

Section 3: Personal Cancer History

3. **Since** the date of your last questionnaire (**see label on page 1 for date**), has a doctor told you that you had any type of cancer, such as lymphoma, leukemia or malignant tumor?

- yes go to next question (3a)
- no → go to Section 4 (Family History – page 6)
- don't know → go to Section 4 (Family History – page 6)

CANCER CODES		
10 abdominal	24 gastroesophageal	37 rectal
11 appendix	25 hepato-biliary	38 skin-basal cell carcinoma
12 biliary duct	26 intestinal NOS	39 skin-squamous cell carcinoma
13 bladder	27 kidney	40 small intestine (bowel)
14 blood	28 leukemia (acute, chronic, other)	41 spinal
15 bone	29 liver	42 stomach (gastric)
16 brain	30 lung	43 testicular
17 breast	31 lymphoma, Hodgkins	44 throat
18 cervical	32 melanoma	45 thyroid
19 colon (large intestine)	33 non-Hodgkins lymphoma (lymph, lymphatic)	46 ureter
20 colorectal	34 ovarian	47 uterine
21 endometrial	35 pancreatic	48 other (specify): _____
22 esophageal	36 prostate	99 don't know
23 gall bladder		

(if yes)

1st cancer **since** the date of your last questionnaire (**see label on page 1 for date**),

3a. What type of cancer was it? (**enter code**) ___ _ (*select cancer code above*) **other:** _____

3b. When did your doctor tell you that you had this type of cancer?

- (enter age at diagnosis) ___ __ **or**
- (enter year of diagnosis) ___ __ __ **or**
- (enter number of years since diagnosis) ___ __
- don't know

3c. Did you receive chemotherapy for this cancer?

- yes
- no
- don't know

3d. Did you receive radiation therapy for this cancer?

- yes
- no
- don't know

4. Were you diagnosed with another type of cancer **since** the date of your last questionnaire? (**see label on page 1 for date**)

- yes go to next question (4a)
- no → go to Section 4 (Family History – page 6)
- don't know → go to Section 4 (Family History – page 6)

(if yes)

2nd cancer **since** the date of your last questionnaire (**see label on page 1 for date**)

4a. What type of cancer was it? (**enter code**) __ __ (*select cancer code from page 3*)
other _____

4b. When did your doctor first tell you that you had this type of cancer?

- (enter age at diagnosis) __ __ __ **or**
- (enter year of diagnosis) __ __ __ __ **or**
- (enter number of years since diagnosis) __ __
- don't know

4c. Did you receive chemotherapy for this cancer?

- yes
- no
- don't know

4d. Did you receive radiation therapy for this cancer?

- yes
- no
- don't know

5. Were you diagnosed with another type of cancer **since** the date of your last questionnaire? (**see label on page 1 for date**)

- yes go to question 5a
- no → go to Section 4 (Family History – page 6)
- don't know → go to Section 4 (Family History – page 6)

(if yes)

3rd cancer since the date of your last questionnaire (**see label on page 1 for date**)

5a. What type of cancer was it? (enter code) __ __ (*select cancer code from page 3*)

other _____

5b. When did your doctor tell you that you had this type of cancer?

(enter age at diagnosis) __ __ __ **or**

(enter year of diagnosis) __ __ __ __ **or**

(enter number of years since diagnosis) __ __

don't know

5c. Did you receive chemotherapy for this cancer?

yes

no

don't know

5d. Did you receive radiation therapy for this cancer?

yes

no

don't know

Section 4 (Family History)

6. **Since** the date of your last questionnaire (**see label on page 1 for date**), have any of your **blood relatives** died? (i.e. parents, siblings, children)

- yes → → **fill in information in chart below**
- no → → go to question 7 (page 7)
- don't know → go to question 7 (page 7)

Relative Name	Relationship to You (i.e. parent, brother, sister, child)	Sex M/F ↓	Date of Death or Age at Time of Death (write in "unk" – if unknown)	Cause of Death	In what city & state/ province did he/she die?

7. Have any of your **blood** relatives (parents, siblings, children) **EVER** been diagnosed with cancer?

- yes → → **fill in information in chart below**
- no → → go to Section 5 (page 9)
- don't know → go to Section 5 (page 9)

CANCER CODES		
10 abdominal	24 gastroesophageal	37 rectal
11 appendix	25 hepato-biliary	38 skin-basal cell carcinoma
12 biliary duct	26 intestinal NOS	39 skin-squamous cell carcinoma
13 bladder	27 kidney	40 small intestine (bowel)
14 blood	28 leukemia (acute, chronic, other)	41 spinal
15 bone	29 liver	42 stomach (gastric)
16 brain	30 lung	43 testicular
17 breast	31 lymphoma, Hodgkins	44 throat
18 cervical	32 melanoma	45 thyroid
19 colon (large intestine)	33 non-Hodgkins lymphoma (lymph, lymphatic)	46 ureter
20 colorectal	34 ovarian	47 uterine
21 endometrial	35 pancreatic	48 other (specify):
22 esophageal	36 prostate	99 don't know
23 gall bladder		

Relative Name (First/Middle/Last)	Relationship to You (i.e. mother, father, brother, sister, child)	Type of Cancer (select codes from chart above) include up to 3 cancers (the 3 most recent)	Year of diagnosis	Age at time of diagnosis	Number of years since diagnosis
			or →	or →	
		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.

(more space available to answer this question on next page) →

CANCER CODES		
10 abdominal	24 gastroesophageal	37 rectal
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19 colon (large intestine)	33 non-Hodgkins lymphoma (lymph, lymphatic)	46 ureter
20 colorectal	34 ovarian	47 uterine
21 endometrial	35 pancreatic	48 other (specify): _____
22 esophageal	36 prostate	99 don't know

Relative Name (First/Middle/Last)	Relationship to You (i.e. mother, father, brother, sister, child)	Type of Cancer (select codes from chart above) include up to 3 cancers (the 3 most recent)	Year of Diagnosis	Age at time of diagnosis	Number of Years Since Diagnosis
			or →	or →	
		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.
		1.	1.	1.	1.
		2.	2.	2.	2.
		3.	3.	3.	3.

Section 5. Personal Medical History, Medications and Supplements, Screening

8. How much do you currently weigh?

(enter pounds) __ __ __

or

(enter kilos) __ __ __

(don't know)

9. What are your current waist and hip circumferences (measurements)? Please use a tape measure wrapped around your waist and hips. It should be snug but not too tight. **A tape measure is provided with this questionnaire.**

Please measure your waist at the smallest point, just above the navel

(enter inches) __ __ __

or

(enter centimeters) __ __

Please measure your hips at the widest point

(enter inches) __ __ __

or

(enter centimeters) __ __

10. Not counting wisdom teeth, by the age of 16, did you have any **permanent** teeth that never formed at all, that is, **permanent** teeth that were missing?

yes—I had some missing permanent teeth, that is, some permanent teeth that never formed at all → go to question 10a

no—all my permanent teeth were present by the age of 16 → go to question 11

don't know → go to question 11

10a. **If yes**, how many **permanent** teeth failed to form ____ (enter #)

Medications and Supplements

These next questions ask about medications and supplements you may have taken **since** the date you completed your last questionnaire (***see label on page 1 for date***), beginning with a number of types of common pain relievers such as **aspirin** and what are sometimes called **NSAIDS** (non-steroidal anti-inflammatory drugs).

11. **Since** the date of your last questionnaire (***see label on page 1 for date***), have you taken **aspirin**, such as **Anacin, Bufferin, Bayer, Excedrin, or Ecotrin**, at least 2 times a week for more than a month?

- yes go to next question
 no → go to question 12
 don't know → go to question 12

(if yes)

- 11a. **Since** the date of your last questionnaire (***see label on page 1 for date***), how often did you take **aspirin**, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
(enter times per week) ___ ___ ___
 don't know

- 11b. **Since** the date of your last questionnaire (***see label on page 1 for date***), how many months or years in total did you take **aspirin** when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
(enter total number of years) ___ ___ ___
 don't know

12. **Since** the date of your last questionnaire (***see label on page 1 for date***), have you taken any other **non-steroidal anti-inflammatory drugs (NSAIDS)** such as **ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren**, at least 2 times a week for more than a month?

- yes go to next question
 no → go to question 13
 don't know → go to question 13

(if yes)

- 12a. **Since** the date of your last questionnaire (***see label on page 1 for date***), how often did you take this type of medication (**ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren**), when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
(enter times per week) ___ ___ ___
 don't know

- 12b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take this type of medication (**ibuprofen, Advil, Aleve, Motrin, Nuprin, Medipren**), when you were using it at least 2 times a week for more than a month?

(enter total number of months) ___ ___ ___ **or**

(enter total number of years) ___ ___ ___

don't know

13. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **Celebrex, Vioxx, or Bextra**, also known as COX-2 inhibitors or COXIBs, at least 2 times a week for more than a month?

yes go to next question

no → go to question 14

don't know → go to question 14

(if yes)

- 13a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take this medication (**Celebrex, Vioxx, Bextra**), when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ **or**

(enter times per week) ___ ___ ___

don't know

- 13b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take this type of medication (**Celebrex, Vioxx, Bextra**), when you were using it at least 2 times a week for more than a month?

(enter total number of months) ___ ___ ___ **or**

(enter total number of years) ___ ___ ___

don't know

14. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **acetaminophen-based medications**, such as **Tylenol, Anacin-3, or Panadol**, at least 2 times a week for more than a month?

yes go to next question

no → go to question 15

don't know → go to question 15

(if yes)

- 14a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take this type of medication (**acetaminophen-based medications**), when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ **or**

(enter times per week) ___ ___ ___

don't know

14b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take this type of medication (**acetaminophen-based medications**, such as **Tylenol, Anacin, or Panadol**) when you were using it at least 2 times a week for more than a month?

(enter total number of months) ___ ___ ___ **or**

(enter total number of years) ___ ___ ___

don't know

15. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **cholesterol lowering drugs** (statins) such as **Lipitor, Mevacor, Altacor, Pravachol, Torvast, Lescol, Crestor, or Zocor** at least 2 times a week for more than a month?

yes go to next question

no → go to question 16

don't know → go to question 16

(if yes)

15a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **cholesterol lowering drugs** (statins) such as **Lipitor, Mevacor, Altacor, Pravachol, Torvast, Lescol, Crestor, or Zocor**, when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ **or**

(enter times per week) ___ ___ ___

don't know

15b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take this type of medication (**cholesterol lowering drugs**) when you were using it at least 2 times a week for more than a month?

(enter total number of months) ___ ___ ___ **or**

(enter total number of years) ___ ___ ___

don't know

16. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken a **polyethylene glycol laxative** such as **MiraLax, Glyco Lax, or GoLYTELY** (except for as a preparation for a colonoscopy, sigmoidoscopy, or barium enema procedure) at least 2 times a week for more than a month?

yes go to next question

no → go to question 17

don't know → go to question 17

(if yes)

16a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take a **polyethylene glycol laxative** such as **MiraLax, Glyco Lax, or GoLYTELY** (except for as a preparation for a colonoscopy, sigmoidoscopy, or barium enema procedure), when you were using it at least 2 times a week for more than a month?

(enter times per day) ___ ___ ___ **or**

(enter times per week) ___ ___ ___

don't know

16b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take this type of medication (**polyethylene glycol laxative**) when you were using it at least 2 times a week for more than a month?

(enter total number of months) ___ ___ ___ **or**
 (enter total number of years) ___ ___ ___
 don't know

17. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **medication to control diabetes** – either insulin or oral medications--at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 18
- don't know → go to question 18

(if yes)

17a. **Since** the date of your last questionnaire (**see label on page 1 for date**), what type of **medication to control diabetes** did you take?

<i>Check all that apply:</i>	Total # of months taken (since the date of your last questionnaire) <i>or</i> →	Total# of years taken (since the date of your last questionnaire)	Don't know √
<input type="checkbox"/> oral medication			
<input type="checkbox"/> insulin injections			
<input type="checkbox"/> insulin pump			
<input type="checkbox"/> don't know			

If you are female, please answer questions 18, 18a & 18b (males go to question 19)

18. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **hormonal medication** for menopausal symptoms or disease prevention at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 19
- don't know → go to question 19

(if yes)

18a. **Since** the date of your last questionnaire (**see label on page 1 for date**), what type of **hormonal medication** did you take when you were taking it at least 2 times a week for more than a month?

Hormonal medication taken (check box)	
√	
<input type="checkbox"/>	estrogen alone
<input type="checkbox"/>	estrogen + progesterone
<input type="checkbox"/>	estrogen + testosterone
<input type="checkbox"/>	other, specify _____
<input type="checkbox"/>	don't know

18b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **hormonal medication** when you were taking it at least 2 times a week for more than a month?

- # of times per day _____ **or** # of times per week _____ **or** don't know
- total # of months _____ **or** total # of years _____ **or** don't know

19. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **multivitamin** pills, capsules or tablets at least 2 times a week for more than a month? (*do not include individual vitamins or minerals*).

- yes go to next question
- no → go to question 20
- don't know → go to question 20

(if yes)

19a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **multivitamin** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

19b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **multivitamin** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

20. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **Vitamin A** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 21
- don't know → go to question 21

(if yes)

20a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **Vitamin A**, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

20b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **Vitamin A**, pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

21. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **Vitamin B**, pills, capsules or tablets, at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 22
- don't know → go to question 22

(if yes)

21a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **Vitamin B**, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

21b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **Vitamin B**, pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

22. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **Vitamin C**, pills, capsules or tablets, at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 23
- don't know → go to question 23

(if yes)

22a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **Vitamin C**, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

22b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **Vitamin C**, pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

23. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **Vitamin D**, pills, capsules or tablets, at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 24
- don't know → go to question 24

(if yes)

23a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **Vitamin D**, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

23b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **Vitamin D**, pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

24. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **Vitamin E**, pills, capsules or tablets, at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 25
- don't know → go to question 25

(if yes)

24a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **Vitamin E**, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

24b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **Vitamin E**, pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

25. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **folic acid or folate** pills, capsules or tablets, at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 26
- don't know → go to question 26

(if yes)

25a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **folic acid or folate** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

25b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **folic acid or folate** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

26. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **calcium** pills or tablets (not including antacids) at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 27
- don't know → go to question 27

(if yes)

26a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **calcium** pills or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

26b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **calcium** pills or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

27. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **selenium** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 28
- don't know → go to question 28

(if yes)

27a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **selenium** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

27b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **selenium** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

28. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **zinc** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 29
- don't know → go to question 29

(if yes)

28a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **zinc** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

28b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **Zinc** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

29. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **cod liver oil/other fish oil** pills, capsules or tablets, or in liquid form, at least 2 times a week for more than a month?
- yes go to next question
 no → go to question 30
 don't know → go to question 30

(if yes)

- 29a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **cod liver oil/other fish oil** pills, capsules or tablets, or in liquid form, when you were using it at least 2 times a week for more than a month?
- (enter times per day) ___ ___ ___ **or**
(enter times per week) ___ ___ ___
 don't know

- 29b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **cod liver oil/other fish oil** pills, capsules or tablets, or in liquid form, when you were using it at least 2 times a week for more than a month?
- (enter total number of months) ___ ___ ___ **or**
(enter total number of years) ___ ___ ___
 don't know

30. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **lycopene** pills, capsules or tablets at least 2 times a week for more than a month?
- yes go to next question
 no → go to question 31
 don't know → go to question 31

(if yes)

- 30a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **lycopene** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?
- (enter times per day) ___ ___ ___ **or**
(enter times per week) ___ ___ ___
 don't know

- 30b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **lycopene** pills, capsules or tablets at least 2 times a week for more than a month?
- (enter total number of months) ___ ___ ___ **or**
(enter total number of years) ___ ___ ___
 don't know

31. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **gingko biloba** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 32
- don't know → go to question 32

(if yes)

31a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **gingko biloba** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

31b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **gingko biloba** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

32. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **saw palmetto** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 33
- don't know → go to question 33

(if yes)

32a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **saw palmetto** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

32b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **saw palmetto** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

33. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **garlic** pills, capsules or tablets at least 2 times a week for more than a month? (do not include garlic used in food preparation and consumption)

- yes go to next question
- no → go to question 34
- don't know → go to question 34

(if yes)

33a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **garlic** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

33b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **garlic** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

34. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **chondroitin sulfate** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 35
- don't know → go to question 35

(if yes)

34a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **chondroitin sulfate** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

34b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **chondroitin sulfate** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

35. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **glucosamine** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 36
- don't know → go to question 36

(if yes)

35a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **glucosamine** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter total times per day) ___ ___ ___ **or**
- (enter total times per week) ___ ___ ___
- don't know

35b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **glucosamine** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

36. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **St. John's Wort** pills, capsules or tablets at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 37
- don't know → go to question 37

(if yes)

36a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **St. John's Wort** pills, capsules or tablets, when you were using it at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

36b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **St. John's Wort** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

37. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you taken **other** pills, capsules or tablets (not previously mentioned above) at least 2 times a week for more than a month?

- yes go to next question
- no → go to question 38
- don't know → go to question 38

(if yes)

37a. List **other** pills, capsules or tablets taken **since** the date of your last questionnaire (**see label on page 1 for date**), when you were taking the pills at least 2 times a week for more than a month:

37b. **Since** the date of your last questionnaire (**see label on page 1 for date**), how often did you take **other** pills, capsules or tablets, when you were taking the pills at least 2 times a week for more than a month?

- (enter times per day) ___ ___ ___ **or**
- (enter times per week) ___ ___ ___
- don't know

37c. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many months or years in total did you take **other** pills, capsules or tablets at least 2 times a week for more than a month?

- (enter total number of months) ___ ___ ___ **or**
- (enter total number of years) ___ ___ ___
- don't know

Alternative Medicine

38. People use a variety of health care providers as a way of dealing with an illness or trying to stay healthy. Have you **EVER** used an alternative health care provider, such as a homeopath, chiropractor, acupuncturist?

- yes go to next question
- no → go to question 39
- don't know → go to question 39

(if yes) (fill in table below)

38a.

Type of Alternative Health Care Provider (list)	WHEN was your last treatment?
1.	<input type="checkbox"/> in the past month <input type="checkbox"/> in the past year <input type="checkbox"/> more than 1 year ago <input type="checkbox"/> more than 5 years ago <input type="checkbox"/> don't know
2.	<input type="checkbox"/> in the past month <input type="checkbox"/> in the past year <input type="checkbox"/> more than 1 year ago <input type="checkbox"/> more than 5 years ago <input type="checkbox"/> don't know
3.	<input type="checkbox"/> in the past month <input type="checkbox"/> in the past year <input type="checkbox"/> more than 1 year ago <input type="checkbox"/> more than 5 years ago <input type="checkbox"/> don't know

Screenings

A **barium enema** is an x-ray examination of your colon. In this procedure an x-ray of the colon is taken following a barium enema. Preparation involves fluids, laxatives, and an enema to cleanse the bowel.

39. Have you **EVER** had a **barium enema** test?

- yes go to next question
- no → go to question 40
- don't know → go to question 40

(if yes)

39a. How many separate **barium enemas** have you had?

- enter number of barium enemas ___ ___ (#)
- don't know

39b. When did you have the most recent **barium enema** test?

- (enter age at most recent barium enema) ___ ___ **or**
- (enter year of most recent barium enema) ___ ___ ___ ___ **or**
- (enter number of years since most recent barium enema) ___ ___
- don't know

39c. What were the reasons for the most recent **barium enema**? (*select all that apply*)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- follow-up of fecal occult blood test result
- other, specify: _____
- don't know

A CT colonography or **virtual colonoscopy** is a procedure in which you are **not** given medication to relax you or make you sleepy. It is done using X-rays with you lying on a table that is slid through a large circular scanner or a tunnel. Typically, a tube is inserted to inflate the rectum with air. Preparation involves drinking fluids or taking pills to cleanse the bowel. Most often no recovery time is needed.

40. Have you **EVER** had a **virtual colonoscopy**?

- yes go to next question
- no → go to question 41
- don't know → go to question 41

(if yes)

40a. How many separate **virtual colonoscopy** tests have you had?

- enter number of **virtual colonoscopy** tests ___ ___ (#)
- don't know

40b. When did you have the most recent **virtual colonoscopy** test?

- (enter age at most recent virtual colonoscopy test) ___ ___ **or**
(enter year of most recent virtual colonoscopy test) ___ ___ ___ ___ **or**
(enter number of years since most recent virtual colonoscopy test) ___ ___
- don't know

40c. What were the reasons for the most recent **virtual colonoscopy**? (*select all that apply*)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- follow-up of fecal occult blood test result
- other, specify: _____
- don't know

A **fecal 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 or a hemoccult test. This test is typically done at home using a kit containing 3 treated cards.

41. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you had a **fecal occult blood test** (FOBT)?

- yes go to next question
- no → go to question 42
- don't know → go to question 42

(if yes)

41a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many separate fecal occult blood tests have you had?

enter number of tests __ __ (#)

- don't know

41b. When did you have the most recent fecal occult blood test?

- enter age at most recent FOBT __ __ __ **or**
- enter year of most recent FOBT __ __ __ **or**
- enter number of years since most recent FOBT __ __
- don't know

41c. What were the reasons for the most recent fecal occult blood test? (select all that apply)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- follow-up of fecal occult blood test result
- other, **specify:** _____
- don't know

There are two procedures that look inside the bowel using a lighted tube. In a **sigmoidoscopy**, the examination is limited to the lower colon and rectum and is usually done in a doctor's office **without** medication to relax you or make you sleepy. Preparation involves enemas and sometimes drinking fluids or taking pills to cleanse the bowel.

In a **colonoscopy**, the entire large bowel is examined and a medication is usually given in a vein to relax you or make you sleepy. Preparation involves drinking fluids or taking pills to cleanse the bowel.

42. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you had a **sigmoidoscopy**?

- yes go to next question
- no → go to question 43
- don't know → go to question 43

(if yes)

42a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many separate sigmoidoscopies have you had?

- enter number of **sigmoidoscopies** __ __ (#)
- don't know

42b. When did you have the most recent sigmoidoscopy?

- (enter age at most recent sigmoidoscopy) __ __ __ **or**
- (enter year of most recent sigmoidoscopy) __ __ __ __ **or**
- (enter number of years since most recent sigmoidoscopy) __ __
- don't know

42c. What were the reasons for the most recent sigmoidoscopy? (*select all that apply*)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- follow-up of fecal occult blood test result
- other: _____
- don't know

43. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you had a **colonoscopy**?

- yes go to next question
- no → go to question 44
- don't know → go to question 44

(if yes)

43a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many separate colonoscopies have you had?

- enter number of **colonoscopies** __ __ __ (#)
- don't know

43b. When did you have the most recent colonoscopy?

- (enter age at most recent colonoscopy) __ __ __ **or**
(enter year of most recent colonoscopy) __ __ __ **or**
(enter number of years since most recent colonoscopy) __ __
- don't know

43c. What were the reasons for the most recent colonoscopy? (*select all that apply*)

- to investigate a new problem
- family history of colorectal cancer
- routine exam or check-up
- follow-up of a previous problem
- follow-up of fecal occult blood test result
- other: _____
- don't know

Polyps

44. **Since** the date of your last questionnaire (**see label on page 1 for date**), has a doctor told you that you had polyps in your colon or rectum? Be sure to think about all polyps that were found in any of the procedures you have had (as mentioned above)--**since** the date of your last questionnaire—not just ones that may have been found during your most recent procedure.

- yes go to next question
- no → go to question 45
- don't know → go to question 45

(if yes)

44a. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you had any polyps removed from your colon or rectum?

- yes go to next question
- no → go to question 45
- don't know → go to question 45

(if yes)

44b. **Since** the date of your last questionnaire (**see label on page 1 for date**), on how many separate occasions have you had polyps removed from your colon or rectum?

(enter number of times you have had polyps removed from your colon or rectum **since** date of last questionnaire): __ __ (#)

- don't know

44c. Fill in the chart below if you had polyps removed **since** the date of your last questionnaire (**see label on page 1 for date**):

1 st time polyps were removed since the date of your last questionnaire.
Age at time of procedure: _____ or
Year of procedure: _____ or
of years since procedure: _____
<input type="checkbox"/> don't know

2 nd time polyps were removed since the date of your last questionnaire.
Age at time of procedure: _____ or
Year of procedure: _____ or
of years since procedure: _____
<input type="checkbox"/> don't know

3 rd time polyps were removed since the date of your last questionnaire.
Age at time of procedure: _____ or
Year of procedure: _____ or
of years since procedure: _____
<input type="checkbox"/> don't know

4th time polyps were removed since the date of your last questionnaire.
Age at time of procedure: _____ or
Year of procedure: _____ or
of years since procedure: _____
<input type="checkbox"/> don't know

5th time polyps were removed since the date of your last questionnaire.
Age at time of procedure: _____ or
Year of procedure: _____ or
of years since procedure: _____
<input type="checkbox"/> don't know

45. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you had surgery to remove any part of your colon or rectum? Please do not include any surgeries where only polyp(s) were removed.

- yes go to next question
- no → **females** go to to Section 6 (page 35); **males** go to to Section 7 (page 36)
- don't know → **females** go to to Section 6 (page 35);
males go to to Section 7 (page 36)

(if yes)

45a. Enter number of surgeries you have had to remove any part of your colon or rectum **since** the date of your last questionnaire (**see label on page 1 for date**):

_____ (#)
 don't know

45b. **Since** the date of your last questionnaire (**see label on page 1 for date**), when did you first have surgery to remove any part of your colon or rectum?

(age at surgery) ___ ___ **or**
(year of surgery) _ _ _ _ **or**
(number of years since surgery) ___ ___
 don't know

45c. During this surgery, was your colon or rectum completely or only partially removed?

- completely removed
- partially removed
- don't know

45d. What were the reasons for this surgery? (*select all that apply*)

- benign or malignant tumor
- diverticular disease
- inflammatory bowel disease (including ulcerative colitis and Crohn's disease)
- other, **specify:** _____
- don't know

NOTE: If you only had one surgery to remove any part of your colon or rectum **since** the date of your last questionnaire (**see label on page 1 for date**)--**females** go to Section 6 (page 35)--**males** go to Section 7 (page 36)

45e. **Since** the date of your last questionnaire (**see label on page 1 for date**), when did you next have surgery to remove any part of your colon or rectum?

(age at surgery) ___ ___ **or**
(year of surgery) _ _ _ _ **or**
(number of years since surgery) ___ ___
 don't know

45f. During this surgery, was your colon or rectum completely or only partially removed?

completely removed
 partially removed
 don't know

45g. What were the reasons for this surgery? (*select all that apply*)

benign or malignant tumor
 diverticular disease
 inflammatory bowel disease (including ulcerative colitis and Crohn's disease)
 other, **specify:** _____
 don't know

45h. **Since** the date of your last questionnaire (**see label on page 1 for date**), when did you next have surgery to remove any part of your colon or rectum?

(age at surgery) ___ ___ **or**
(year of surgery) _ _ _ _ **or**
(years since surgery) ___ ___
 don't know

45i. During this surgery, was your colon or rectum completely or only partially removed?

completely removed
 partially removed
 don't know

45j. What were the reasons for this surgery? (*select all that apply*)

benign or malignant tumor
 diverticular disease
 inflammatory bowel disease (including ulcerative colitis and Crohn's disease)
 other, **specify:** _____
 don't know

Section 6. Reproduction History (only females answer questions in this section)

46. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you had any surgeries on your ovaries and/or uterus?

- yes go to next question
- no → go to Section 7 (page 36)
- don't know → Section 7 (page 36)

46a. **Since** the date of your last questionnaire (**see label on page 1 for date**), how many surgeries have you had on your ovaries and/or uterus?

Enter number of surgeries _____ #

(if yes)

46b. What type of gynecologic surgery did you have?

- hysterectomy along with one ovary or partial ovary
- hysterectomy along with both ovaries
- hysterectomy only (only the uterus or womb was removed)
- one ovary was removed, in whole or part, without hysterectomy
- both ovaries were removed, without hysterectomy
- other, **specify** _____
- don't know

46c. **Since** the date of your last questionnaire (**see label on page 1 for date**), when did you have surgery on your ovaries and/or uterus?

- (age at surgery) ___ ___ **or**
- (year of surgery) ___ ___ ___ ___ **or**
- (number of years since surgery) ___ ___
- don't know

46d. **Since** the surgery listed in 46c (above), have you had any other surgeries on your ovaries and/or uterus?

- yes go to next question
- no → go to Section 7 (page 36)
- don't know → Section 7 (page 36)

(if yes)

46e. What type of surgery did you have?

- hysterectomy along with removal of one ovary or part of one ovary
- hysterectomy along with both ovaries removed
- hysterectomy only (only the uterus or womb was removed)
- one ovary was removed, in whole or part, without hysterectomy
- both ovaries were removed, without hysterectomy
- other, specify _____
- don't know

46f. When did you have this surgery?

- (age at surgery) ___ ___ **or**
- (year of surgery) ___ ___ ___ ___ **or**
- (number of years since surgery) ___ ___
- don't know

Section 7. Behavioral/Genetic Testing

47. Do you think your chance of getting colorectal cancer is higher or lower than the average person of your age and sex? (***Skip question 47 if you have ever been diagnosed with colorectal cancer***)

- much lower
- somewhat lower
- the same
- somewhat higher
- much higher

48. Have you **EVER** had a genetic test for colorectal cancer as part of your health care? This usually involves a blood test.

(Include genetic tests conducted by a physician or genetic counselor. Please do not include tests conducted as part of this research study or other research studies)

- yes
- no
- don't know

49. Has a doctor, nurse or other health professional ever advised you to get a test to check for colorectal cancer?

- yes
- no
- don't know

Please complete the chart below:

		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	No opinion
50.	There is not much people can do to lower their chances of getting colorectal cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
50a.	There are so many different recommendations about preventing colorectal cancer, it's hard to know which ones to follow	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
50b.	It seems like almost everything causes colorectal cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
50c.	I get encouragement from my family members to have a colorectal cancer screening test	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
50d.	I get encouragement from my friends to have a colorectal cancer screening test	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

51. How often do you worry about colorectal cancer?

- rarely or never
- sometimes
- often
- all the time

The next questions are about how you feel about your health. There are no wrong answers; we just want to know what you think about these issues.

52. In general would you say your health is:

- excellent
- very good
- good
- fair
- poor
- don't know

The following are some activities you might do during a typical day. We want to know if your health now limits you in these activities.

53. Are you limited in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

- yes, limited a lot
- yes, limited a little
- no, not limited at all
- don't know

54. Are you limited in climbing several flights of stairs?

- yes, limited a lot
- yes, limited a little
- no, not limited at all
- don't know

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

55. In the past 4 weeks, to what degree have you accomplished less than you would like?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

56. In the past 4 weeks, to what degree have you been limited in the kind of work you can do or other activities.

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

57. During the past 4 weeks, have you accomplished less than you would like?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

58. During the past 4 weeks, did you do work or other activities less carefully than usual?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

59. During the past 4 weeks, did pain interfere with your normal work, including both work outside the home and housework?

- not at all
- a little bit
- moderately
- quite a bit
- extremely
- don't know

These questions are about how you feel and how things have been with you during the past 4 weeks. There are no right or wrong answers to these questions.

60. During the past 4 weeks have you felt calm and peaceful?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

61. During the past 4 weeks have you had a lot of energy?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

62. During the past 4 weeks, has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- all of the time
- most of the time
- some of the time
- a little of the time
- none of the time
- don't know

63. **Since** the date of your last questionnaire (**see label on page 1 for date**), have you participated in a genetic or family-based cancer study, other than this study?

- yes → **specify** _____
- no
- don't know

Section 8. Additional, Optional, Contact Information

64. Are you married or do you have a domestic partner?

- yes, go to next question
- no, → go to question 67
- don't know → go to question 67

65. What is the name of your spouse or domestic partner?

First Middle Initial (Maiden, if female) Last

66. Please list **your** address, telephone number(s), and e-mail address below:

Street Address	
City/Town	
State/Province	
Zip/Postal Code	
Country	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Contact Information

67. In case we need to contact you in the future and you have moved, may we please have the name of someone who is not living with you to whom we might write or call for your new address?

First Name	
Last Name	
Relationship to you (i.e. mother, father, sister, etc)	
Street Address	
City/Town	
State/Province	
Zip/Postal Code	
Country	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	