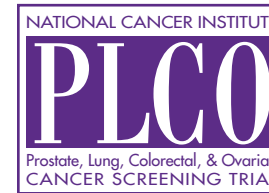


Attachment 4
Medication Use Questionnaire



Medication Use Questionnaire

14. Name of Drug #4:	<input type="text"/>	Number of days taken per month?	<input type="text"/>
For how many years?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> Greater than 15		
15. Name of Drug #5:	<input type="text"/>	Number of days taken per month?	<input type="text"/>
For how many years?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> Greater than 15		
16. Name of Drug #6:	<input type="text"/>	Number of days taken per month?	<input type="text"/>
For how many years?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> Greater than 15		
17. Name of Drug #7:	<input type="text"/>	Number of days taken per month?	<input type="text"/>
For how many years?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> Greater than 15		
18. Name of Drug #8:	<input type="text"/>	Number of days taken per month?	<input type="text"/>
For how many years?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> Greater than 15		
19. Name of Drug #9:	<input type="text"/>	Number of days taken per month?	<input type="text"/>
For how many years?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 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

Please sign here:

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 PLCO CDCC, 1600 Research Boulevard, RC B16, Rockville, Maryland 20850-3129.

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

OMB No.: 0925-0407 Expiration Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285 a). 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 kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by mail to complete this instrument so that we can learn about the medication that you take.

Public reporting burden for this collection of information is estimated to average 15 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 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 Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.



