<p><b>65. Did you ever have a breast biopsy?</b></p> <p><input type="radio"/> Yes →</p> <p><input type="radio"/> No</p>	<p><b>[IF YES:] How many have you had?</b></p> <p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3 or more</p>	<p><b>[IF YES:] At what age was your most recent one?</b></p> <p><input type="radio"/> Less than 30    <input type="radio"/> 50 to 59</p> <p><input type="radio"/> 30 to 39        <input type="radio"/> 60 to 69</p> <p><input type="radio"/> 40 to 49        <input type="radio"/> 70 or older</p>
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<p><b>66. Have you ever had an ovary removed?</b></p> <p><input type="radio"/> Yes →</p> <p><input type="radio"/> No</p>	<p><b>[IF YES:] How many ovaries have been removed?</b></p> <p><input type="radio"/> Both ovaries</p> <p><input type="radio"/> One ovary</p> <p><input type="radio"/> Partial removal of an ovary</p> <p><input type="radio"/> Not sure</p>	<p><b>[IF YES:] At what age was your most recent ovary removal?</b></p> <p><input type="radio"/> Less than 40    <input type="radio"/> 55 to 59</p> <p><input type="radio"/> 40 to 44        <input type="radio"/> 60 to 69</p> <p><input type="radio"/> 45 to 49        <input type="radio"/> 70 to 79</p> <p><input type="radio"/> 50 to 54        <input type="radio"/> 80 or older</p>
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<p><b>67. Have you ever had a hysterectomy, that is, have you had your uterus or womb removed?</b></p> <p><input type="radio"/> Yes →</p> <p><input type="radio"/> No</p>	<p><b>[IF YES:] At what age was your hysterectomy?</b></p> <p><input type="radio"/> Less than 40    <input type="radio"/> 55 to 59</p> <p><input type="radio"/> 40 to 44        <input type="radio"/> 60 to 69</p> <p><input type="radio"/> 45 to 49        <input type="radio"/> 70 to 79</p> <p><input type="radio"/> 50 to 54        <input type="radio"/> 80 or older</p>
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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 →CONTINUE WITH QUESTION 69
- No →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/progestin pills only** (such as Provera, Amen, Cycrin, Megace, Curretab, Prometrium, or Aygestin)
- Estrogen and progesterone/progestin in the same pill** (such as Prempro or Premphase) **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

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**