OMB No.: 0925-0407
Expires: XX/XX/XXXX

Sam Sample
1234 Main Street
Anywhere, ST, 00101-0000

July 30, 2012

Dear Sam Sample:

We want to thank you for your continued participation in the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial. We are honored that you take the time to be an active participant in this study. Your ongoing participation has been a valuable contribution to the success of this important study and to our fight against cancer.

We use the data we collect to determine if screening for PLCO cancers reduces the number of deaths from these diseases and to look for possible causes of cancer.

The enclosed questionnaire asks for information about your weight, smoking status and use of medications and for your permission to obtain health information from electronic records such as Medicare and Medicaid. The questionnaire is being sent to every active participant and should take about 15 minutes to complete. When you have finished completing the questionnaire, please place it in the enclosed postage-paid envelope, and mail it back to us.

The validity of our research depends directly on complete and accurate follow-up information for all study members. As always, the information you provide is kept private under the Privacy Act and is used for medical statistical purposes only.

Thank you again for your participation. The time and care that you have consistently offered to the fight against cancer is deeply appreciated.

Sincerely,

Barbara O'Brien, MPH
Project Director, PLCO CDCC

PRIVACY ACT NOTIFICATION STATEMENT

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 appear in any report of the study. Information provided will be combined for all study participants and reported as statistical summaries.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average x minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency mat 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.

Patient ID No.:12245

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial
Medication Use Questionnaire

INSTRUCTIONS

- *Use a black or blue ink pen or dark pencil. Do not use felt tip markers or gel pens.*
- *Please answer by putting X in the box. Do not check, dot, fill-in, or half fill-in the box. Try not to go outside the lines.*
  → **Correct mark:** ☐ ☒ ☐ ☐ **Incorrect marks:** ☑ ☐ ☐ ☐
- *If you make a mistake, completely fill in the box for the incorrectly marked answer then mark the correct box*
  → **Correct mark:** ■ ☐ ☒ ☐
- *Please PRINT IN CAPITAL LETTERS where applicable.* **Example:** D R U G
  Enter only one letter or number per box.
- *Please return the survey in the pre-paid envelope.*
- *Always round down the number of years you have taken a medication. For example, if you have been taking a prescription medication for 5 years and 6 months, round it down to 5 years and record it in the category option for 3-5 years.*
- *Please see the consent box at the end of this form and indicate your choice.*

Today's Date: ☐☐ / ☐☐ / 20☐☐
m m d d y y

1. Do you currently smoke cigarettes?

☐ YES → On average, how many cigarettes per day?
☐ 1-5 cigarettes ☐ 6-20 ☐ 21-30 ☐ 31-40 ☐ More than 40 cigarettes

☐ NO

2. What is your current weight in pounds?

☐☐☐ Pounds

Questions 3 to 10 concern drugs (either prescription or over-the-counter) that are anti-inflammatory or pain relievers.

3. 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

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

☐ None
☐ Adult strength (usually 325 mg)
☐ Baby strength (usually 81 mg)
☐ Some other strength
☐ Don't know strength

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5. 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

6. 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

7. 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

8. 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 ☐ Celebrex ☐ Indocin
- ☐ Motrin, Advil, generic Ibuprofen
- ☐ Naproxyn
- ☐ Other → ☐☐☐☐☐☐☐☐☐☐

9. During the last 12 months, about how often did you usually take **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

10. 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

For the next set of questions, please include all ***prescription*** *drugs (including pills, patches, and injections) you took in the past 30 days (****exclude*** *any NSAID drugs you indicated in Question 8). Please refer to the labels on your prescription containers to help answer these questions. Please write the drug name as written on your prescription container label. Write the total number of days per month and the number of years you have taken this medication. PRINT IN CAPITAL LETTERS.*

11. Name of Drug #1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For how many years?
- ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years
- ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15

Number of days taken per **month**? ☐☐

12. Name of Drug #2: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For how many years?
- ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years
- ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15

Number of days taken per **month**? ☐☐

13. Name of Drug #3: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

For how many years?
- ☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years
- ☐ 6-10 years ☐ 11-15 years ☐ Greater than 15

Number of days taken per **month**? ☐☐

PLEASE CONTINUE TO NEXT PAGE →

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Question		Options			Number of days taken per **month**?
14. Name of Drug #4:					
	For how many years?	☐ Less than 1 year ☐ 6-10 years	☐ 1-2 years ☐ 11-15 years	☐ 3-5 years ☐ Greater than 15	
15. Name of Drug #5:					
	For how many years?	☐ Less than 1 year ☐ 6-10 years	☐ 1-2 years ☐ 11-15 years	☐ 3-5 years ☐ Greater than 15	
16. Name of Drug #6:					
	For how many years?	☐ Less than 1 year ☐ 6-10 years	☐ 1-2 years ☐ 11-15 years	☐ 3-5 years ☐ Greater than 15	
17. Name of Drug #7:					
	For how many years?	☐ Less than 1 year ☐ 6-10 years	☐ 1-2 years ☐ 11-15 years	☐ 3-5 years ☐ Greater than 15	
18. Name of Drug #8:					
	For how many years?	☐ Less than 1 year ☐ 6-10 years	☐ 1-2 years ☐ 11-15 years	☐ 3-5 years ☐ Greater than 15	
19. Name of Drug #9:					
	For how many years?	☐ Less than 1 year ☐ 6-10 years	☐ 1-2 years ☐ 11-15 years	☐ 3-5 years ☐ Greater than 15	

If you need to list additional drugs, please put an X in this box ☐ *and on a separate sheet of paper, please list the name, times taken per month, and years of use.*

20. MEDICARE & MEDICAID

The PLCO Study would like to collect additional information to conduct research into possible causes of other health conditions besides cancer. We would like to use your personal information (such as name and date of birth) to obtain health information from electronic records such as Medicare and Medicaid. Providing this information is voluntary. This will have no effect on any benefits you may receive. PLCO will maintain confidentiality of your information to the full extent permitted by law.

Please read the following sentence and check one box to indicate your choice:

I consent to the use of my personal information to obtain health information from electronic records such as Medicare and Medicaid.

☐ Yes ☐ No