

Revision \_\_\_\_\_  
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**4-YEAR  
FOLLOW-UP QUESTIONNAIRE  
FOR  
COLORECTAL CANCER FAMILY REGISTRY  
UNIVERSITY OF SOUTHERN CALIFORNIA CONSORTIUM**

**OFFICE USE ONLY**

Edited on: _____/_____/_____	_____	Initials
Data entry 1: _____/_____/_____	_____	Initials
Data entry 2: _____/_____/_____	_____	Initials

## A. Identification, Introduction

You completed the first questionnaire/health survey for us in \_\_\_\_/\_\_\_\_. The questions on this survey are about the time period since that interview.  
[MONTH, YEAR]

A1. What is your age today? \_\_\_\_\_  
AGE

A2. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

## B. Personal Medical History, Medications, Screening

The next questions are about medical tests you might have had since your first interview in \_\_\_\_/\_\_\_\_.

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 may be done as part of a routine physical exam, or at home using a kit that usually contains 3 cards.

### B1. Since your first interview

(\_\_\_\_\_) have you had a fecal occult blood test (FOBT)?

- Yes \_\_\_\_\_ →
- No (GO TO **B3**)
- Don't know (GO TO **B3**)



### B2. Since your first interview how many separate tests have you had?

\_\_\_\_\_ NUMBER OF TESTS  Don't know

### B2a. When did you have the **most recent FOBT** test?

\_\_\_\_\_ Age at MOST RECENT FOBT test **OR**

\_\_\_\_\_ Year of MOST RECENT FOBT test **OR**

\_\_\_\_\_ No. of years since MOST RECENT FOBT test

Don't know

### B2b. What were the reasons for the **most recent 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
- 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 [bowel] and rectum and is usually done in a doctor's office **without** anesthesia.

**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. In preparing for the colonoscopy, you may have had an enema, or have taken ¼ to 1 gallon of liquid preparation such as **Golytely** or **Oral Fleets**, the day before the procedure, to empty your bowels. You may also have been on a liquid diet.

<p><b>B3. Since your first interview</b> ( _____ ) have you had a sigmoidoscopy?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B5</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B5</b>)</p> <p>↓</p>	<p><b>B4. Since your first interview, how many sigmoidoscopies have you had?</b></p> <p>_____ Number of sigmoidoscopies    <input type="checkbox"/> Don't know</p> <p><b>B4a. When did you have the most recent sigmoidoscopy?</b></p> <p>_____ Age at MOST RECENT sigmoidoscopy    <b>OR</b></p> <p>_____ Year of MOST RECENT sigmoidoscopy    <b>OR</b></p> <p>_____ No. of years since MOST RECENT sigmoidoscopy</p> <p><input type="checkbox"/> Don't know</p> <p><b>B4b. What were the reasons for the most recent sigmoidoscopy?</b> [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> To investigate a new problem</p> <p><input type="checkbox"/> Family history of colorectal cancer</p> <p><input type="checkbox"/> Routine exam or check-up</p> <p><input type="checkbox"/> Follow-up of a previous problem</p> <p><input type="checkbox"/> Other [SPECIFY] _____</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B5. Since your first interview</b> ( _____ ) have you had a colonoscopy?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B7</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B7</b>)</p> <p>↓</p>	<p><b>B6. Since your first interview, how many separate colonoscopies have you had?</b></p> <p>_____ Number of colonoscopies    <input type="checkbox"/> Don't know</p> <p><b>B6a. When did you have the most recent colonoscopy?</b></p> <p>_____ Age at MOST RECENT colonoscopy    <b>OR</b></p> <p>_____ Year of MOST RECENT colonoscopy    <b>OR</b></p> <p>_____ No. of years since MOST RECENT colonoscopy</p> <p><input type="checkbox"/> Don't know</p> <p><b>B6b. What were the reasons for the most recent colonoscopy?</b> [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> To investigate a new problem</p> <p><input type="checkbox"/> Family history of colorectal cancer</p> <p><input type="checkbox"/> Routine exam or check-up</p> <p><input type="checkbox"/> Follow-up of a previous problem</p> <p><input type="checkbox"/> Other [SPECIFY] _____</p> <p><input type="checkbox"/> Don't know</p>

A **barium enema (BE)** is an x-ray examination of your colon. In this procedure, patients are given an enema containing a barium solution that outlines the rectum and colon, allowing these organs to be seen on x-ray.

<p><b>B7. Have you EVER had a barium enema / x-ray test?</b></p> <p><input type="checkbox"/> Yes </p> <p><input type="checkbox"/> No (GO TO <b>B10</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B10</b>)</p> 	<p><b>B8. How many separate barium enemas have you had?</b></p> <p>_____ Number of barium enemas    <input type="checkbox"/> Don't know</p>
	<p><b>B8a. When did you have the <b>FIRST</b> barium enema?</b></p> <p>_____ Age at FIRST barium enema    <b>OR</b></p> <p>_____ Year of FIRST barium enema    <b>OR</b></p> <p>_____ No. of years since FIRST barium enema</p> <p><input type="checkbox"/> Don't know</p> <div style="border: 1px solid black; padding: 5px;"><p><b>B8b. What were the reasons for the <b>first</b> barium enema?</b> [SELECT ALL THAT APPLY]</p><p><input type="checkbox"/> To investigate a new problem</p><p><input type="checkbox"/> Family history of colorectal cancer</p><p><input type="checkbox"/> Routine exam or check-up</p><p><input type="checkbox"/> Follow-up of a previous problem</p><p><input type="checkbox"/> Other [SPECIFY] _____</p><p><input type="checkbox"/> Don't know</p><p>[IF ONLY 1 BARIUM ENEMA, GO TO B10.]</p></div>
	<p><b>B9a. When did you have the <b>MOST RECENT</b> barium enema?</b></p> <p>_____ Age at FIRST barium enema    <b>OR</b></p> <p>_____ Year of FIRST barium enema    <b>OR</b></p> <p>_____ No. of years since FIRST barium enema</p> <p><input type="checkbox"/> Don't know</p> <div style="border: 1px solid black; padding: 5px;"><p><b>B9b. What were the reasons for the <b>MOST RECENT</b> barium enema?</b> [SELECT ALL THAT APPLY]</p><p><input type="checkbox"/> To investigate a new problem</p><p><input type="checkbox"/> Family history of colorectal cancer</p><p><input type="checkbox"/> Routine exam or check-up</p><p><input type="checkbox"/> Follow-up of a previous problem</p><p><input type="checkbox"/> Other [SPECIFY] _____</p><p><input type="checkbox"/> Don't know</p></div>

**B10. Have you EVER had a colonograph also known as a **virtual colonoscopy**?**

This is a procedure that uses a CT scan to create an image of the colon. This procedure is not widely available at this time. It is not a whole body scan. In preparing for the virtual colonoscopy you may have had an enema or taken a liquid preparation such as **Golytely** or **Oral Fleets**, the day before the procedure, to empty your bowels.

Yes

No (GO TO **B11**)

Don't know (GO TO **B11**)

**B11.** Since your first interview ( \_\_\_\_\_ ), has a DOCTOR told you that you had **polyps** in your large bowel or colon or rectum? Be sure to think about all polyps that were found in any of the procedures you had during the past 4 years — not just ones that may have been found during your most recent procedures. *[This can be done during a sigmoidoscopy, colonoscopy, or during bowel surgery.]*

- Yes —————>
- No (GO TO **B13**)
- Don't know (GO TO **B13**)

**B11a.** Since your first interview, have you had any polyps removed (ie. polypectomy)?

- Yes
- No (GO TO **B13**)
- Don't know (GO TO **B13**)

**B11b.** Since your first interview, on how many separate occasions have you had polyps removed?

\_\_\_\_\_ Number of polypectomy procedures     Don't know



FIRST POLYPECTOMY	SECOND POLYPECTOMY	THIRD POLYPECTOMY
<p><b>B12a(a).</b> Since your <u>first interview</u> ( _____ ) when did you <b>FIRST</b> have polyps removed?</p> <p>_____ Age <b>OR</b></p> <p>_____ Year <b>OR</b></p> <p>_____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p> <p><b>[IF YOU ONLY HAD 1 POLYPECTOMY, GO TO B13.]</b></p>	<p><b>B12b(a).</b> Since your <u>first interview</u> ( _____ ) when did you <b>NEXT</b> have polyps removed?</p> <p>_____ Age <b>OR</b></p> <p>_____ Year <b>OR</b></p> <p>_____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p> <p><b>[IF YOU ONLY HAD 2 POLYPECTOMIES, GO TO B13.]</b></p>	<p><b>B12c(a).</b> Since your <u>first interview</u> ( _____ ) when did you <b>NEXT</b> have polyps removed?</p> <p>_____ Age <b>OR</b></p> <p>_____ Year <b>OR</b></p> <p>_____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p> <p><b>[GO TO B13.]</b></p>

**B13. Since your first interview ( \_\_\_\_\_ ), have you had surgery to remove any of your colon or large bowel?**

- Yes →
- No (GO TO **B15**)
- Don't know (GO TO **B15**)

**B13a. Since your first interview, how many surgeries on your colon [bowel] have you had?**

\_\_\_\_\_ Number of surgeries     Don't know



FIRST COLON SURGERY	SECOND COLON SURGERY	THIRD COLON SURGERY
<p><b>B14a(a).</b> Since your <u>first interview</u> ( _____ ) when did you <b>FIRST</b> have this surgery?</p> <p>_____ Age <b>OR</b>            _____ Year <b>OR</b>            _____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B14b(a).</b> Since your <u>first interview</u> ( _____ ) when did you <b>NEXT</b> have this surgery?</p> <p>_____ Age <b>OR</b>            _____ Year <b>OR</b>            _____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B14c(a).</b> Since your <u>first interview</u> ( _____ ) when did you <b>NEXT</b> have this surgery?</p> <p>_____ Age <b>OR</b>            _____ Year <b>OR</b>            _____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B14a(b).</b> During that surgery, was your colon completely, or only partially, removed?</p> <p><input type="checkbox"/> Completed removed  <input type="checkbox"/> Partially removed  <input type="checkbox"/> Don't know</p>	<p><b>B14b(b).</b> During that surgery, was your colon completely, or only partially, removed?</p> <p><input type="checkbox"/> Completed removed  <input type="checkbox"/> Partially removed  <input type="checkbox"/> Don't know</p>	<p><b>B14c(b).</b> During that surgery, was your colon completely, or only partially, removed?</p> <p><input type="checkbox"/> Completed removed  <input type="checkbox"/> Partially removed  <input type="checkbox"/> Don't know</p>
<p><b>B14a(c).</b> What were the reason(s) for that surgery? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> Cancer  <input type="checkbox"/> Diverticular disease  <input type="checkbox"/> Ulcerative colitis  <input type="checkbox"/> Inflammatory bowel disease  <input type="checkbox"/> Crohn's disease  <input type="checkbox"/> Other [SPECIFY]: _____</p> <p><input type="checkbox"/> Don't know</p> <p><b>[IF YOU ONLY HAD 1 COLON SURGERY, GO TO B15.]</b></p>	<p><b>B14b(c).</b> What were the reason(s) for that surgery? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> Cancer  <input type="checkbox"/> Diverticular disease  <input type="checkbox"/> Ulcerative colitis  <input type="checkbox"/> Inflammatory bowel disease  <input type="checkbox"/> Crohn's disease  <input type="checkbox"/> Other [SPECIFY]: _____</p> <p><input type="checkbox"/> Don't know</p> <p><b>[IF YOU ONLY HAD 2 COLON SURGERIES, GO TO B15.]</b></p>	<p><b>B14c(c).</b> What were the reason(s) for that surgery? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> Cancer  <input type="checkbox"/> Diverticular disease  <input type="checkbox"/> Ulcerative colitis  <input type="checkbox"/> Inflammatory bowel disease  <input type="checkbox"/> Crohn's disease  <input type="checkbox"/> Other [SPECIFY]: _____</p> <p><input type="checkbox"/> Don't know</p> <p><b>[GO TO B15.]</b></p>

**B15. Since your first interview ( \_\_\_\_\_ ), has a doctor told you that you had any cancer, leukemia or malignant tumor?**

- Yes
- No (GO TO **B17a**)
- Don't know (GO TO **B17a**)



FIRST CANCER	SECOND CANCER	THIRD CANCER
<p><b>B16a(a).</b> [IF YES] What type of cancer was it?</p> <p>(If SKIN CANCER, please specify the type of skin cancer - melanoma v. non-melanoma. Exclude metastases.)</p> <p>_____</p> <p style="text-align: right;"> _ _ _ _ </p>	<p><b>B16b(a).</b> [IF YES] What type of cancer was it?</p> <p>(If SKIN CANCER, please specify the type of skin cancer - melanoma v. non-melanoma. Exclude metastases.)</p> <p>_____</p> <p style="text-align: right;"> _ _ _ _ </p>	<p><b>B16c(a).</b> [IF Yes] What type of cancer was it?</p> <p>(If SKIN CANCER, please specify the type of skin cancer - melanoma v. non-melanoma. Exclude metastases.)</p> <p>_____</p> <p style="text-align: right;"> _ _ _ _ </p>
<p><b>B16a(b).</b> When did your doctor first tell you that you had this type of cancer?</p> <p>_____ Age <b>OR</b></p> <p>_____ Year <b>OR</b></p> <p>_____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B16b(b).</b> When did your doctor first tell you that you had this type of cancer?</p> <p>_____ Age <b>OR</b></p> <p>_____ Year <b>OR</b></p> <p>_____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B16c(b).</b> When did your doctor first tell you that you had this type of cancer?</p> <p>_____ Age <b>OR</b></p> <p>_____ Year <b>OR</b></p> <p>_____ No. of years ago</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B16a(c).</b> Were you diagnosed with another kind of cancer since your last interview?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (GO TO <b>B17a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B17a</b>)</p> <p><b>[IF YOU ONLY HAD 1 CANCER, GO TO B17a on next page.]</b></p>	<p><b>B16b(c).</b> Were you diagnosed with another kind of cancer since your last interview?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (GO TO <b>B17a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B17a</b>)</p> <p><b>[IF YOU ONLY HAD 2 CANCERS, GO TO B17a on next page.]</b></p>	<p><b>[GO TO B17a.]</b></p>

These next questions ask about **medications** you may have taken since your first interview, beginning with a number of types of common pain relievers such as aspirin, NSAIDS and acetaminophen.

<p><b>B17a.</b> Since your <u>first interview</u> ( _____ ), have you taken <b>aspirin</b> such as Anacin, Bufferin, Bayer, Excedrin or Exotrin, at least twice a week for more than a month?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B18a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B18a</b>)</p>	<p><b>B17b.</b> Since your first interview, how often did you take <b>aspirin when you were taking it twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B17c.</b> Since your first interview, how many months or years in total did you take aspirin?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B18a.</b> Since your <u>first interview</u> ( _____ ), have you taken any other <b>non-steroidal anti-inflammatory drugs</b>, such as ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren, at least twice a week for more than a month? [DO NOT INCLUDE COX-2 INHIBITORS.]</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B19a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B19a</b>)</p>	<p><b>B18b.</b> Since your first interview, how often did you take <b>non-steroidal anti-inflammatory drugs when you were taking them twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B18c.</b> Since your first interview, how many months or years in total did you take this medication?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B19a.</b> Since your <u>first interview</u> ( _____ ), have you taken Celebrex, Celecoxib, Vioxx, Rofecoxib, Bextra, Valdecoxib, also known as <b>COX-2 Inhibitors</b>, at least twice a week for more than a month?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B20a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B20a</b>)</p>	<p><b>B19b.</b> Since your first interview, how often did you take <b>COX-2 Inhibitors when you were taking them twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B19c.</b> Since your first interview, how many months or years in total did you take this medication?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B20a.</b> Since your <u>first interview</u> ( _____ ), have you taken <b>acetaminophen-based medications</b> such as Tylenol, Anacin-3 or Penadol, at least twice a week for more than a month?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B21a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B21a</b>)</p>	<p><b>B20b.</b> Since your first interview, how often did you take <b>acetaminophen-based medications when you were taking them twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B20c.</b> Since your first interview, how many months or years in total did you take this medication?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>



<p><b>B21a.</b> Since your <u>first interview</u> ( _____ ), have you taken <b>multi-vitamin pills or tablets</b>, not individual vitamins, at least twice a week for more than a month?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B22a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B22a</b>)</p>	<p><b>B21b.</b> Since your first interview, how often did you take <b>multi-vitamins when you were taking them twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B21c.</b> During the last 4 years, how many months or years in total did you take multi-vitamins?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B22a.</b> Since your <u>first interview</u> ( _____ ), have you taken <b>folic acid or folate pills or tablets</b>, at least twice a week for more than a month?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B23a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B23a</b>)</p>	<p><b>B22b.</b> Since your first interview, how often did you take <b>folate or folic acid when you were taking them twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B22c.</b> During the last 4 years, how many months or years in total did you take folate or folic acid?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B23a.</b> Since your <u>first interview</u> ( _____ ), have you taken <b>calcium pills or tablets</b> [NOT INCLUDING ANTACIDS] at least twice a week for more than a month?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B24a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B24a</b>)</p>	<p><b>B23b.</b> Since your first interview, how often did you take <b>calcium pills when you were taking them twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B23c.</b> During the last 4 years, how many months or years in total did you take calcium pills?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>
<p><b>B24a.</b> Since your <u>first interview</u> ( _____ ), have you taken <b>calcium-based antacids</b> [SUCH AS TUMS, ROLAIDS, EXTRA-STRENGTH ROLAIDS, ALKA-MINTS, CHOOZ ANTACID GUM], at least twice a week for more than a month?</p> <p><input type="checkbox"/> Yes _____ →</p> <p><input type="checkbox"/> No (GO TO <b>B25a</b>)</p> <p><input type="checkbox"/> Don't know (GO TO <b>B25a</b>)</p>	<p><b>B24b.</b> Since your first interview, how often did you take <b>calcium-based antacids when you were taking them twice a week for more than a month?</b></p> <p>_____ TIMES PER DAY</p> <p><b>OR</b></p> <p>_____ TIMES PER WEEK</p> <p><input type="checkbox"/> Don't know</p>	<p><b>B24c.</b> During the last 4 years, how many months or years in total did you take calcium-based antacids?</p> <p>_____ NUMBER OF MONTHS</p> <p><b>OR</b></p> <p>_____ NUMBER OF YEARS</p> <p><input type="checkbox"/> Don't know</p>

**B25.** How much do you currently weigh?

|\_|\_|\_| POUNDS **OR** |\_|\_|\_| KILOS

DON'T KNOW

**C. REPRODUCTIVE HISTORY, HRT** [ONLY IF FEMALE; IF MALE, GO TO SECTION D

**C1. Since your first interview (\_\_\_\_\_), have you been prescribed an estrogen pill or patch, alone or in combination with another hormone, that you used for 6 months or longer?**

- Yes \_\_\_\_\_ →
- No (GO TO **C2**)
- Don't know (GO TO **C2**)

**C1a. Since your first interview, how many months or years in total did you take estrogen (in any form)?**

\_\_\_\_\_ NUMBER OF MONTHS

**OR**

\_\_\_\_\_ NUMBER OF YEARS

- Don't know

**C2. Since your first interview (\_\_\_\_\_), have you had any surgeries on your ovaries and/or uterus?**

- Yes \_\_\_\_\_ →
- No (GO TO **D1**)
- Don't know (GO TO **D1**)



**C2a. Since your first interview, what type of surgery did you have?** →

- Hysterectomy with one ovary or partial ovary removed
- Hysterectomy 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

**C2b. When did you have this surgery?**

\_\_\_\_\_ Age **OR**

\_\_\_\_\_ Year **OR**

\_\_\_\_\_ No. of years ago

- Don't know

**C2c. Since that surgery, have you had any other surgeries on your ovaries and/or uterus?**

- Yes
- No (GO TO **D1**)
- Don't know (GO TO **D1**)

**C3a. Since your first interview, what type of surgery did you have?** →

- Hysterectomy with one ovary or partial ovary removed
- Hysterectomy 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

**C3b. When did you have this surgery?**

\_\_\_\_\_ Age **OR**

\_\_\_\_\_ Year **OR**

\_\_\_\_\_ No. of years ago

- Don't know (GO TO **D1**)

## D. BEHAVIORAL/GENETIC TESTING

The next questions are about how you feel about your health. There are no right or wrong answers.

**D1. Do you think your chance of getting colon [bowel] cancer is higher or lower than the average person of your age and sex? [IF YOU HAVE EVER BEEN DIAGNOSED WITH COLON, RECTAL OR BOWEL CANCER, SKIP TO D2.]**

- Much lower
- Somewhat lower
- The same
- Somewhat higher
- Much higher
- Don't know

**D2. Have you *ever* had a blood test to look for genes for colorectal cancer as part of your health care? [DO NOT INCLUDE TESTS CONDUCTED AS PART OF THIS RESEARCH STUDY OR OTHER RESEARCH STUDIES.]**

- Yes
- No
- Don't know

We are hoping to understand overall health opinions about all our participants so we want to ask you your opinion about how your total health status affects your daily activities at present. There are no right or wrong answers to these questions. We are really interested in what you think and feel about these questions.

**D3. In general, would you say your health is. . . ?**

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know

**D4. Do you feel your health now limits you in 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

**D5. Do you feel your health now limits you climbing several flights of stairs?**

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all
- Don't know

**D6. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of your physical health?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know

**D7. During the past 4 weeks, were you limited in the kind of work or other activities you performed as a result of your physical health?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know

**D8. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know

**D9. During the past 4 weeks, did you do work or other activities less carefully than usual as a result of any emotional problems (such as feeling depressed or anxious)?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know

**D10. During the past 4 weeks, how much 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.**

**D11. 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

**D12. During the past 4 weeks, how much of the time did you have 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

**D13. During the past 4 weeks, how much of the time have you felt downhearted and depressed?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know

**D14. During the past 4 weeks, how much of the time 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

**D15. Have you ever participated in any other genetic or family-based cancer studies, other than this study?**

- Yes → SPECIFY: \_\_\_\_\_
- No
- Don't know

## **E. ETHNICITY**

The National Institutes of Health requires that we ask/verify the following information:

**E1. Do you consider yourself to be Hispanic or Latino?**

- Yes
- No
- Don't know

**E2. Which of the following most closely describes your race? [SELECT ALL THAT APPLY.]**

- American Indian or Alaska Native
- Asian (SPECIFY): \_\_\_\_\_
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (SPECIFY): \_\_\_\_\_
- Don't know

## **CONTACT INFO**

In case we need to contact you, please provide a telephone number where you can be reached.

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (daytime)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (evening)