

**PROSTATE CANCER CASE QUESTIONNAIRE**

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**DEMOGRAPHIC**

*Now I would like to ask you some general information about you.*

- 1. Do you consider yourself to be:
  - ( )<sub>1</sub> White/Caucasian
  - ( )<sub>2</sub> Black/African American
  - ( )<sub>3</sub> Asian
  - ( )<sub>4</sub> Native Hawaiian/Other Pacific Islander
  - ( )<sub>5</sub> American Indian/Alaska Native
  
- 2. Do you consider your self Hispanic/Latino or Non Hispanic/Latino?
  - ( )<sub>1</sub> Hispanic/Latino      ( )<sub>2</sub> Non Hispanic/Latino
  
- 3. Most people in the United States have ancestors who came from other parts of the world. Please tell me what country or countries your ancestors came from.  

---
  
- 4. What is your age? \_\_\_\_\_

**TOBACCO HISTORY: GENERAL**

*Next, I would like to ask you some questions about any smoking history you may have.*

1. Have you ever smoked more than 100 cigarettes, which is equivalent to five packs, in your life? ( )<sub>0</sub> No **(Skip to next section)** ( )<sub>1</sub> Yes

2. *Please tell me about your smoking history. I will be asking you questions about any times you may have stopped or changed your patterns. **Continue to add additional columns as needs on tablet computers.***

Period	1	2
a. In what year did you start smoking cigarettes or change your patterns?	_____	_____
b. What was the average number of cigarettes or packs per day you smoked during this time?	( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs	( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs
c. After starting, did you change your patterns or stop smoking for more than 6 months?	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Stopped smoking ( ) <sub>2</sub> changed pattern	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Stopped smoking ( ) <sub>2</sub> changed pattern
d. In what year did you stop smoking or change your patterns for more than six months?	_____	_____
	If this is a change of pattern, skip to 2a	If this is a change of pattern, skip to 2a
e. Did you start smoking again?	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Yes <b>(Skip to 2a)</b>	( ) <sub>0</sub> No <b>(Skip to 3)</b> ( ) <sub>1</sub> Yes <b>(Skip to 2a)</b>

**If R stopped smoking more than 6 months ago, Skip to next section**

3. Have you increased or decreased your amount of cigarette smoking in the last 6 months? ( )<sub>0</sub> No **(Skip to next section)** ( )<sub>1</sub> Yes

Period	1	2	3
4. How long ago did you change your level of smoking?	_____	_____	_____
	( ) <sub>1</sub> weeks ( ) <sub>2</sub> months	( ) <sub>1</sub> weeks ( ) <sub>2</sub> months	( ) <sub>1</sub> weeks ( ) <sub>2</sub> months
5a. Since then, what is the average amount of cigarettes you smoked per day?	( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs	( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs	( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs
5b. Did you change your level of smoking again?	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes <b>(Skip to 4)</b>	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes <b>(Skip to 4)</b>	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes <b>(Skip to 4)</b>

**TOBACCO HISTORY: GENERAL** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**TOBACCO HISTORY (I)**

1. 1. How many cigarettes have you smoked in the last 48 hours? \_\_\_\_\_
2. Can you tell me the brand name of the cigarettes that you smoked the longest?  
\_\_\_\_\_
3. What is the most recent brand that you smoked? \_\_\_\_\_
4. *When you were last smoking regularly, can you tell me, how soon after you (wake/woke) up (do/did) you smoke your first cigarette? (Read Responses)*
  - ( )<sub>1</sub> Within 5 minutes
  - ( )<sub>2</sub> 6 - 30 minutes
  - ( )<sub>3</sub> 31 - 60 minutes
  - ( )<sub>4</sub> After 60 minutes
5. (Do/Did) you find it difficult not to smoke in places where it is forbidden, such as a church, library, or public building? ( )<sub>0</sub> No ( )<sub>1</sub> Yes
6. Which cigarette would you (hate/have hated) most to give up?
  - ( )<sub>0</sub> None/can't decide
  - ( )<sub>1</sub> The first one in the morning
  - ( )<sub>2</sub> All others
  - ( )<sub>3</sub> After Meals
7. (Do /Did) you smoke more frequently during the first hours after waking than during the rest of the day? ( )<sub>0</sub> No ( )<sub>1</sub> Yes
8. (Do\did) you smoke if you (are/were) so ill that you (are/were) in bed most of the day?  
( )<sub>0</sub> No ( )<sub>1</sub> Yes
9. During periods when you smoke(d), (do/did) you usually smoke filter or non-filter cigarettes?
  - ( )<sub>1</sub> Filter
  - ( )<sub>2</sub> Non-Filter
  - ( )<sub>3</sub> Both
10. During periods when you smoke(d), (do/did) you usually smoke menthol or non-menthol cigarettes?
  - ( )<sub>1</sub> Menthol
  - ( )<sub>2</sub> Non-Menthol
  - ( )<sub>3</sub> Both
11. When smoking cigarettes, do/did you usually inhale?  
( )<sub>0</sub> No (**Skip to 12**) ( )<sub>1</sub> Yes

12. Did you inhale slightly, moderately, or deeply?

- ( )<sub>1</sub> Slightly
- ( )<sub>2</sub> Moderately
- ( )<sub>3</sub> Deeply

13. During your childhood, until you moved out of your childhood home, did anyone in your home smoke cigarettes?

- ( )<sub>0</sub> No ( **Skip to 15** )      ( )<sub>1</sub> Yes

14. How many people smoked in your home?      \_\_ \_\_

15. Who smoked in your home during childhood?

		1	2	3	4
<i>Please tell me their first names.</i>					
a.	What is their relationship to you?	~~~~	~~~~	~~~~	~~~~
b.	Would you say they smoked lightly, moderately, heavy or you do not know?	<input type="checkbox"/> <sub>1</sub> light <input type="checkbox"/> <sub>2</sub> moderate <input type="checkbox"/> <sub>3</sub> heavy <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> light <input type="checkbox"/> <sub>2</sub> moderate <input type="checkbox"/> <sub>3</sub> heavy <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> light <input type="checkbox"/> <sub>2</sub> moderate <input type="checkbox"/> <sub>3</sub> heavy <input type="checkbox"/> <sub>8</sub> DK	<input type="checkbox"/> <sub>1</sub> light <input type="checkbox"/> <sub>2</sub> moderate <input type="checkbox"/> <sub>3</sub> heavy <input type="checkbox"/> <sub>8</sub> DK
c.	On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home?	_____ <input type="checkbox"/> <sub>1</sub> cigarettes <input type="checkbox"/> <sub>2</sub> packs <input type="checkbox"/> <sub>3</sub> cigars <input type="checkbox"/> <sub>4</sub> pipes	_____ <input type="checkbox"/> <sub>1</sub> cigarettes <input type="checkbox"/> <sub>2</sub> packs <input type="checkbox"/> <sub>3</sub> cigars <input type="checkbox"/> <sub>4</sub> pipes	_____ <input type="checkbox"/> <sub>1</sub> cigarettes <input type="checkbox"/> <sub>2</sub> packs <input type="checkbox"/> <sub>3</sub> cigars <input type="checkbox"/> <sub>4</sub> pipes	_____ <input type="checkbox"/> <sub>1</sub> cigarettes <input type="checkbox"/> <sub>2</sub> packs <input type="checkbox"/> <sub>3</sub> cigars <input type="checkbox"/> <sub>4</sub> pipes
d.	For how many years did (he/she) smoke while you were in the home?	_____ < 1 year = 1 year	_____ < 1 year = 1 yr	_____ < 1 year = 1 yr	_____ < 1 year = 1 yr

16. As an adult, does or did your (wife/husband/partner) or anyone else smoke or smoked cigarettes in your home? (**If smoking is done only outside the home, then do not include.**)      ( )<sub>0</sub> No (**Skip to 18**)      ( )<sub>1</sub> Yes

17. How many people smoke or smoked in your home?      \_\_ \_\_

18. Who smoked in your home as an adult?

		1	2	3	4
<i>Please tell me their first names.</i>					
a.	What is their relationship to you?	~~~~	~~~~	~~~~	~~~~
b.	Would you say they smoked lightly, moderately, heavy or you do not know?	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK	( ) <sub>1</sub> light ( ) <sub>2</sub> moderate ( ) <sub>3</sub> heavy ( ) <sub>8</sub> DK
c.	On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home?	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes	_____ ( ) <sub>1</sub> cigarettes ( ) <sub>2</sub> packs ( ) <sub>3</sub> cigars ( ) <sub>4</sub> pipes
d.	For how many years did (he/she) smoke while you were in the home?	_____ < 1 year = 1 yr			
e.	Did (he/she) stop smoking while you were in the house?	( ) <sub>0</sub> No <b>(17g)</b> ( ) <sub>1</sub> Yes	( ) <sub>0</sub> No <b>(17g)</b> ( ) <sub>1</sub> Yes	( ) <sub>0</sub> No <b>(17g)</b> ( ) <sub>1</sub> Yes	( ) <sub>0</sub> No <b>(17g)</b> ( ) <sub>1</sub> Yes
f.	How long ago did (he/she) stop smoking?	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks	_____ ( ) <sub>1</sub> months ( ) <sub>2</sub> years ( ) <sub>3</sub> weeks
g.	During the last thirty days, how many cigars, pipes, or cigarettes per day did (he/she) smoke at home?	_____ 66= Deceased 77=Not living in the house			

19. Were you exposed to cigarette smoke in your work place during the last 48 hours?

- ( )<sub>0</sub> No
- ( )<sub>1</sub> Yes
- ( )<sub>2</sub> Not at work in the last 48 hours
- ( )<sub>3</sub> Not currently working (or retired)

20. In your workplace, were you employed at a job or jobs for more than five years where co-workers smoked cigarettes in your immediate area?

- ( )<sub>0</sub> No
- ( )<sub>1</sub> Yes

21. For how many years were you working a job where people smoked regularly in your immediate work area?

\_\_\_ \_\_\_ ( If 00, skip to next section)

22. How long ago has it been since you were working at a job where people smoked regularly in your immediate work area?

- ( )<sub>1</sub> Today
- ( )<sub>2</sub> \_\_\_ \_\_\_ Day(s)
- ( )<sub>3</sub> \_\_\_ \_\_\_ Month(s)
- ( )<sub>4</sub> \_\_\_ \_\_\_ Year(s)

23. Would you say you were exposed at work to cigarette smoke lightly, moderately, heavy or you do not know?

- ( )<sub>1</sub> Lightly
- ( )<sub>2</sub> Moderately
- ( )<sub>3</sub> Heavy
- ( )<sub>4</sub> Do not know

**TOBACCO HISTORY (I)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

I.D. # \_\_ - \_\_ - \_\_\_\_\_

**TOBACCO HISTORY (II)**

- 1. Have you ever smoked at least one cigar a month for more than 6 months?  
( )<sub>0</sub> No                      ( )<sub>1</sub> Yes
  
- 2. Have you ever smoked a pipe on a daily basis for more than 6 months?  
( )<sub>0</sub> No                      ( )<sub>1</sub> Yes

**TOBACCO HISTORY (II)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor



I.D. # \_\_ - \_\_ - \_\_\_\_\_

3. Have you had any alcoholic beverages such as beer, wine or liquor in the last 7 days?  
( )<sub>0</sub> No **(Skip to next section)** ( )<sub>1</sub> Yes

4. In the last seven days, how much did you drink of the following?:	Number:
a. Cans, bottles or 12 oz. glass of beer	__ __ __
b. 4 oz. glasses of wine	__ __ __
c. 1 ½ oz. shots of hard liquor or drinks containing a shot of hard liquor	__ __ __

**ALCOHOL HISTORY** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**MEDICAL HISTORY: GENERAL**

Now I would like to ask you some questions about your medical history and your health.

1. Have you ever been diagnosed with cancer (prior to your current diagnosis- if cancer case)?

( )<sub>0</sub> No (Skip to 3) ( )<sub>1</sub> Yes

2. What type of cancer(s)? \_\_\_\_\_ (cancer organ dictionary, add rows as needed)

3. What is your current weight? \_\_\_\_\_ lbs

4. What was your weight 10 years ago? \_\_\_\_\_ lbs

5. What was your weight 2 years ago? \_\_\_\_\_ lbs

6. How tall are you? \_\_\_\_\_ feet \_\_\_\_\_ inches

**MEDICAL HISTORY: GENERAL** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**MEDICAL HISTORY (CIRCUMFERENCES)**

1. Interviewer will ask: *I would now like to measure your waist circumference.*

Waist circumference (cm)

First	Second	Difference	Tolerance	Third
_ _ _ . _	_ _ _ . _	_ _ _ . _	2.0	_ _ _ . _

2. Interviewer will ask: *I would now like to measure your hip circumference.*

Hip circumference (cm)

First	Second	Difference	Tolerance	Third
_ _ _ . _	_ _ _ . _	_ _ _ . _	2.0	_ _ _ . _

**MEDICAL HISTORY: CIRCUMFERENCE** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**MEDICAL HISTORY (I)**

1. Please answer the following questions about pain relievers that you may have taken regularly during the past 5 years, at least 1 pill/week for 2 months.

Have you taken the following regularly - at least 1/week for 2 months during the past 5 years?	How many pills per day or week did you take regularly, during the past 5 years?	How long did you take regularly, during the past 5 years?	Did you take regularly one year prior to interview?
<b>a. Aspirin or aspirin containing compounds (such as Bufferin, Anacin, Ascriptin, Excedrin)</b> <input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know	_____ # pills per: <input type="checkbox"/> <sub>1</sub> day <input type="checkbox"/> <sub>2</sub> week <input type="checkbox"/> <sub>8</sub> Don't know	_____ <input type="checkbox"/> <sub>1</sub> weeks <input type="checkbox"/> <sub>2</sub> months <input type="checkbox"/> <sub>3</sub> years <input type="checkbox"/> <sub>8</sub> Don't know	<input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know
<b>b. Tylenol and acetaminophen compounds (such as Tylenol or Aspirin-free Anacin, or Excedrin-PM)</b> <input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know	_____ # pills per: <input type="checkbox"/> <sub>1</sub> day <input type="checkbox"/> <sub>2</sub> week <input type="checkbox"/> <sub>8</sub> Don't know	_____ <input type="checkbox"/> <sub>1</sub> weeks <input type="checkbox"/> <sub>2</sub> months <input type="checkbox"/> <sub>3</sub> years <input type="checkbox"/> <sub>8</sub> Don't know	<input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know
<b>c. Pain relievers not containing aspirin or Tylenol (such as Aleve, Ibuprofen, Motrin, Advil, Nuprin, Naprosyn, Feldene, Indocin, Clinoril)</b> <input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know	_____ # pills per: <input type="checkbox"/> <sub>1</sub> day <input type="checkbox"/> <sub>2</sub> week <input type="checkbox"/> <sub>8</sub> Don't know	_____ <input type="checkbox"/> <sub>1</sub> weeks <input type="checkbox"/> <sub>2</sub> months <input type="checkbox"/> <sub>3</sub> years <input type="checkbox"/> <sub>8</sub> Don't know	<input type="checkbox"/> <sub>0</sub> no <input type="checkbox"/> <sub>1</sub> yes <input type="checkbox"/> <sub>8</sub> Don't know

2.	Did a doctor ever tell you that you had?	Yes/No	How old were you when you were first diagnosed? DK = 888, condition at birth =000
a.	Chronic bronchitis	<input type="checkbox"/> <sub>0</sub> No <b>(Skip to 1b)</b> <input type="checkbox"/> <sub>1</sub> Yes	____ _
b.	Emphysema	<input type="checkbox"/> <sub>0</sub> No <b>(Skip to 1c)</b> <input type="checkbox"/> <sub>1</sub> Yes	____ _
c.	Asthma (check all that apply) <input type="checkbox"/> Childhood <input type="checkbox"/> Adult	<input type="checkbox"/> <sub>0</sub> No <b>(Skip to 1d)</b> <input type="checkbox"/> <sub>1</sub> Yes	____ _

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d.	Tuberculosis	( ) <sub>0</sub> No <b>(Skip to 1e)</b> ( ) <sub>1</sub> Yes	___ ___ ___
e.	Asbestosis	( ) <sub>0</sub> No <b>(Skip to 1f)</b> ( ) <sub>1</sub> Yes	___ ___ ___
f.	COPD (Chronic Obstructive Pulmonary Disease)	( ) <sub>0</sub> No <b>(Skip to 1g)</b> ( ) <sub>1</sub> Yes	___ ___ ___
g.	Pneumonia	( ) <sub>0</sub> No <b>(Skip to 1h)</b> ( ) <sub>1</sub> Yes	___ ___ ___
h.	Lung disease, other than cancer (specify) *do not include current lung cancer _____	( ) <sub>0</sub> No <b>(Skip to 1i)</b> ( ) <sub>1</sub> Yes	___ ___ ___
i.	Diabetes (check all that apply) ( ) Childhood ( ) Adult	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	___ ___ ___

**MEDICAL HISTORY (I)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**MEDICAL HISTORY (II)**

- 1. Are you now taking insulin?    ( )<sub>0</sub> No    **(Skip to 4)**    ( )<sub>1</sub> Yes
- 2. At what age did you begin to take insulin?    \_\_\_ \_\_\_ years
- 3. For what reason do you take insulin? \_\_\_\_\_ □□
- 4. Are you now taking pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents? ( )<sub>0</sub> No    **(Skip to 7)**    ( )<sub>1</sub> Yes
- 5. At what age did you begin to take hypoglycemic agents?    \_\_\_ \_\_\_ years
- 6. For what reason do you take hypoglycemic agents? \_\_\_\_\_ □□

7.	Have you ever taken the following medication?	Yes/No	When did you start taking the medicine or drug? (Year)	If you stopped taking the medication or drug, when did you stop? (Year)	For how many years in total have you been taking the medication or drug?
a.	Proscar	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes ( ) <sub>2</sub> Don't know	_____	_____	_____
b.	Propecia	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes ( ) <sub>2</sub> Don't know	_____	_____	_____
c.	Viagra	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes ( ) <sub>2</sub> Don't know	_____	_____	_____
d.	Androgen supplements (such as DHEA, Androstenedione, Norandrostenedione)	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes ( ) <sub>2</sub> Don't know	_____	_____	_____
e.	Body-building or performance enhancing agents	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes ( ) <sub>2</sub> Don't know	_____	_____	_____

- 8. During a typical night, how many times do you wake up to urinate?
  - ( )<sub>0</sub> never    **(Skip to 10)**
  - ( )<sub>1</sub> once    **(Skip to 10)**
  - ( )<sub>2</sub> twice
  - ( )<sub>3</sub> three times
  - ( )<sub>4</sub> more than three times
- 9. How old were you when you first began waking to urinate more than once a night on a regular basis?    \_\_\_ \_\_\_ years

10. Were you ever treated by a doctor for a urinary tract infection since the age of 25?  
 <sub>0</sub> No                       <sub>1</sub> Yes

11. How old were you when your doctor first told you that you had a urinary tract infection?                      \_\_\_ \_\_ years

12. Have you had a vasectomy, that is a sterilization operation for men?  
 <sub>0</sub> No **(Skip to 14)**                       <sub>1</sub> Yes

13. How old were you when you had a vasectomy?                      \_\_\_ \_\_ years

14. Are you circumcised?  <sub>0</sub> No **(Skip to 16)**                       <sub>1</sub> Yes

15. At what age were you circumcised?  
 <sub>1</sub> newborn  
 <sub>2</sub> other (specify in years) \_\_\_\_\_

16. Did a doctor ever tell you that you had a problem with your prostate or a disorder of the prostate?  
 <sub>0</sub> No **(Skip to 18)**                       <sub>1</sub> Yes

17.	Did a doctor ever tell you that you had:	Yes/No	How old were you when you were diagnosed?
a.	an enlarged prostate or benign prostatic hypertrophy	<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> Don't know	___ __
b.	an inflamed prostate or prostatitis	<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> Don't know	___ __
c.	some other problem or disorder related to the urinary tract (specify) _____ □ □	<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> Don't know	___ __

18. Have you ever had any prostate surgery?  <sub>0</sub> No **(Skip to 21)**                       <sub>1</sub> Yes

19. How many prostate surgeries have you had? \_\_\_\_\_

20.	Year of last surgery	Hospital name	City	State
a.				
b.				
c.				

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21.	Did a doctor ever tell you that you had:	Yes/No	How old were you when you were first diagnosed?	How many times altogether have you had (disease)?
a.	Gonorrhea	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	_____	_____
b.	Syphilis	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	_____	_____
c.	Other venereal or sexually transmitted disease (Specify) _____ □□	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes	_____	_____

**MEDICAL HISTORY (II)** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

I.D. # \_\_ - \_\_ - \_\_\_\_\_

**FAMILY HISTORY: GENERAL**

Now, I would like to learn about the members of your family.

1. Has anyone in your family that is related to you by blood, ever been told they have cancer, include children, parents, grandparents, brothers, sisters?

( )<sub>0</sub> No (**Skip to next section**) ( )<sub>1</sub> Yes

Add rows as needed

2. Which relative?	First name	Where did the cancer start? DK = 888
a. shortened dictionary <input type="checkbox"/> <input type="checkbox"/>		(DICTIONARY ADDED INTO TABLET COMPUTERS) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. shortened dictionary <input type="checkbox"/> <input type="checkbox"/>		(DICTIONARY ADDED INTO TABLET COMPUTERS) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**FAMILY HISTORY: GENERAL** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**FAMILY HISTORY (I)**

1. Has anyone in your family that is related to you by blood, ever been told he had an inflamed prostate or prostatitis? Include your sons, brothers, grandsons, father, paternal grandfather, maternal grandfather.

( )<sub>0</sub> No (**Skip to 3**)      ( )<sub>1</sub> Yes

Add rows as needed on Tablet computer

2. Which relative?	First name	How old were they when they were diagnosed?
a. shorten dictionary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		( ) <sub>1</sub> <20    ( ) <sub>5</sub> 50-59 ( ) <sub>2</sub> 20-29    ( ) <sub>6</sub> 60-69 ( ) <sub>3</sub> 30-39    ( ) <sub>7</sub> > 70 ( ) <sub>4</sub> 40-49    ( ) <sub>8</sub> Don't know
b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		( ) <sub>1</sub> <20    ( ) <sub>5</sub> 50-59 ( ) <sub>2</sub> 20-29    ( ) <sub>6</sub> 60-69 ( ) <sub>3</sub> 30-39    ( ) <sub>7</sub> > 70 ( ) <sub>4</sub> 40-49    ( ) <sub>8</sub> Don't know
c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		( ) <sub>1</sub> <20    ( ) <sub>5</sub> 50-59 ( ) <sub>2</sub> 20-29    ( ) <sub>6</sub> 60-69 ( ) <sub>3</sub> 30-39    ( ) <sub>7</sub> > 70 ( ) <sub>4</sub> 40-49    ( ) <sub>8</sub> Don't know

3. Has anyone in your family that is related to you by blood, ever been told he had benign prostatic hypertrophy or an enlarged prostate? Include your sons, brothers, grandsons, father, paternal grandfather, maternal grandfather.

( )<sub>0</sub> No (**Skip to next section**)    ( )<sub>1</sub> Yes

Add rows as needed on Tablet computer

4. Which relative?	First name	How old were they when they were diagnosed?
a. shorten dictionary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		( ) <sub>1</sub> <20    ( ) <sub>5</sub> 50-59 ( ) <sub>2</sub> 20-29    ( ) <sub>6</sub> 60-69 ( ) <sub>3</sub> 30-39    ( ) <sub>7</sub> > 70 ( ) <sub>4</sub> 40-49    ( ) <sub>8</sub> Don't know
b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		( ) <sub>1</sub> <20    ( ) <sub>5</sub> 50-59 ( ) <sub>2</sub> 20-29    ( ) <sub>6</sub> 60-69 ( ) <sub>3</sub> 30-39    ( ) <sub>7</sub> > 70 ( ) <sub>4</sub> 40-49    ( ) <sub>8</sub> Don't know

**FAMILY HISTORY (II)**    ( )<sub>1</sub> Very good    ( )<sub>2</sub> Good    ( )<sub>3</sub> Fair    ( )<sub>4</sub> Poor

**OCCUPATIONAL HISTORY**

*Next, I would like to ask you some questions about your current and past jobs.*

1. Are you currently employed?     ( )<sub>0</sub> No (**Skip to 3**)     ( )<sub>1</sub> Yes
  
2. What is your current job title? \_\_\_\_\_ ~~~
  
3. What is or was your usual occupation for your adult life? That is, what occupation did you work at the longest during your adult life?  
 (If R never worked, Skip to next section)     ~ Never worked  
 \_\_\_\_\_ ~~~
  
4. What is or was your usual activities in this job? (Relates to Question 3)  
 \_\_\_\_\_
  
5. In what kind of business or industry did you work the longest in your life?  
 \_\_\_\_\_ ~~~

6. Have you ever had a job in the following industries?	Fill in Yes or No	What was your job title? (Code)	In what year did you start working there?	What year were you last employed there? (Still employed=7777)
a. Shipbuilding	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
b. Construction	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
c. Fishing	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
d. Lumber, wood, furniture, manufacturing or paper	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
e. Petrochemical	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
f. Metal refining, manufacturing, polishing or plating	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
g. Chemical Manufacturing	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
h. Cement Manufacture	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
i. Demolition	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
j. Steel mill or foundry	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
k. Dye industry	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____
l. Hazardous waste removal	( ) <sub>0</sub> No ( ) <sub>1</sub> Yes		_____	_____

**OCCUPATIONAL HISTORY**    ( )<sub>1</sub> Very good    ( )<sub>2</sub> Good    ( )<sub>3</sub> Fair    ( )<sub>4</sub> Poor



8. If yes, how much weight did you lose?

- ( )<sub>0</sub> more than 40 pounds
- ( )<sub>1</sub> 21-40 pounds
- ( )<sub>2</sub> 10-20 pounds

9. Was your weight loss on purpose? ( )<sub>0</sub> No ( )<sub>1</sub> Yes

10. How would you describe your chest hair density?

- ( )<sub>0</sub> thick
- ( )<sub>1</sub> medium
- ( )<sub>2</sub> thin
- ( )<sub>3</sub> no hairs

11. Have you experienced any permanent hair loss from your scalp since you were twenty years old? ( )<sub>0</sub> No **(Skip to 13)** ( )<sub>1</sub> Yes

12. If yes, at what age did the hair loss begin? \_\_\_\_\_ years

13. Interviewer: Please indicate hair thickness

- ( )<sub>0</sub> thick
- ( )<sub>1</sub> medium
- ( )<sub>2</sub> thin
- ( )<sub>3</sub> no hairs

14. Interviewer: Please indicate hair pattern on dome

- ( )<sub>0</sub> no evident loss
- ( )<sub>1</sub> some loss
- ( )<sub>2</sub> patterned baldness
- ( )<sub>3</sub> few hairs
- ( )<sub>4</sub> no hairs

Some loss



Patterned baldness



15. Have you ever used any hair growth products? ( )<sub>0</sub> No ( )<sub>1</sub> Yes

16. Are you using a wig or toupee? ( )<sub>0</sub> No ( )<sub>1</sub> Yes

**Anthropometry** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor

**Nutrition Section**

Now I would like to learn more about your typical eating and drinking habits.

1. During the past 6 months, how often have you eaten meat? (*Includes chicken, beef, pork and lamb but not fish*)

( )<sub>0</sub> daily  
 ( )<sub>1</sub> 4-6 per week  
 ( )<sub>2</sub> 2-3 per week  
 ( )<sub>3</sub> once per week  
 ( )<sub>4</sub> 1-3 per month  
 ( )<sub>5</sub> never or less than once a month

2. Two years ago, how often did you eat meat? (*Includes chicken, beef, pork and lamb but not fish*)

( )<sub>0</sub> as frequently as it has been in the past 6 months  
 ( )<sub>1</sub> daily  
 ( )<sub>2</sub> 4-6 per week  
 ( )<sub>3</sub> 2-3 per week  
 ( )<sub>4</sub> once per week  
 ( )<sub>5</sub> 1-3 per month  
 ( )<sub>6</sub> never or less than once a month

3. How much meat do you usually eat per serving? (*Includes chicken, beef, pork and lamb but not fish*)

For help: three ounces of meat is about the size of a cassette tape or a deck of cards.

( )<sub>0</sub> more than 12 ounces  
 ( )<sub>1</sub> 7-12 ounces  
 ( )<sub>2</sub> 3-6 ounces  
 ( )<sub>3</sub> less than 3 ounces, but still eats meat  
 ( )<sub>4</sub> never eats meat

4. During the past 6 months, how often have you eaten beef or lamb (includes steaks, stew, hamburger, roast, or hotdog)?

( )<sub>0</sub> daily  
 ( )<sub>1</sub> 4-6 per week  
 ( )<sub>2</sub> 2-3 per week  
 ( )<sub>3</sub> once per week  
 ( )<sub>4</sub> 1-3 per month  
 ( )<sub>5</sub> never or less than once a month

5. During the past 6 months, how often have you eaten pork (includes bacon, chops, roast, or sausage)? ( )<sub>0</sub> daily

( )<sub>1</sub> 4-6 per week  
 ( )<sub>2</sub> 2-3 per week  
 ( )<sub>3</sub> once per week  
 ( )<sub>4</sub> 1-3 per month  
 ( )<sub>5</sub> never or less than once a month

6. During the past 6 months, how often have you eaten poultry (includes chicken, turkey, or duck)?
- ( )<sub>0</sub> daily
  - ( )<sub>1</sub> 4-6 per week
  - ( )<sub>2</sub> 2-3 per week
  - ( )<sub>3</sub> once per week
  - ( )<sub>4</sub> 1-3 per month
  - ( )<sub>5</sub> never or less than once a month

7. How is your meat usually cooked? (*Includes chicken, beef, pork and lamb but not fish*) **(Code all that apply)**

- ( )<sub>0</sub> never eats meat (**skip to question 10**)
- ( )<sub>1</sub> eats meat

	How is your meat usually cooked?	
a.	baked	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
b.	boiled	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
c.	fried	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
d.	grilled	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
e.	steamed	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
f.	microwaved	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
e.	broiled	( ) <sub>0</sub> no ( ) <sub>1</sub> yes

8. Which method do you use most often? (*Includes chicken, beef, pork and lamb but not fish*)

- ( )<sub>0</sub> baked
- ( )<sub>1</sub> boiled
- ( )<sub>2</sub> fried
- ( )<sub>3</sub> grilled
- ( )<sub>4</sub> steamed
- ( )<sub>5</sub> microwaved
- ( )<sub>6</sub> broiled
- ( )<sub>7</sub> never eats meat

9. The red meat you eat is usually (*Includes beef and pork*)

- ( )<sub>0</sub> well done
- ( )<sub>1</sub> medium
- ( )<sub>2</sub> rare
- ( )<sub>3</sub> never eats meat

10. How often do you eat fish? (*Fresh fish, not canned fish*)

- ( )<sub>0</sub> daily
- ( )<sub>1</sub> 4-6 per week
- ( )<sub>2</sub> 2-3 per week
- ( )<sub>3</sub> once per week
- ( )<sub>4</sub> 1-3 per month
- ( )<sub>5</sub> never or less than once a month

11. How much fish do you usually eat per serving?

For help: three ounces of grilled fish is the size of a typical checkbook.

- ( )<sub>0</sub> more than 12 ounces
- ( )<sub>1</sub> 7-12 ounces
- ( )<sub>2</sub> 3-6 ounces
- ( )<sub>3</sub> less than 3 ounces

12. What kinds of fat is used in the foods you eat? (**Code all that apply**)

- ( )<sub>0</sub> none (**skip to question 13**)
- ( )<sub>1</sub> eats fat

	What kinds of fat used in the foods you eat?	
a.	butter	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
b.	bacon-fat	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
c.	margarine	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
d.	olive oil	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
e.	canola oil	( ) <sub>0</sub> no ( ) <sub>1</sub> yes
f.	other oils	( ) <sub>0</sub> no ( ) <sub>1</sub> yes

13. During the past 6 months, how often did you have bacon-fat or drippings in your meals (includes breakfast, lunch, dinner)?

- ( )<sub>0</sub> two-times or more per day
- ( )<sub>1</sub> once per day
- ( )<sub>2</sub> 4-6 per week
- ( )<sub>3</sub> 2-3 per week
- ( )<sub>4</sub> once per week
- ( )<sub>5</sub> less than once per week
- ( )<sub>6</sub> none or less than once per month

14. Two years ago, how often did you have bacon-fat or drippings in your meals?
- ( )<sub>0</sub> as frequently as it has been in the past 6 months
  - ( )<sub>1</sub> twice per day
  - ( )<sub>2</sub> once per day
  - ( )<sub>3</sub> 4-6 per week
  - ( )<sub>4</sub> 2-3 per week
  - ( )<sub>5</sub> once per week
  - ( )<sub>6</sub> less than once per week
  - ( )<sub>7</sub> none or less than once per month
15. During the past 6 months, how much butter have you eaten per week?  
For help: eight tablespoons of butter are equal to a stick of butter
- ( )<sub>0</sub> more than 24 tablespoons (or more than 3 sticks)
  - ( )<sub>1</sub> 17-24 tablespoons (or 2-3 sticks)
  - ( )<sub>2</sub> 9-16 tablespoons (or 1-2 sticks)
  - ( )<sub>3</sub> 8 tablespoons or less (or less than a stick)
  - ( )<sub>4</sub> none
16. Two years ago, how much butter did you eat per week?
- ( )<sub>0</sub> more than 24 tablespoons (or more than 3 sticks)
  - ( )<sub>1</sub> 17-24 tablespoons (or 2-3 sticks)
  - ( )<sub>2</sub> 9-16 tablespoons (or 1-2 sticks)
  - ( )<sub>3</sub> 8 tablespoons or less (or less than 1 stick)
  - ( )<sub>4</sub> none
17. During the past 6 months, how often have you eaten vegetables (includes garlic, onions)?
- ( )<sub>0</sub> daily
  - ( )<sub>1</sub> 4-6 per week
  - ( )<sub>2</sub> 2-3 per week
  - ( )<sub>3</sub> once per week
  - ( )<sub>4</sub> 1-3 per month
  - ( )<sub>5</sub> never or less than once a month
18. Two years ago, how often did you eat vegetables (includes garlic, onions)?
- ( )<sub>0</sub> as frequently as it has been in the past 6 months
  - ( )<sub>1</sub> daily
  - ( )<sub>2</sub> 4-6 per week
  - ( )<sub>3</sub> 2-3 per week
  - ( )<sub>4</sub> once per week
  - ( )<sub>5</sub> 1-3 per month
  - ( )<sub>6</sub> never or less than once a month

19. How many vegetables do you usually eat per serving?

For help: Your fist is approximately one cup.

- )<sub>0</sub> 2 cups or more
- )<sub>1</sub> between 1 and 2 cups
- )<sub>2</sub> ½ cup to 1 cup
- )<sub>3</sub> less than ½ a cup
- )<sub>4</sub> none

20. How are your vegetables usually cooked?

- )<sub>0</sub> steamed
- )<sub>1</sub> sauteed
- )<sub>2</sub> boiled
- )<sub>3</sub> fried
- )<sub>4</sub> microwaved
- )<sub>5</sub> fresh/uncooked
- )<sub>6</sub> never eats vegetables

21. Over the past 6 months, how often did you eat broccoli (fresh or frozen)?

- )<sub>0</sub> never (**Skip to question 23**)
- )<sub>1</sub> less than once per month
- )<sub>2</sub> 2-3 times per month
- )<sub>3</sub> 1 time per week
- )<sub>4</sub> 2 times per week
- )<sub>5</sub> 3-4 times per week
- )<sub>6</sub> 5-6 times per week
- )<sub>7</sub> 1 time per day
- )<sub>8</sub> 2 or more times per day

22. Each time you ate broccoli, how much did you usually eat?

For help: Your fist is approximately one cup.

- )<sub>0</sub> Less than 1/4 cup
- )<sub>1</sub> 1/4 to 1 cup
- )<sub>2</sub> More than 1 cup

23. During the past 6 months, how often have you eaten garlic?

- )<sub>0</sub> daily
- )<sub>1</sub> 4-6 per week
- )<sub>2</sub> 2-3 per week
- )<sub>3</sub> once per week
- )<sub>4</sub> 1-3 per month
- )<sub>5</sub> never or less than once a month

24. Two years ago, how often did you eat garlic?
- )<sub>0</sub> as frequently as it has been in the past 6 months
  - )<sub>1</sub> daily
  - )<sub>2</sub> 4-6 per week
  - )<sub>3</sub> 2-3 per week
  - )<sub>4</sub> once per week
  - )<sub>5</sub> 1-3 per month
  - )<sub>6</sub> never or less than once a month
25. How much fresh garlic do you have in your food per week?
- )<sub>0</sub> more than 2 heads
  - )<sub>1</sub> 2 heads
  - )<sub>2</sub> 1 head
  - )<sub>3</sub> half a head
  - )<sub>4</sub> a clove
  - )<sub>5</sub> none
26. During the past 6 months, how often have you eaten onions?
- )<sub>0</sub> daily
  - )<sub>1</sub> 4-6 per week
  - )<sub>2</sub> 2-3 per week
  - )<sub>3</sub> once per week
  - )<sub>4</sub> 1-3 per month
  - )<sub>5</sub> never or less than once a month
27. Two years ago, how often did you eat onions?
- )<sub>0</sub> as frequently as it has been in the past 6 months
  - )<sub>1</sub> daily
  - )<sub>2</sub> 4-6 per week
  - )<sub>3</sub> 2-3 per week
  - )<sub>4</sub> once per week
  - )<sub>5</sub> 1-3 per month
  - )<sub>6</sub> never or less than once a month
28. How many onions do you eat with your food per week?
- )<sub>0</sub> more than 4 onions
  - )<sub>1</sub> 3-4 onions
  - )<sub>2</sub> 2 onions
  - )<sub>3</sub> 1 onion
  - )<sub>4</sub> half an onion or less
  - )<sub>5</sub> none

29. How often do you eat other types of allium vegetables such as leek, chives or scallions?

- )<sub>0</sub> daily
- )<sub>1</sub> 4-6 per week
- )<sub>2</sub> 2-3 per week
- )<sub>3</sub> once per week
- )<sub>4</sub> 1-3 per month
- )<sub>5</sub> never or less than once a month

30. During the past 6 months, how often have you eaten fresh tomatoes?

- )<sub>0</sub> daily
- )<sub>1</sub> 4-6 per week
- )<sub>2</sub> 2-3 per week
- )<sub>3</sub> once per week
- )<sub>4</sub> 1-3 per month
- )<sub>5</sub> never or less than once a month

31. Two years ago, how often did you eat fresh tomatoes?

- )<sub>0</sub> as frequently as it has been in the past 6 months
- )<sub>1</sub> daily
- )<sub>2</sub> 4-6 per week
- )<sub>3</sub> 2-3 per week
- )<sub>4</sub> once per week
- )<sub>5</sub> 1-3 per month
- )<sub>6</sub> never or less than once a month

32. How many fresh tomatoes do you eat per week?

- )<sub>0</sub> more than 10
- )<sub>1</sub> 6-10
- )<sub>2</sub> 3-5
- )<sub>3</sub> 1-2
- )<sub>4</sub> less than one

33. How often do you eat food with processed tomatoes (puree, sauce)?

Examples are: spaghetti or pizza with tomato sauce.

- )<sub>0</sub> daily
- )<sub>1</sub> 4-6 per week
- )<sub>2</sub> 2-3 per week
- )<sub>3</sub> once per week
- )<sub>4</sub> 1-3 per month
- )<sub>5</sub> never or less than once a month

I.D. # \_ - \_ - \_ \_ \_ \_ \_

34. How often do you have ketchup with your food?

- ( )<sub>0</sub> daily
- ( )<sub>1</sub> 4-6 per week
- ( )<sub>2</sub> 2-3 per week
- ( )<sub>3</sub> once per week
- ( )<sub>4</sub> 1-3 per month
- ( )<sub>5</sub> never or less than once a month (**Skip to next section**)

35. How much ketchup do you usually eat per meal?

- ( )<sub>0</sub> more than 6 tablespoons
- ( )<sub>1</sub> 4-6 tablespoons
- ( )<sub>2</sub> 1-3 tablespoons
- ( )<sub>3</sub> less than 1 tablespoon

**NUTRITION** ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor



First get specimen samples and then provide reimbursement of \$50.

- Blood Specimen Collected
- Urine Specimen Collected

**INTERVIEWER REMARKS**

1. Interview was conducted:
  - ( )<sub>1</sub> Home
  - ( )<sub>2</sub> Hospital - inpatient
  - ( )<sub>3</sub> Hospital - outpatient
  - ( )<sub>4</sub> One of the Study Offices
  - ( )<sub>5</sub> Other
  
2. Respondent's cooperation was:
  - ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor
  
3. The overall quality of the interview was:
  - ( )<sub>1</sub> Very good ( )<sub>2</sub> Good ( )<sub>3</sub> Fair ( )<sub>4</sub> Poor
  
4. Did any of the following occur during the interview?
  - a. R did not know enough information regarding the topics ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - b. R did not want to be more specific ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - c. R did not understand or speak English well ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - d. R was upset or depressed ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - e. R had poor hearing or speech ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - f. R was confused by frequent interruptions ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - g. R was emotionally unstable ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - h. Others helped with the answers ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - i. R required a lot of probing ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - j. Patient was reserved ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - k. R was physically ill ( )<sub>0</sub> No ( )<sub>1</sub> Yes
  - l. Other, specify \_\_\_\_\_ ( )<sub>0</sub> No ( )<sub>1</sub> Yes

5. Comments/Remarks:

---

### Sexual History

This section is self-administered, and the person will be given 20 min to complete this section.

1. At what age did you experience puberty (voice change, growth of pubic hair)?  
\_\_ \_\_ years

2. How many live-born children have you fathered? Do not include any stepchildren, foster children, or adopted children.  
\_\_ \_\_ \_\_ (If zero, skip to 4)

3. How old were you when your first child was born? \_\_ \_\_ years

4. How old were you when you first had sexual intercourse? \_\_ \_\_ years

5. Throughout your life, what is the total number of partners with whom you have had sexual intercourse?  
( )<sub>1</sub> less than 5  
( )<sub>2</sub> 5 to 9  
( )<sub>3</sub> 10 to 19  
( )<sub>4</sub> 20 to 39  
( )<sub>5</sub> 40 or more

6. Have you ever tried to conceive a child for one year or more without success?  
( )<sub>0</sub> No (Skip to 8)  
( )<sub>1</sub> Yes

7. Did a doctor ever say that you had a problem that might be related to your difficulty in conceiving a child? If so, what was the problem? \_\_\_\_\_ □□

	In your teens	In your 20s	In your 30s	In your 40s	In your 50s	In your 60s	In your 70s	
8. When you were (age group) with how many different partners did you have intercourse?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 4 5-9 <input type="checkbox"/> 5 10-19 <input type="checkbox"/> 6 20-39 <input type="checkbox"/> 7 40 or more
9. If you think back to when you were (age group), and you think about the period of time in that decade when you had sexual intercourse, how often would you say you had sexual intercourse per year?	_____ times per <input type="checkbox"/> month <input type="checkbox"/> year							

