

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

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Men's Health Status Questionnaire (HSM)

HSM

1. What is your date of birth?

MO		DAY		YEAR					

PHYSICAL EXAMINATIONS

Please complete each question by placing a (✓) in the box next to the answer that best fits your situation. (Mark only one answer for each question.)

2a. Have you ever had an eye examination for glaucoma or cataracts?

- 1 Yes
 2 No (GO TO ITEM 3a)
 3 Don't Know (GO TO ITEM 3a)

2b. When did you have your most recent eye examination for glaucoma or cataracts?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 More than 3 years ago
 5 Don't Know

2c. What was the main reason you had this eye examination for glaucoma or cataracts?

- 1 Because of a specific eye problem
 2 Follow-up to a previous eye problem
 3 Part of a routine physical exam
 4 Part of a routine eye exam

Men's Health Status Questionnaire (HSM)

<p>3a. Have you ever had a chest x-ray?</p> <p>3b. When did you have your most recent chest x-ray?</p> <p>3c. What was the main reason you had this chest x-ray?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 4a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 4a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>4a. Have you ever had a Spiral CT (Computed Tomography) of your chest?</p> <p>4b. When did you have your most recent Spiral CT of your chest?</p> <p>4c. What was the main reason you had this Spiral CT of your chest?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 5a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 5a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>5a. Have you ever had a digital rectal examination of the prostate?</p> <p>5b. When did you have your most recent digital rectal examination of the prostate?</p> <p>5c. What was the main reason you had this digital rectal examination of the prostate?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 6a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 6a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific prostate problem 2 <input type="checkbox"/> Follow up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

Men's Health Status Questionnaire (HSM)

<p>6a. Have you ever had a barium enema to examine your colon and rectum?</p> <p>6b. When did you have your most recent barium enema to examine your colon and rectum?</p> <p>6c. What was the main reason you had this barium enema to examine your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 7a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 7a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>7a. Have you ever had a flexible sigmoidoscopy examination of your colon and rectum?</p> <p>7b. When did you have your most recent flexible sigmoidoscopy examination of your colon and rectum?</p> <p>7c. What was the main reason you had this flexible sigmoidoscopy examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 8a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 8a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

Men's Health Status Questionnaire (HSM)

<p>8a. Have you ever had a colonoscopic examination of your colon and rectum?</p> <p>8b. When did you have your most recent colonoscopic examination of your colon and rectum?</p> <p>8c. What was the main reason you had this colonoscopic examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 9a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 9a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>9a. Have you ever had a test for blood in the stool?</p> <p>9b. When did you have your most recent test for blood in the stool?</p> <p>9c. What was the main reason you had this test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 10a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 10a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>10a. Have you ever had your blood pressure checked?</p> <p>10b. When did you have your most recent blood pressure check?</p> <p>10c. What was the main reason you had this blood pressure check?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 11a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 11a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

Men's Health Status Questionnaire (HSM)

BLOOD TESTS Please complete each question by placing a (✓) in the box next to the answer that best fits your situation. (Mark only one answer for each question.)

11a. Have you ever had a test to check your blood cholesterol level?

- 1 Yes
 2 No (GO TO ITEM 12a)
 3 Don't Know (GO TO ITEM 12a)

11b. When did you have your most recent test to check your blood cholesterol level?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 More than 3 years ago
 5 Don't Know

11c. What was the main reason you had this test to check your blood cholesterol level?

- 1 Because of a specific health problem
 2 Follow-up to a previous health problem
 3 Part of a routine physical exam

12a. Have you ever had a test to check your blood glucose (sugar) level?

- 1 Yes
 2 No (GO TO ITEM 13a)
 3 Don't Know (GO TO ITEM 13a)

12b. When did you have your most recent test to check your blood glucose (sugar) level?

- 1 Within the past year
 2 1 to 2 years ago
 3 2 to 3 years ago
 4 More than 3 years ago
 5 Don't Know

12c. What was the main reason you had this test to check your blood glucose (sugar) level?

- 1 Because of a specific health problem
 2 Follow-up to a previous health problem
 3 Part of a routine physical exam

Men's Health Status Questionnaire (HSM)											
13a. Have you ever had a PSA blood test for prostate cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 14) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 14)										
13b. When did you have your most recent PSA blood test for prostate cancer?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know										
13c. What was the main reason you had this PSA blood test for prostate cancer?	1 <input type="checkbox"/> Because of a specific prostate problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam										
14. Today's Date:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> _ _ </td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;"> _ _ </td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;"> _ _ _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">MO</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">DAY</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">YEAR</td> </tr> </table>	_ _	/	_ _	/	_ _ _ _	MO		DAY		YEAR
_ _	/	_ _	/	_ _ _ _							
MO		DAY		YEAR							

Thank you for completing this questionnaire. Please return this form to:

SC Name
Address

FOR OFFICE USE ONLY
1. Method of Administration: 1 <input type="checkbox"/> Self-Administered 2 <input type="checkbox"/> Self-Administered with Assistance 3 <input type="checkbox"/> Telephone Administered 4 <input type="checkbox"/> In-person Interview
2. If Completion Date was estimated, check: 1 <input type="checkbox"/>