

B. Medical Tests

Now I'm going to ask you some questions about medical tests you may have had since you completed the last interview [MONTH, YEAR].

A faecal occult blood test (FOBT) is a test using specially treated cards to detect the presence of blood in the stool. It is also called a stool smear test, Hemoccult test, HempSp or Enterix!NFORM.

B1 Since the date of your last interview [MONTH/YEAR], have you had a faecal occult blood test (FOBT)?

- Yes
*If first ever FOBT go to B1b
If FOBT reported at Baseline, go to B1d*
- No → B2
- Don't Know → B2

B1b [IF YES] What was your age when you first had this test?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B1c What were the reasons for your first test? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons

B1d Since the date of your last interview [MONTH/YEAR] how many separate tests have you had?

tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

If 'one' test and B1b is completed go to B2

B1e What was your age when you had your most recent test?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B1f What were the reasons for your most recent test? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons



B. Medical Tests contd.

There are two procedures that look inside the bowel using a tube passed through the rectum.

In a **sigmoidoscopy**, the examination is limited to the lower colon (bowel) and rectum and is usually done in a doctor's office without medication.

In a **colonoscopy**, the entire large colon (bowel) is examined and a medication in a vein is usually given to relax you or make you sleepy.

B2 Since the date of your last interview [MONTH/YEAR], have you had a **sigmoidoscopy**?

Yes

If first ever sigmoidoscopy go to B2b

If sigmoidoscopy reported at Baseline, go to B2d

No → B3

Don't Know → B3

B2d Since the date of your last interview [MONTH/YEAR] how many **separate** sigmoidoscopies have you had?

tests

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

If 'one' test and B2b is completed go to B3

B2b [IF YES] What was your age when you first had this test?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

B2e What was your age when you had your most recent sigmoidoscopy?

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

B2c What were the reasons for your **first** test? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons

B2f What were the reasons for your **most recent** sigmoidoscopy? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons



B. Medical Tests contd.

B3 Since the date of your last interview [MONTH/YEAR], have you had a colonoscopy?

- Yes
If first ever colonoscopy go to B3b
If colonoscopy reported at Baseline, go to B3d
- No → B4
- Don't Know → B4

B3b [IF YES] What was your age when you first had this test?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B3c What were the reasons for your first test? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons

B3d Since the date of your last interview [MONTH/YEAR] how many separate colonoscopies have you had?

tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

If 'one' test and B3b is completed go to B4

B3e What was your age when you had your most recent test?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B3f What were the reasons for your most recent colonoscopy? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons



B. Medical Tests contd.

A barium enema (BE) is an x-ray examination of your colon. In this procedure, a barium solution and usually air, is infused into the colon (bowel) through the rectum, allowing the organs to be seen on x-ray.

B4 Have you ever had a barium enema /xray test?

- Yes → B4a
- No → B5
- Don't Know → B5

B4a What was your age when you first had this test?

years

- Don't Know

B4b What were the reasons for your first test? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons

B4c How many separate barium enemas have you had?

tests

- Don't Know

If 'one' test go to B5

B4d What was your age when you had your most recent test?

years

- Don't Know

B4e What were the reasons for your most recent test? (Mark all that apply)

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons



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B. Medical Tests contd.

A digital rectal examination is where a doctor inserts a finger into the rectum (back passage).

B5 Have you ever had a digital rectal examination?

- Yes → *B5a*
- No → *B6*
- Don't Know → *B6*

B5a What was your age when you first had this test?

years

- Don't Know
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

B5b What were the reasons for your first test? *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Family History of Prostate Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons

B5c How many separate rectal examinations have you had?

tests

- Don't Know
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

If 'one' test go to B6

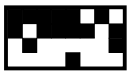
B5d What was your age when you had your most recent test?

years

- Don't Know
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

B5e What were the reasons for your most recent test? *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Family History of Prostate Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons



Draft

B. Medical Tests contd.

In a gastroscopy (endoscopy) a tube is passed through the mouth into the stomach.

B6 Have you ever had a gastroscopy (endoscopy)?

- Yes → *B6a*
- No → *B7*
- Don't Know → *B7*

B6a What was your age when you first had this test?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B6b What were the reasons for your first test? *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Family History of Stomach Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons

B6c How many separate tests have you had?

tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

If 'one' test go to B7

B6d What was your age when you had your most recent test?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B6e What were the reasons for your most recent test? *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Family History of Stomach Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons



B. Medical Tests contd.

A colonograph, also known as a virtual colonoscopy, is a NEW procedure that uses a CT scan to create an image of the colon.

B7 Have you ever had a colonograph or virtual colonoscopy?

[DO NOT INCLUDE A WHOLE BODY SCAN OR CT SCANS OF THE ABDOMEN WITHOUT BOWEL PREPARATION BEFOREHAND]

- Yes → *B7a*
- No → *C1*
- Don't Know → *C1*

B7a What was your age when you first had this test?

____ years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B7b What were the reasons for your first test? *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons

B7c How many separate tests have you had?

____ tests

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

If 'one' test go to C1

B7d What was your age when you had your most recent test?

____ years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

B7e What were the reasons for your most recent test? *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- I don't know the reasons



C. Operations/Medical Procedures

This section asks about some operations/ medical procedures you may have had in the past.

C1 Since the date of your last interview [MONTH/YEAR], has a doctor told you that you had **polyps** in your large bowel or colon or rectum (back passage)? Be sure to think about all polyps that were found in any of the procedures you had since your last interview, not just the ones that may have been found during your most recent procedures.

Yes → C1a
 No → C2
 Don't Know → C2

C1a Since the date of your last interview [MONTH/YEAR], have you had any polyps removed (by a procedure called **polypectomy**)? (This can be done during a sigmoidoscopy or colonoscopy.)

Yes → C1b
 No → C2
 Don't Know → C2

C1b Since the date of your last interview, on how many **separate** occasions have you had polyps removed?

occasions
 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 Don't Know

C1c For each operation on your large bowel since your last interview:
 * What was your age when you had the polyps removed?
 * What was the clinic name and state where your polyps were removed?
 * What was the name of the doctor who removed the polyps?

(Complete as many as apply)

C1ci <u>1st Polypectomy</u>	Doctor's Name:	<input type="radio"/> Don't Know (If not known)	Age
	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> years
	<input type="text"/>		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	Name of Hospital:	<input type="radio"/> Don't Know (If not known)	State:
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="radio"/> Don't Know



C. Operations/Medical Procedures contd.

C2

Since the date of your last interview [MONTH/YEAR], have you had surgery to remove any of your colon?

- Yes → C2a
- No → D1
- Don't Know → D1

C2a

Since the date of your last interview how many surgeries have you had on your large bowel (colon)?

surgeries

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

C2b

For each operation on your large bowel since your last interview:

- * What was your age when you had this surgery?
- * During that surgery was your colon completely or only partially removed?
- * What were the reasons for that surgery?
- * What was the hospital name and state where you had the operation?
- * What was the name of your surgeon?

(Complete as many as apply)

C2bi

1st Surgery

Age

years

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

Don't Know

Amount removed

- Entire large bowel
- Part of large bowel
- Don't Know

Reason (Mark all that apply)

- Cancer
- Diverticular Disease
- Ulcerative Colitis
- Inflammatory Bowel Disease
- Crohn's Disease
- Other: _____
- Don't Know

Name of Hospital:

Don't Know (If not known)

State:

Surgeon's Name:

Don't Know (If not known)



D. Medical Conditions

*This section asks about certain conditions you may have been diagnosed with in the past.
[Include both new cancers and recurrences.]*

D1 Since the date of your last interview [MONTH/YEAR], has a doctor told you that you had any type of cancer, leukaemia or a malignant tumor? Yes No Don't Know

D1a Since the date of your last interview, how many different times have you been diagnosed with cancer? times

0 1 2 3 4 5 6 7 8 9 Don't Know

D1b For each different type of cancer:
* What was your age when your doctor told you that you had this cancer?
* What type of cancer was it?
* Was this a new cancer or a recurrence/spread of a previous cancer?

(Complete as many as apply)

CANCER CODES			
10 Abdominal	19 Colorectal	26 Lung	33 Rectal
12 Bladder	20 Endometrial	27 Lymphoma, Hodgkins	34 Skin - Basal or Squamous Cell Carcinoma
13 Blood	21 Esophageal	28 Melanoma	35 Spinal
14 Bone	22 Intestinal	29 Non-Hodgkins Lymphoma (Lymph, Lymphatic)	37 Stomach
15 Brain	23 Kidney	30 Ovarian	38 Testicular
16 Breast	24 Leukemia (Acute, Chronic, Other)	31 Pancreatic	39 Throat
17 Cervical	25 Liver	32 Prostate	40 Thyroid
18 Colon			41 Uterine

D1bi Cancer 1

Is this cancer a :

New cancer

Recurrence/Spread

Don't Know

Other Type of cancer: *(Only complete if no cancer code)*

Age Diagnosed years

0 1 2 3 4 5 6 7 8 9 Don't Know

Cancer Code

0 1 2 3 4 5 6 7 8 9 Don't Know



Draft

D1bii Cancer 2 **Is this cancer a :**

New cancer
 Recurrence/Spread
 Don't Know

Age Diagnosed **Cancer Code**

years

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Other Type of cancer: *(Only complete if no cancer code)*

Don't Know Don't Know

D1biii Cancer 3 **Is this cancer a :**

New cancer
 Recurrence/Spread
 Don't Know

Age Diagnosed **Cancer Code**

years

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Other Type of cancer: *(Only complete if no cancer code)*

Don't Know Don't Know

D1biv Cancer 4 **Is this cancer a :**

New cancer
 Recurrence/Spread
 Don't Know

Age Diagnosed **Cancer Code**

years

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Other Type of cancer: *(Only complete if no cancer code)*

Don't Know Don't Know

D1bv Cancer 5 **Is this cancer a :**

New cancer
 Recurrence/Spread
 Don't Know

Age Diagnosed **Cancer Code**

years

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Other Type of cancer: *(Only complete if no cancer code)*

Don't Know Don't Know



Draft

D. Medical Conditions contd.

D2 Since the date of your last interview [MONTH/YEAR], have you had chemotherapy and/or radiotherapy for bowel or colon cancer? Only answer if reported bowel cancer since your last interview

- Yes -> D2a
No -> D3
Don't Know -> D3

D2a Since the date of your last interview what type(s) of therapy have you received? (Mark all that apply)

- Chemotherapy
Radiotherapy
Don't Know

D2b At how many different hospitals did you receive chemotherapy/radiotherapy?

Form for D2b: Two boxes for 'hospitals' followed by a vertical column of bubbles for digits 0-9 and a 'Don't Know' option.

D2c For each separate hospital:
* What was your age when you received the chemo/radiotherapy?
* What was the hospital name and state where you received the therapy?
* What was the name of the doctor who arranged your chemo/radiotherapy?

(Complete as many as apply)

Main form area for D2c: Includes sections for Hospital 1, Doctor's Name, Name of Hospital, and State, with corresponding bubbles for age and type of therapy.



D. Medical Conditions contd.

D3

Have you at any time in your life had attacks of asthma or wheezy breathing?

- Yes → D3a
- No → D4
- Don't Know → D4

D3a

Age at which this first occurred?

years

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

D3b

Have you had an attack in the last 12 months?

- Yes
- No
- Don't Know

D4

How much do you currently weigh ?

stone

and

pounds

OR

kg

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Don't Know

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know

Women : Go to next page, Question E1

Men : Go to Question F1



E. Women's Health contd.

E5 **Have you ever had a transvaginal ultrasound?**
 A transvaginal ultrasound uses a device that is placed directly into the vagina to obtain pictures of the uterus (womb) and ovaries.

Yes → *E5a*
 No → *F1*
 Don't Know → *F1*

E5a **What was your age when you first had this test?**

years

Don't Know

E5b **What were the reasons for your first test?** *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Family History of Uterine (Womb) Cancer
- Family History of Ovarian Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- Don't Know

E5c **How many separate tests have you had?**

tests

Don't Know

If 'one' test Go to F1

E5d **What was your age when you had your most recent test?**

years

Don't Know

E5e **What were the reasons for your most recent test?** *(Mark all that apply)*

- To investigate a new problem
- Family History of Bowel Cancer
- Family History of Uterine (Womb) Cancer
- Family History of Ovarian Cancer
- Routine check up
- Follow-up of a previous problem
- Other: _____
- Don't Know



F. Medications

These next questions ask about medications you may have taken since your last interview. We are only interested in medications you take regularly, that is at least 2 times a week for more than a month.

	Since the date of your last interview [MONTH/YEAR] have you ever taken the following medications at least twice a week for more than a month.	How often did you take it, when you were taking it at least twice a week for more than a month?	How long, in total, have you taken this medication for at least twice a week for more than a month?
F1	<p>ASPIRIN (such as Aspro, Aspalgin, Cardiprin, Cartia, Codis, Dispirin, Ecotrin, Solprin, Spren)</p> <p><input type="radio"/> Yes <input type="radio"/> No → F2 <input type="radio"/> Don't Know → F2</p>	<p> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>	<p> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>
F2	<p>PARACETOMOL (such as Codalgin, Di-Gesic, Dymadon, Mersyndol, Norgesic, Panadol, Panalgesic, Panamax, Paralgin, Panadeine, Panadeine Forte, Setamol, Sinutab, Tylenol)</p> <p><input type="radio"/> Yes <input type="radio"/> No → F3 <input type="radio"/> Don't Know → F3</p>	<p> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>	<p> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>
F3	<p>NON-STEROIDAL ANTI - INFLAMMATORY MEDICATION (Aclin, Actiprofen, Anaprox, Athrexin, Arthotec, Brufen, Diclofenac, Clinoril, Dolobid, Feldene, Fenac, Indocid, Naprogesic, Naprosyn, Orudis, Pirohexal, Piroxicam, Ponstan, Proxen, Rafen, Rosig, Toradol, Voltaren)</p> <p><input type="radio"/> Yes <input type="radio"/> No → F4 <input type="radio"/> Don't Know → F4.</p>	<p> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>	<p> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>
F4	<p>NON-STEROIDAL ANTI - INFLAMMATORY MEDICATION called COX 2 INHIBITOR MEDICATION (such as Celebrex (Celecoxib), Mobic (Meloxicam), Vioxx (Rofecoxib))</p> <p><input type="radio"/> Yes <input type="radio"/> No → F5 <input type="radio"/> Don't Know → F5</p>	<p> times <input type="radio"/> per day <input type="radio"/> per week</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>	<p> <input type="radio"/> months <input type="radio"/> years</p> <p><input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9</p> <p><input type="radio"/> Don't Know</p>



F5

Since the date of your last interview [MONTH/YEAR] have you ever taken the following medications at least twice a week for more than a month.

CALCIUM-CONTAINING ANTACIDS
(such as De Witts, De-Gas, Gaviscon, Mylanta Heartburn Relief, Quick-Eze, Rennie Digestive, Titalac, TUMS)

- Yes
- No → F6
- Don't Know → F6

How often did you take it, when you were taking it at least twice a week for a more than a month?

times per day
 per week

Don't Know

0 0 0
 1 1 1
 2 2 2
 3 3 3
 4 4 4
 5 5 5
 6 6 6
 7 7 7
 8 8 8
 9 9 9

How long, in total, have you taken this medication for at least twice a week for a more than a month?

months
 years

Don't Know

0 0
 1 1
 2 2
 3 3
 4 4
 5 5
 6 6
 7 7
 8 8
 9 9

F6

CALCIUM SUPPLEMENTS
(such as Calcium, Cal-Sup, Caltrate, Calvita, Citracal, Tri-Cal, Sandocal)

- Yes
- No → F7
- Don't Know → F7

How often did you take it, when you were taking it at least twice a week for a more than a month?

times per day
 per week

Don't Know

0 0 0
 1 1 1
 2 2 2
 3 3 3
 4 4 4
 5 5 5
 6 6 6
 7 7 7
 8 8 8
 9 9 9

How long, in total, have you taken this medication for at least twice a week for a more than a month?

months
 years

Don't Know

0 0
 1 1
 2 2
 3 3
 4 4
 5 5
 6 6
 7 7
 8 8
 9 9

F7

MULTIVITAMIN PILLS or TABLETS including B GROUP VITAMINS
(such as Bioglan, Blackmores, Cenovis, Centrum, Myadec, Natures Way, Pluravit, Supradyn)

- Yes
- No → F8
- Don't Know → F8

How often did you take it, when you were taking it at least twice a week for a more than a month?

times per day
 per week

Don't Know

0 0 0
 1 1 1
 2 2 2
 3 3 3
 4 4 4
 5 5 5
 6 6 6
 7 7 7
 8 8 8
 9 9 9

How long, in total, have you taken this medication for at least twice a week for a more than a month?

months
 years

Don't Know

0 0
 1 1
 2 2
 3 3
 4 4
 5 5
 6 6
 7 7
 8 8
 9 9

F8

FOLIC ACID or FOLATE SUPPLEMENTS
(such as FGF, Fefol, Folic Acid, Megafof)

- Yes
- No → G1
- Don't Know → G1

How often did you take it, when you were taking it at least twice a week for a more than a month?

times per day
 per week

Don't Know

0 0 0
 1 1 1
 2 2 2
 3 3 3
 4 4 4
 5 5 5
 6 6 6
 7 7 7
 8 8 8
 9 9 9

How long, in total, have you taken this medication for at least twice a week for a more than a month?

months
 years

Don't Know

0 0
 1 1
 2 2
 3 3
 4 4
 5 5
 6 6
 7 7
 8 8
 9 9



G. Smoking

This section asks about your cigarette smoking habits

G1 Since the date of your last interview [MONTH/YEAR] have you ever smoked a cigarette a day for 3 months or longer ?

- Yes → G1a
- No → H1a
- Don't Know → H1a

G1a Since your last interview [MONTH/YEAR], during periods when you smoked regularly, on average how many cigarettes did you typically smoke in a day?

cigarettes per day

0	0	0
1	1	1
2	2	2
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

Don't Know

G1b Do you currently smoke at least one cigarette a day ?

- Yes → G1d
- No
- Don't Know

G1c At what age did you last quit smoking regularly? (One cigarette a day for 3 months or longer)

age in years

0	0	0
1	1	1
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

Don't Know

G1d How many years/months in total did you smoke at least one cigarette per day for 3 months or longer? (If you have stopped and restarted at least once, count only the time when you were smoking)

months

years

0	0	0
1	1	1
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

Don't Know



H. Behavioural/Genetic Testing

The next questions ask about your views on bowel cancer and your sense of wellbeing.

H1a

What percentage of women, do you think, will get bowel cancer in their lifetime?

(There is no right or wrong answer to this question. We just want to know how common you think it is. If no response or don't know, prompt, Just give me your best estimate.)

--	--	--

per cent

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know
DON'T READ

H1b

What percentage of men, do you think, will get bowel cancer in their lifetime?

(There is no right or wrong answer to this question. We just want to know how common you think it is.)

--	--	--

per cent

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Don't Know
DON'T READ

H2

SKIP IF YOU'VE EVER BEEN DIAGNOSED WITH COLORECTAL CANCER

Do you think your chance of getting bowel cancer is higher or lower than the average person of your age and sex?

- Much Lower
- Somewhat Lower
- Same
- Somewhat Higher
- Much Higher
- Don't Know

H3

Have you ever had a blood test to look for genes for bowel cancer?

You may have had such a test when attending a genetic clinic or service.

(Do not include blood tests you have had as a part of this study.)

- Yes → H3a
- No → H4
- Don't Know → H4

H3a

Did you choose to receive the results?

- Yes
- No
- Don't Know

H4

Have you ever participated in any other genetic or family-based cancer studies other than this study?

- Yes *please specify*
- No
- Don't Know

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--	--	--	--	--	--	--	--	--	--	--	--

H5

In general would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know

