

--	--	--	--	--

First, can you confirm your name, address and date of birth?	start time:		:		am	pm
--	-------------	--	---	--	----	----

I.

start time: : am pm

[illegible]**Zip Code**

$$\boxed{}\boxed{} / \boxed{}\boxed{} / \boxed{}\boxed{}\boxed{}\boxed{}$$

→ GO TO CONSENT

		/			/				
--	--	---	--	--	---	--	--	--	--

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		:		
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If participant did consent to future contact, read the following:]

On the consent forms we just completed, you indicated that you would be willing to let us contact you again if we have more questions we would like to ask.

E-MAIL ADDRESS: **1a1.** In case we have difficulty contacting you, can we reach you by email? Yes ☐ No ☐

[illegible]

1a2. Can we reach you by a cell phone number? **CELL NUMBER** Yes ☐ No ☐

er? **CELL NUMBER** Yes ☐ No ☐
() -

1a3. Can we reach you at work? **WORK NUMBER** Yes ☐ No ☐

WORK NUMBER Yes ☐ No ☐
() -

1b. In case we have difficulty contacting you, can you give us a name, address, and phone number of a friend or relative who could help us get in touch with you?

[illegible][illegible]

City														State		Zip Code										
																						-				

Home Telephone - **Cell or Mobile Phone** -

Work Phone

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-

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E-MAIL Address																					-				-								

DoD MEDICATION SURVEY

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The intent is for the study subject to collect all medications (prescription, over the counter including vitamins, herbals, dietary supplements, etc.) used in the past 2 weeks or their containers prior to the in-home visit at which time the nurse/interviewer will record and review medication use.

Section A. MEDICATION COLLECTION

1. Do you have all of the medications you used in the past two weeks, or their containers?

- ☐ Yes → **Skip to Section B. 1**
- ☐ No

2. Is this because you have not taken any medications in the last two weeks, because you forgot or were unable to collect your medications?

- ☐ Took no meds **Skip to Section B. 21**
- ☐ Forgot/Unable to collect meds

Skip to Screening for Specimen Collection Form



SCREENING FOR SPECIMEN COLLECTION

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Although the analyses performed on the biologic samples are a very important component of the study, you may decline specimen collection.

Prior to collecting specimens, confirm that the consent form has been signed. ☐ Yes

1. When was the last time you took anything by mouth other than water?

Date: / / Time: : am pm

I'm going to ask you some questions that will help me determine whether you can safely donate samples for the study.

2. Do you have a bleeding disorder?

☐ No

[Additional explanation: If you have a bleeding disorder you would have symptoms like frequent nose bleeds, or very easy bruising, or problems with bleeding after being cut.]

☐ Yes

☐ Don't Know

If yes, document the nature of the bleeding disorder below and determine whether to proceed with the blood or fat collection. If blood and/or fat collection is contraindicated, check the 'Contraindicated' box on the appropriate collection forms.

3. Do you take Coumadin, Warfarin pills, or other blood thinners _____?

☐ No

If yes...

Last date took meds:

/ /

Last time took meds:

: am pm

☐ Yes

☐ Don't Know

Monitor venipuncture site carefully throughout the interview and instruct the patient to leave bandage in place for at least 4 hours.

If don't know, check current medications before continuing.

☐ Yes

☐ No

4. Have you ever had problems giving blood?

☐ No

[Additional explanation: Have you ever gotten dizzy or faint, or have you ever lost consciousness, fainted or "passed out" when you were having a blood sample taken? Have you ever had problems with having blood taken from a particular vein?]

☐ Yes

☐ Don't Know

If yes, document the nature of the problem below and determine whether to proceed with the blood or fat collection. If blood and/or fat collection is contraindicated, check the 'Contraindicated' box on the appropriate collection forms.

5. Have you ever had an allergic reaction to a local anesthetic?

☐ No

[Additional explanation: Local anesthetics are shots or injections that are given to numb the mouth before dental work, or to numb the skin before stitching cuts or wounds. Allergic reactions include severe itching, redness and swelling from the shot. Sometimes people who are allergic will have trouble breathing because of the shot, but this is very rare.]

☐ Yes

☐ Don't Know

If yes, check the 'Contraindicated' box on the fat collection form and document the nature of the problem below.



TOENAIL COLLECTION FORM

--	--	--	--	--

☐ REFUSED

☐ PENDING

☐ COLLECTED

Date of Toenail Collection:

--	--

 /

--	--

 /

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Interviewer: If toenails were not trimmed prior to the interview, perform all of the following procedures:

- a.** Check to see if the patient still has the toenail collection kit, and provide a new toenail collection kit if needed: ☐ Yes
- b.** Give the patient a return mailer and review the instructions for collecting and returning toenail samples by mail. ☐ Yes
- c.** Check the 'Pending' box above.



URINE COLLECTION FORM

--	--	--	--	--

☐ REFUSED

☐ CONTRAINDICATED

☐ UNSUCCESSFUL

☐ COLLECTED

Date of Urine Sample:

--	--

 /

--	--

 /

--	--	--	--

Time of Urine Sample:

--	--

 :

--	--

am **pm**



--	--	--	--	--

Respondent's Reported Measurements:

--	--

- lbs**

--	--	--

1

1

lbs

--	--	--

1

11

ft

--	--

inches

--	--

7

7

cm

--	--	--

7

11

kg

			.	
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7

11

cm

--	--	--

9

cm

--	--	--

7



BLOOD COLLECTION FORM

--	--	--	--	--

☐ REFUSED

☐ CONTRAINDICATED

☐ UNSUCCESSFUL

☐ COLLECTED

Date of Blood Draw: / /

Time of Blood Draw: : am pm

Number of Red-Top Tubes Drawn:

Number of Lavender Tubes Drawn:

Number of Yellow-Top Tubes Drawn:

Interviewer: Initial below to confirm that instructions for care of the venipuncture site were reviewed with the patient.

I have reviewed the post care instruction with patient.

initials:

Significant Events: Document any significant events below. Submit a Significant Event Report to the Project Manager.



FAT COLLECTION FORM

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☐ REFUSED

☐ CONTRAINDICATED

☐ UNSUCCESSFUL

☐ COLLECTED

Date of Fat Draw:

--	--

 /

--	--

 /

--	--	--	--

Time of Fat Draw:

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 :

--	--

am pm

Interviewer: Initial below to confirm that instructions for care of the fat aspirate site were reviewed with the patient.

I have reviewed the post care instruction with patient.

initials:

--

Significant Events: Document any significant events below. Submit a Significant Event Report to the Project Manager.

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Section end time:

--	--

 :

--	--

am pm



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61555



a.

b.

c.

MEDICATION NAME**CONCENTRATION (includes units)****Did you take this medication in the past 24 hours?**

15.

conc.

units

use? ☐ Yes ☐ No ☐ UNK

16.

conc.

units

use? ☐ Yes ☐ No ☐ UNK

17.

conc.

units

use? ☐ Yes ☐ No ☐ UNK

18.

conc.

units

use? ☐ Yes ☐ No ☐ UNK

19.

conc.

units

use? ☐ Yes ☐ No ☐ UNK

20.

conc.

units

use? ☐ Yes ☐ No ☐ UNK

21. Total Number of Medications:

--	--

22. Number of meds unable to transcribe:

--	--

BACKGROUND QUESTIONNAIRE

Now, I'm going to ask some general questions about your background and habits. Many people have never been in an interview like this, so I'll start by explaining how it works. I am going to read you a set of questions, which everyone in the study will be asked. Sometimes I'll ask you to answer in your own words. For other questions, I'll give you a list of choices and ask you to pick the one that fits best. Try to answer the questions carefully and completely as you can. All of your answers will be combined with others so no one will be able to tell what your particular answers were. Even so, you don't have to answer any questions that you don't want to. If there's any question you don't want to answer please tell me, and I'll just move on to the next one.

start time: : am pm

1. First, are you presently married, living as married, widowed, separated, divorced, or have you never married?

☐ Married/Living as ☐ Widowed ☐ Separated ☐ Divorced ☐ Single/Never ☐ Refused

2. How many other people live in your home with you?

number ☐ Don't Know ☐ Refused

2a. How long have you lived here?

years months ☐ Don't Know ☐ Refused

3. Do you consider yourself to be Hispanic or Latino? ☐ Yes

☐ No ☐ Don't Know ☐ Refused

4. Do you consider yourself to be Cajun? ☐ Yes

☐ No ☐ Don't Know ☐ Refused **Skip to 5**

4a. Was French spoken in your home when you were a child? ☐ Yes

☐ No ☐ Don't Know ☐ Refused

5. Do you consider yourself to be Creole? ☐ Yes

☐ No ☐ Don't Know ☐ Refused

6. What is your race? ☐ Black or AA ☐ White ☐ Don't Know ☐ Refused

☐ Other (specify)

7. What is the highest grade or year of school you have completed? If you've attended vocational or technical school, please include that in your answer. [DO NOT READ CHOICES]

☐ < 8th grade ☐ HS GRAD ☐ Some College ☐ Some Grad Training ☐ Don't Know

☐ Some HS ☐ VO/TEC ☐ College GRAD ☐ Grad/Prof Degree ☐ Refused

8. Before you were diagnosed with prostate cancer, what kind of place did you usually go to when you had a medical problem? [READ CHOICES]

☐ A doctors office or group practice ☐ Emergency Room ☐ No usual place **Go to 9**

☐ Public health clinic or community health ctr ☐ Urgent Care Center ☐ Don't Know **Go to 9**

☐ Hospital based clinic ☐ Some other place (specify) ☐ Refused **Go to 9**

☐ VA specify other



8a. Did you see a particular doctor, nurse or other medical person there, or did you see a different person at each visit?

☐ Particular doctor, nurse or other medical staff

☐ Don't Know

☐ Different doctor, nurse or other medical staff

☐ Refused

9. Before you were diagnosed with prostate cancer did you have any health insurance?

☐ Yes

☐ Don't Know

Go to 9a

☐ No

Skip to 9b

☐ Refused

Skip to 9b

9a. Did you have any of the following types of insurance? [READ OPTIONS AND CHECK ALL THAT APPLY]

☐ Part A Medicare (pays hospitalization)

☐ Private health insurance/HMO for any part of hospital bills

☐ Part B Medicare (pays doctor bills)

☐ Private health insurance/HMO for any part of doctor's bills

☐ Part D Medicare (pays prescriptions)

☐ Any other insurance that pays part of medical bills

☐ Medicaid or other public assistance/welfare program

☐ Don't Know

☐ CHAMPUS/CHAMPVA

☐ Refused

9b. Were you able to receive free health care from a doctor, hospital, clinic, health center, or the Veteran's Administration (VA)?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

10. Did a doctor ever tell your father or any of your brothers or sons that they had prostate cancer? Please tell me only about blood relatives, including half-brothers that you share one parent with. Please don't include stepbrothers or adopted sons that aren't related to you by blood. [Include both living and deceased relatives.]

☐ Yes

Go to 10a

☐ No

Skip to 10b

☐ Don't Know

☐ Refused

Skip to 10b

10a. What relation was he [were they] to you? Was he [were they] 60 or older when diagnosed with prostate cancer? [LIST ALL FIRST DEGREE RELATIVES WITH PROSTATE CANCER]

Relative1: ☐ Father ☐ Brother ☐ Son ☐ Half-brother

☐ < 60 Years Old

☐ 60 + Years Old

☐ Don't Know

☐ Refused

Relative2: ☐ Father ☐ Brother ☐ Son ☐ Half-brother

☐ < 60 Years Old

☐ 60 + Years Old

☐ Don't Know

☐ Refused

Relative3: ☐ Father ☐ Brother ☐ Son ☐ Half-brother

☐ < 60 Years Old

☐ 60 + Years Old

☐ Don't Know

☐ Refused

10b. Did a doctor ever tell any of your other blood relatives that they had prostate cancer?
[Grandfathers, uncles, great uncles, cousins, nephews (living or deceased)]

☐ Yes

Go to 10c

☐ No

Skip to 11

☐ Don't Know

☐ Refused

Skip to 11

10c. What relation was he [were they] to you? Was he [were they] 60 or older when diagnosed with prostate cancer? [LIST ALL SECOND DEGREE RELATIVES WITH PROSTATE CANCER]

Relative1:	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Cousin	<input type="checkbox"/> Uncle	<input type="checkbox"/> < 60 Years Old	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
	<input type="checkbox"/> Great Uncle	<input type="checkbox"/> Nephew		<input type="checkbox"/> 60 + Years Old		
Relative2:	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Cousin	<input type="checkbox"/> Uncle	<input type="checkbox"/> < 60 Years Old	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
	<input type="checkbox"/> Great Uncle	<input type="checkbox"/> Nephew		<input type="checkbox"/> 60 + Years Old		
Relative3:	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Cousin	<input type="checkbox"/> Uncle	<input type="checkbox"/> < 60 Years Old	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
	<input type="checkbox"/> Great Uncle	<input type="checkbox"/> Nephew		<input type="checkbox"/> 60 + Years Old		
Relative4:	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Cousin	<input type="checkbox"/> Uncle	<input type="checkbox"/> < 60 Years Old	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
	<input type="checkbox"/> Great Uncle	<input type="checkbox"/> Nephew		<input type="checkbox"/> 60 + Years Old		

11. What is your religion?. [DO NOT READ CHOICES]

<input type="checkbox"/> None	<input type="checkbox"/> Jewish	<input type="checkbox"/> Presbyterian	<input type="checkbox"/> Unitarian
<input type="checkbox"/> Baptist	<input type="checkbox"/> Lutheran	<input type="checkbox"/> Protestant, not specified	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Congregationalist	<input type="checkbox"/> Methodist	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Refused
<input type="checkbox"/> Episcopal	<input type="checkbox"/> Mormon/LDS	<input type="checkbox"/> Seventh Day Adventist	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Islam/Muslim	specify other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

12. During your lifetime, have you smoked at least 100 cigarettes or 5 packs of cigarettes?

☐ Yes
☐ No ☐ Don't Know ☐ Refused **Skip to 13**

12a. When did you start smoking cigarettes?

years ago months ago ☐ Don't Know ☐ Refused

12b. Do you still smoke cigarettes?

☐ Yes
☐ No ☐ Refused **→ Go to 12d**

12c. Thinking back over all the years you have smoked, how many cigarettes did you usually smoke each day?

cigarettes per day packs per day ☐ Don't Know ☐ Refused
→ Skip to 13

12d. When did you stop smoking cigarettes?

years ago months ago ☐ Don't Know ☐ Refused

12e. When you smoked, how many cigarettes did you usually smoke each day?

cigarettes per day packs per day ☐ Don't Know ☐ Refused

13. Have you used any of these other tobacco products at least once a week for six months or longer?

[READ RESPONSES, CHOOSE ALL THAT APPLY]

<input type="checkbox"/> Pipe	<input type="checkbox"/> Cigarillos	<input type="checkbox"/> Snuff	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Cigars	<input type="checkbox"/> Chewing tobacco	<input type="checkbox"/> None	<input type="checkbox"/> Refused

14. In the last 5 years, have you had a [North Carolina or Louisiana] Driver's License or ID card?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

15. Are you currently registered to vote in [North Carolina or Louisiana]?

☐ Yes

☐ No

☐ Don't Know

☐ Refused



24395

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start time:

		:		
--	--	---	--	--

am pm



NATIONAL INSTITUTES OF HEALTH

DIET HISTORY QUESTIONNAIRE

I will ask you to complete a Diet History Questionnaire. I will ask you about foods and beverages you have consumed during the 12 months prior to prostate cancer diagnosis because we are interested in obtaining information about eating habits that might increase or decrease the severity of prostate cancer. I will read each question aloud to you and record your answer directly on the questionnaire.

*For each food item or group of foods, a series of questions will be asked. First, you will be asked "How often did you eat or drink a food during the 12 months prior to diagnosis" and second, "How much of the food did you usually have". Occasionally more detail about a particular food item will be asked. For example, "Do you drink milk?" "What kind of milk did you usually drink"? So throughout the questionnaire you will be asked, how often, how much, and what kind. There are some foods that you have eaten that are not listed on the questionnaire. That's ok. Answer each question the best you can. There are no right or wrong answers. All answers are **confidential**. Your answers will be combined with other participant's answers so no one would be able to tell your particular answers.*

How Often Question-- *For the questions that ask "**How Often**" a particular food item was eaten during the 12 months prior to diagnosis, there are three types of responses. (Show participant DHQ Show Cards)*

How Much Questions-- *For the questions that ask "**How Much**" did you usually eat/drink we will ask you to use these food model prompts to help you estimate the amount eaten. (Show the participant the food model prompts).*

Are there any questions before we begin? Remember answer each question the best that you can.



24395

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In the **12 months prior to diagnosis...**

1. How often did you drink **tomato juice** or **vegetable juice**?

☐ NEVER (GO TO QUESTION 2)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 1a. Each time you drank **tomato juice** or **vegetable juice**, how much did you usually drink?

- ☐ Less than 3/4 cup (6 ounces)
☐ 3/4 to 1 1/4 cups (6 to 10 ounces)
☐ More than 1 1/4 cups (10 ounces)

2. How often did you drink **orange juice** or **grapefruit juice**?

☐ NEVER (GO TO QUESTION 3)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 2a. Each time you drank **orange juice** or **grapefruit juice**, how much did you usually drink?

- ☐ Less than 3/4 cup (6 ounces)
☐ 3/4 to 1 1/4 cups (6 to 10 ounces)
☐ More than 1 1/4 cups (10 ounces)

3. How often did you drink **other 100% fruit juice** or **100% fruit juice mixtures** (such as apple, grape, pineapple, or others)?

☐ NEVER (GO TO QUESTION 4)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 3a. Each time you drank **other fruit juice** or **fruit juice mixtures**, how much did you usually drink?

- ☐ Less than 3/4 cup (6 ounces)
☐ 3/4 to 1 1/2 cups (6 to 12 ounces)
☐ More than 1 1/2 cups (12 ounces)

Question 4 appears in the next column.

4. How often did you drink other **fruit drinks** (e.g. cranberry cocktail, Hi-C, lemonade, or Kool-Aid, diet or regular)?

☐ NEVER (GO TO QUESTION 5)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 4a. Each time you drank **fruit drinks**, how much did you usually drink?

- ☐ Less than 1 cup (8 ounces)
☐ 1 to 2 cups (8 to 16 ounces)
☐ More than 2 cups (16 ounces)

- 4b. How often were your fruit drinks **diet** or **sugar-free drinks**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

5. How often did you drink **milk as a beverage** (NOT in coffee, NOT in cereal)? (Please include chocolate milk and hot chocolate.)

☐ NEVER (GO TO QUESTION 6)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 5a. Each time you drank **milk as a beverage**, how much did you usually drink?

- ☐ Less than 1 cup (8 ounces)
☐ 1 to 1 1/2 cups (8 to 12 ounces)
☐ More than 1 1/2 cups (12 ounces)

- 5b. What kind of **milk** did you usually drink?

- ☐ Whole milk
☐ 2% fat milk
☐ 1% fat milk
☐ Skim, nonfat, or 1/2% fat milk
☐ Soy milk
☐ Rice milk
☐ Other

Question 6 appears on the next page.



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In the 12 months prior to diagnosis...

6. How often did you drink **meal replacement, energy, or high-protein beverages** such as Instant Breakfast, Ensure, Slimfast, Sustacal or others?

☐ NEVER (GO TO QUESTION 7)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 6a. Each time you drank **meal replacement beverages**, how much did you usually drink?

- ☐ Less than 1 cup (8 ounces)
☐ 1 to 1 1/2 cups (8 to 12 ounces)
☐ More than 1 1/2 cups (12 ounces)

7. Did you drink **soft drinks, soda, or pop**?

☐ NO (GO TO QUESTION 8)

☐ YES

- 7a. How often did you drink **soft drinks, soda, or pop IN THE SUMMER**?

☐ NEVER

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 7b. How often did you drink **soft drinks, soda, or pop DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 7c. Each time you drank **soft drinks, soda, or pop**, how much did you usually drink?

- ☐ Less than 12 ounces or less than 1 can or bottle
☐ 12 to 16 ounces or 1 can or bottle
☐ More than 16 ounces or more than 1 can or bottle

Question 8 appears in the next column.

- 7d. How often were these soft drinks, soda, or pop **diet or sugar-free**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

- 7e. How often were these soft drinks, soda, or pop **caffeine-free**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

8. Did you drink **beer**?

☐ NO (GO TO QUESTION 9)

☐ YES

- 8a. How often did you drink **beer IN THE SUMMER**?

☐ NEVER

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 8b. How often did you drink **beer DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

- 8c. Each time you drank **beer**, how much did you usually drink?

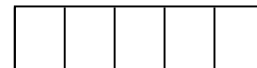
- ☐ Less than a 12-ounce can or bottle
☐ 1 to 3 12-ounce cans or bottles
☐ More than 3 12-ounce cans of bottles



Question 9 appears on the next page.



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**In the 12 months prior to diagnosis...**9. How often did you drink **wine** or **wine coolers**?☐ NEVER (GO TO QUESTION 10)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

9a. Each time you drank **wine** or **wine coolers**, how much did you usually drink?

- ☐ Less than 5 ounces or less than 1 glass
- ☐ 5 to 12 ounces or 1 to 2 glasses
- ☐ More than 12 ounces or more than 2 glasses

10. How often did you drink **liquor** or **mixed drinks**?☐ NEVER (GO TO QUESTION 11)

- | | |
|--|---|
| <input type="radio"/> 1 time per month or less | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 3-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

10a. Each time you drank **liquor** or **mixed drinks**, how much did you usually drink?

- ☐ Less than 1 shot of liquor
- ☐ 1 to 3 shots of liquor
- ☐ More than 3 shots of liquor

11. Did you eat **oatmeal** or **other cooked cereal not including grits**?☐ NO (GO TO QUESTION 12)☐ YES11a. How often did you eat **oatmeal** or **other cooked cereal not including grits IN THE WINTER**?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per winter | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per winter | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

Question 12 appears in the next column.

11b. How often did you eat **oatmeal** or **other cooked cereal not including grits DURING THE REST OF THE YEAR**?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

11c. Each time you ate **oatmeal** or **other cooked cereal not including grits**, how much did you usually eat?

- ☐ Less than 3/4 cup
- ☐ 3/4 to 1 1/4 cups
- ☐ More than 1 1/4 cups

12. Did you eat **grits** or **hominy**?☐ NO (GO TO QUESTION 13)☐ YES12a. How often did you eat **grits** or **hominy**?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per winter | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per winter | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

12b. Each time you ate **grits** or **hominy**, how much did you usually eat?

- ☐ Less than 3/4 cup
- ☐ 3/4 to 1 1/4 cups
- ☐ More than 1 1/4 cups

Question 13 appears on the next page.



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In the 12 months prior to diagnosis...13. How often did you eat **cold cereal**?☐ NEVER (GO TO QUESTION 14)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

13a. Each time you ate **cold cereal**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 2 1/2 cups
☐ More than 2 1/2 cups

13b. How often was the cold cereal you ate **Total, Product 19, or Right Start**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

13c. How often was the cold cereal you ate **All Bran, Fiber One, 100% Bran, or Bran Buds**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

13d. How often was the cold cereal you ate **some other bran or fiber cereal** (such as Cheerios, Shredded Wheat, Raisin Bran, Bran Flakes, Grape-Nuts, Granola, Wheaties, or Healthy Choice)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

13e. How often was the cold cereal you ate any **other type of cold cereal** (such as Corn Flakes, Rice Krispies, Frosted Flakes, Special K, Froot Loops, Cap'n Crunch, or others)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 14 appears in the next column.

13f. Was **milk** added to your cold cereal?☐ NO (GO TO QUESTION 14)☐ YES13g. What kind of **milk** was usually added?

- ☐ Whole Milk
☐ 2% fat milk
☐ 1% fat milk
☐ Skim, nonfat, or 1/2% fat milk
☐ Soy milk
☐ Rice milk
☐ Other

13h. Each time **milk was added to your cold cereal**, how much was usually added?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

14. How often did you eat **applesauce**?☐ NEVER (GO TO QUESTION 15)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

14a. Each time you ate **applesauce**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

Question 15 appears on the next page.



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In the 12 months prior to diagnosis...15. How often did you eat **apples**?

- ☐ NEVER (GO TO QUESTION 16)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

15a. Each time you ate **apples**, how many did you usually eat?

- ☐ Less than 1 apple
☐ 1 apple
☐ More than 1 apple

16. How often did you eat **pears** (fresh, canned, or frozen)?

- ☐ NEVER (GO TO QUESTION 17)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

16a. Each time you ate **pears**, how many did you usually eat?

- ☐ Less than 1 pear
☐ 1 pear
☐ More than 1 pear

17. How often did you eat **bananas**?

- ☐ NEVER (GO TO QUESTION 18)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

17a. Each time you ate **bananas**, how many did you usually eat?

- ☐ Less than 1 banana
☐ 1 banana
☐ More than 1 banana

Question 18 appears on the next page.

18. How often did you eat **dried fruit**, such as prunes or raisins (not including dried apricots)?

- ☐ NEVER (GO TO QUESTION 19)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

18a. Each time you ate **dried fruit** how much did you usually eat (not including dried apricots)?

- ☐ Less than 2 tablespoons
☐ 2 to 5 tablespoons
☐ More than 5 tablespoons

19. Did you eat **peaches, nectarines, or plums**?

- ☐ NO (GO TO QUESTION 20)
☐ YES

19a. How often did you eat **fresh peaches, nectarines, or plums WHEN IN SEASON**?

- ☐ NEVER
- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

19b. How often did you eat **peaches, nectarines, or plums** (fresh, canned, or frozen) **DURING THE REST OF THE YEAR**?

- ☐ NEVER
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

19c. Each time you ate **peaches, nectarines, or plums**, how much did you usually eat?

- ☐ Less than 1 fruit or less than 1/2 cup
☐ 1 to 2 fruits or 1/2 to 3/4 cup
☐ More than 2 fruits or more than 3/4 cup

Question 20 appears in the next column.



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In the 12 months prior to diagnosis...20. How often did you eat **grapes**?☐ NEVER (GO TO QUESTION 21)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

20a. Each time you ate **grapes**, how much did you usually eat?

- ☐ Less than 1/2 cup or less than 10 grapes
- ☐ 1/2 to 1 cup or 10 to 30 grapes
- ☐ More than 1 cup or more than 30 grapes

21. Did you eat **cantaloupe**?☐ NO (GO TO QUESTION 22)☐ YES21a. How often did you eat **fresh cantaloupe WHEN IN SEASON**?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

21b. How often did you eat **fresh or frozen cantaloupe DURING THE REST OF THE YEAR**?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

Question 22 appears on the next page.

21c. Each time you ate **cantaloupe**, how much did you usually eat?

- ☐ Less than 1/4 melon or less than 1/2 cup
- ☐ 1/4 melon or 1/2 to 1 cup
- ☐ More than 1/4 melon or more than 1 cup

22. Did you eat **watermelon**?☐ NO (GO TO QUESTION 23)☐ YES22a. How often did you eat **watermelon WHEN IN SEASON**?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

22b. How often did you eat **watermelon DURING THE REST OF THE YEAR**?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

22c. Each time you ate **watermelon**, how much did you usually eat?

- ☐ Less than 1/2 cup or 1 small wedge
- ☐ 1/2 to 2 cups or 1 medium wedge
- ☐ More than 2 cups or 1 large wedge



Question 23 appears in the next column.



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In the 12 months prior to diagnosis...

23. Did you eat **honeydew melon**?

☐ NO (GO TO QUESTION 24)

☐ YES



23a. How often did you eat **honeydew melon**
WHEN IN SEASON?

☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

23b. How often did you eat **honeydew melon**
DURING THE REST OF THE YEAR?

☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

23c. Each time you ate **honeydew melon** how much did you usually eat?

- ☐ Less than 1/2 cup or 1 small wedge
- ☐ 1/2 to 2 cups or 1 medium wedge
- ☐ More than 2 cups or 1 large wedge

24. Did you eat **strawberries**?

☐ NO (GO TO QUESTION 25)

☐ YES



24a. How often did you eat **fresh strawberries**
WHEN IN SEASON?

☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

24b. How often did you eat **fresh or frozen strawberries**
DURING THE REST OF THE YEAR?

☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

24c. Each time you ate **strawberries**, how much did you usually eat?

- ☐ Less than 1/4 cup or or less than 3 berries
- ☐ 1/4 to 3/4 cup or 3 to 8 berries
- ☐ More than 3/4 cup or more than 8 berries

Question 24 appears in the next column.

Question 25 appears on the next page.



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In the 12 months prior to diagnosis...25. Did you eat **blueberries**?☐ NO (GO TO QUESTION 26)☐ YES25a. How often did you eat **fresh blueberries**
WHEN IN SEASON?☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

25b. How often did you eat **fresh or frozen blueberries** **DURING THE REST OF THE YEAR?**☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

25c. Each time you ate **blueberries**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 3/4 cup
☐ More than 3/4 cup

26. Did you eat **oranges, satsumas, tangerines, or tangelos**?☐ NO (GO TO QUESTION 27)☐ YES26a. How often did you eat **fresh oranges, satsumas, tangerines, or tangelos** **WHEN IN SEASON?**☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

26b. How often did you eat **oranges, satsumas, tangerines, or tangelos** (fresh or canned) **DURING THE REST OF THE YEAR?**☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

26c. Each time you ate **oranges, satsumas, tangerines, or tangelos**, how much did you usually eat?

- ☐ Less than 1 fruit
☐ 1 fruit
☐ More than 1 fruit

27. Did you eat **grapefruit**?☐ NO (GO TO QUESTION 28)☐ YES27a. How often did you eat **fresh grapefruit** **WHEN IN SEASON?**☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

27b. How often did you eat **grapefruit** (fresh or canned) **DURING THE REST OF THE YEAR?**☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

27c. Each time you ate **grapefruit**, how much did you usually eat?

- ☐ Less than 1/2 grapefruit
☐ 1/2 grapefruit
☐ More than 1/2 grapefruit

Question 27 appears in the next column.

Question 28 appears in the next column.



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In the 12 months prior to diagnosis...28. How often did you eat **other kinds of fruit**?

- ☐ NEVER (GO TO QUESTION 29)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

28a. Each time you ate **other kinds of fruit**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 3/4 cup
☐ More than 3/4 cup

29. How often did you eat **COOKED greens** (such as spinach, turnip, collard, mustard, chard, or kale)?

- ☐ NEVER (GO TO QUESTION 30)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

29a. Each time you ate **COOKED greens**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

29b. How often were the **greens** you ate prepared **with meat added**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

30. How often did you eat **RAW greens** (such as spinach, turnip, collard, mustard, chard, or kale)? (*We will ask about lettuce later*).

- ☐ NEVER (GO TO QUESTION 31)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

30a. Each time you ate **RAW greens**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

31. How often did you eat **coleslaw**?

- ☐ NEVER (GO TO QUESTION 32)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

31a. Each time you ate **coleslaw**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 3/4 cup
☐ More than 3/4 cup

32. How often did you eat **sauerkraut** or **cabbage** (other than coleslaw)?

- ☐ NEVER (GO TO QUESTION 33)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

32a. Each time you ate **sauerkraut** or **cabbage**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 1 cup
☐ More than 1 cup

Question 30 appears in the next column.

Question 33 appears on the next page.



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In the 12 months prior to diagnosis...

33. How often did you eat **carrots** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 34)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

33a. Each time you ate **carrots**, how much did you usually eat?

- ☐ Less than 1/4 cup or less than 2 baby carrots
☐ 1/4 to 1/2 cup or 2 to 5 baby carrots
☐ More than 1/2 cup or more than 5 baby carrots

34. How often did you eat **string beans, green beans** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 35)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

34a. Each time you ate **string beans, green beans**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

35. How often did you eat **okra** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 36)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

35a. Each time you ate **okra**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

35b. How often did you eat **fried okra** when you ate **okra**?

- ☐ Almost never or never (GO TO QUESTION 36)
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 36 appears in the next column.

REV 5/16/2005

IRB: S20040629

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36. How often did you eat **peas** (fresh, canned, or frozen)?

☐ NEVER (GO TO QUESTION 37)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

36a. Each time you ate **peas**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 3/4 cup
☐ More than 3/4 cup

37. Did you eat **corn**?

☐ NO (GO TO QUESTION 38)

☐ YES

37a. How often did you eat **fresh corn WHEN IN SEASON?**

☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

37b. How often did you eat **corn** (fresh, canned, or frozen) **DURING THE REST OF THE YEAR?**

☐ NEVER

- | | |
|---|--|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times |

37c. Each time you ate **corn**, how much did you usually eat?

- ☐ Less than 1 ear or less than 1/2 cup
☐ 1 ear or 1/2 to 1 cup
☐ More than 1 ear or more than 1 cup

Question 38 appears on the next page.



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In the 12 months prior to diagnosis...38. How often did you eat **broccoli** (fresh or frozen)?☐ NEVER (GO TO QUESTION 39)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

38a. Each time you ate **broccoli**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 1 cup
☐ More than 1 cup

39. How often did you eat **cauliflower** or **Brussels sprouts** (fresh or frozen)?☐ NEVER (GO TO QUESTION 40)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

39a. Each time you ate **cauliflower** or **Brussels sprouts**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 1/2 cup
☐ More than 1/2 cup

40. How often did you eat **squash (fresh, frozen, canned)**? (This includes zucchini and mirliton.)☐ NEVER (Go to Question 41)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

40a. Each time you ate **squash**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

Question 41 appears on the next page.

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41. How often did you eat **eggplant (fresh, frozen, canned)**?☐ NEVER (Go to Question 42)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

41a. Each time you ate **eggplant**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

42. How often did you eat **mixed vegetables**?☐ NEVER (Go to Question 43)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

42a. Each time you ate **mixed vegetables**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

43. How often did you eat **onions**?☐ NEVER (GO TO QUESTION 44)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

43a. Each time you ate **onions**, how much did you usually eat?

- ☐ Less than 1 slice or less than 1 tablespoon
☐ 1 slice or 1 to 4 tablespoons
☐ More than 1 slice or more than 4 tablespoons

44. Now think about all the **cooked vegetables** you ate in the 12 months prior to diagnosis and how they were prepared. How often were your vegetables **COOKED WITH** some sort of **fat**, including oil spray? (*Please do not include potatoes.*)☐ NEVER (GO TO QUESTION 45)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

Question 45 appears on the next page.



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In the 12 months prior to diagnosis...

44a. Which fats were usually added to your vegetables **DURING COOKING**? (Please do not include potatoes. **Mark all that apply.**)

- ☐ Margarine (including low-fat)
- ☐ Butter (including low-fat)
- ☐ Lard, fatback, or bacon fat
- ☐ Meat or sausage
- ☐ Olive Oil
- ☐ Corn Oil
- ☐ Canola or rapeseed oil
- ☐ Oil spray, such as Pam or others
- ☐ Other kinds of oils
- ☐ None of the above

45. Now, thinking again about all the **cooked vegetables** you ate 12 months prior to diagnosis, how often was some sort of fat, sauce, or dressing added **AFTER COOKING OR AT THE TABLE**? (Please do not include potatoes.)

☐ NEVER (GO TO QUESTION 46)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 2 times per day |
| <input type="radio"/> 1-2 times per week | <input type="radio"/> 3 or more times per day |

45a. Which fats, sauces, or dressings were usually added **AFTER COOKING OR AT THE TABLE**? (Please do not include potatoes. **Mark all that apply.**)

- | | |
|---|------------------------------------|
| <input type="radio"/> Margarine (including low-fat) | <input type="radio"/> Cheese sauce |
| <input type="radio"/> Butter (including low-fat) | <input type="radio"/> White sauce |
| <input type="radio"/> Lard, fatback, or bacon fat | <input type="radio"/> Other |
| <input type="radio"/> Salad dressing | |

45b. If margarine, butter, lard, fatback, or bacon fat was added to your cooked vegetables **AFTER COOKING OR AT THE TABLE**, how much did you usually add?

- ☐ Did not usually add these
- ☐ Less than 1 teaspoon
- ☐ 1 to 3 teaspoons
- ☐ More than 3 teaspoons

45c. If salad dressing, cheese sauce, or white sauce was added to your cooked vegetables **AFTER COOKING OR AT THE TABLE**, how much did you usually add?

- ☐ Did not usually add these
- ☐ Less than 1 tablespoon
- ☐ 1 to 3 tablespoons
- ☐ More than 3 tablespoons

Question 46 appears in the next column.

46. How often did you eat **sweet peppers** (green, red, or yellow)?

☐ NEVER (GO TO QUESTION 47)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

46a. Each time you ate **sweet peppers**, how much did you usually eat?

- ☐ Less than 1/8 pepper
- ☐ 1/8 to 1/4 pepper
- ☐ More than 1/4 pepper

47. Did you eat **fresh tomatoes** (including those in salads)?

☐ NO (GO TO QUESTION 48)

☐ YES

47a. How often did you eat **fresh tomatoes** (including those in salads) **WHEN IN SEASON**?

☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per season | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per season | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

47b. How often did you eat **fresh tomatoes** (including those in salads) **DURING THE REST OF THE YEAR**?

☐ NEVER

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

47c. Each time you ate **fresh tomatoes**, how much did you usually eat?

- ☐ Less than 1/4 tomato
- ☐ 1/4 to 1/2 tomato
- ☐ More than 1/2 tomato

Question 48 appears on the next page.



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In the 12 months prior to diagnosis...

48. How often did you eat **lettuce salads** (with or without other vegetables)?

☐ NEVER (GO TO QUESTION 49)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

48a. Each time you ate **lettuce salads**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 1 1/4 cups
☐ More than 1 1/4 cups

49. How often did you eat **salad dressing** (including low-fat) on salads?

☐ NEVER (GO TO QUESTION 50)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

49a. Each time you ate **salad dressing** on salads, how much did you usually eat?

- ☐ Less than 2 tablespoons
☐ 2 to 4 tablespoons
☐ More than 4 tablespoons

50. How often did you eat **sweet potatoes or yams**?

☐ NEVER (GO TO QUESTION 51)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

50a. Each time you ate **sweet potatoes or yams**, how much did you usually eat?

- ☐ 1 small potato or less than 1/4 cup
☐ 1 medium potato or 1/4 to 3/4 cup
☐ 1 large potato or more than 3/4 cup

Question 51 appears in the next column.

51. How often did you eat **French fries, home fries, hash browned potatoes, or tater tots**?

☐ NEVER (GO TO QUESTION 52)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

51a. Each time you ate **French fries, home fries, hash browned potatoes, or tater tots**, how much did you usually eat?

- ☐ Less than 10 fries or less than 1/2 cup
☐ 10 to 25 fries or 1/2 to 1 cup
☐ More than 25 fries or more than 1 cup

52. How often did you eat **potato salad**?

☐ NEVER (GO TO QUESTION 53)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

52a. Each time you ate **potato salad**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

53. How often did you eat **baked, boiled, or mashed potatoes**?

☐ NEVER (GO TO QUESTION 54)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

53a. Each time you ate **baked, boiled, or mashed potatoes**, how much did you usually eat?

- ☐ 1 small potato or less than 1/2 cup
☐ 1 medium potato or 1/2 to 1 cup
☐ 1 large potato or more than 1 cup

Question 54 appears on the next page.



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In the 12 months prior to diagnosis...

53b. How often was **sour cream** (including low-fat) added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never (GO TO QUESTION 53d)
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

53c. Each time **sour cream** was added to your potatoes, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 3 tablespoons
- ☐ More than 3 tablespoons

53d. How often was **margarine** (including low-fat) added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

53e. How often was **butter** (including low-fat) added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

53f. Each time **margarine** or **butter** was added to your potatoes, how much was usually added?

- ☐ Never added
- ☐ Less than 1 teaspoon
- ☐ 1 to 3 teaspoons
- ☐ More than 3 teaspoons

53g. How often was **cheese** or **cheese sauce** added to your potatoes, **EITHER IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never (GO TO QUESTION 54)
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

Question 54 appears in the next column.

53h. Each time **cheese** or **cheese sauce** was added to your potatoes, how much was usually added?

- ☐ Less than 1 tablespoon
- ☐ 1 to 3 tablespoons
- ☐ More than 3 tablespoons

54. How often did you eat **salsa**?

☐ NEVER (GO TO QUESTION 55)

- ☐ 1-6 times per year
- ☐ 7-11 times per year
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

54a. Each time you ate **salsa**, how much did you usually eat?

- ☐ Less than 1 tablespoon
- ☐ 1 to 5 tablespoons
- ☐ More than 5 tablespoons

55. How often did you eat **catsup**?

☐ NEVER (GO TO QUESTION 56)

- ☐ 1-6 times per year
- ☐ 7-11 times per year
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

55a. Each time you ate **catsup**, how much did you usually eat?

- ☐ Less than 1 teaspoon
- ☐ 1 to 6 teaspoons
- ☐ More than 6 teaspoons

56. How often did you eat **stuffing, dressing, or dumplings**?

☐ NEVER (GO TO QUESTION 57)

- ☐ 1-6 times per year
- ☐ 7-11 times per year
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

56a. Each time you ate **stuffing, dressing, or dumplings**, how much did you usually eat?

- ☐ Less than 1/2 cup
- ☐ 1/2 to 1 cup
- ☐ More than 1 cup

Question 57 appears on the next page.



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In the 12 months prior to diagnosis...

57. How often did you eat **chili**?

- ☐ NEVER (GO TO QUESTION 58)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

57a. Each time you ate **chili**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 3/4 cup
☐ More than 1 3/4 cup

58. How often did you eat **Mexican foods** (such as tacos, tostados, burritos, tamales, fajitas, enchiladas, quesadillas, and chimichangas)?

- ☐ NEVER (GO TO QUESTION 59)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

58a. Each time you ate **Mexican foods**, how much did you usually eat?

- ☐ Less than 1 taco, burrito, etc.
☐ 1 to 2 tacos, burritos, etc.
☐ More than 2 tacos, burritos, etc.

59. How often did you eat **cooked dried beans** (such as baked beans, pinto, kidney, blackeyed peas, lima, lentils, soybeans, or refried beans)?
(Please don't include bean soups or chili.)

- ☐ NEVER (GO TO QUESTION 60)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

59a. Each time you ate **beans**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

Question 60 appears in the next column.

59b. How often were the beans you ate **refried beans, beans prepared with any type of fat, or with meat added**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

60. How often did you eat **other kinds of vegetables**?

- ☐ NEVER (GO TO QUESTION 61)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

60a. Each time you ate **other kinds of vegetables**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 1/2 cup
☐ More than 1/2 cup

61. How often did you eat **rice or other cooked grains** (such as bulgar, cracked wheat, or millet)?

- ☐ NEVER (GO TO QUESTION 62)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

61a. Each time you ate **rice or other cooked grains**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 1/2 cups
☐ More than 1 1/2 cups

61b. How often was **butter, margarine, or oil** added to your rice **IN COOKING OR AT THE TABLE**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

61c. How often was **meat/seafood** added to rice?
☐ NEVER (GO TO QUESTION 62)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

Question 62 appears on the next page.



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In the 12 months prior to diagnosis...

62. How often did you eat **pancakes, waffles, or French toast**?

☐ NEVER (GO TO QUESTION 63)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

62a. Each time you ate **pancakes, waffles, or French toast**, how much did you usually eat?

- ☐ Less than 1 medium piece
☐ 1 to 3 medium pieces
☐ More than 3 medium pieces

62b. How often was **margarine** (including low-fat) added to your pancakes, waffles, or French toast **AFTER COOKING OR AT THE TABLE**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

62c. How often was **butter** (including low-fat) added to your pancakes, waffles, or French toast **AFTER COOKING OR AT THE TABLE**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

62d. Each time **margarine** or **butter** was added to your pancakes, waffles, or French toast, how much was usually added?

- ☐ Never added
☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

62e. How often was **syrup** added to your pancakes, waffles, or French toast?

- ☐ Almost never or never (GO TO QUESTION 63)
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 63 appears in the next column.

62f. Each time **syrup** was added to your pancakes, waffles, or French toast, how much was usually added?

- ☐ Less than 1 tablespoon
☐ 1 to 4 tablespoons
☐ More than 4 tablespoons

63. How often did you eat **lasagna, stuffed shells, stuffed manicotti, ravioli, or tortellini**? (Please do not include spaghetti or other pasta.)

☐ NEVER (GO TO QUESTION 64)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

63a. Each time you ate **lasagna, stuffed shells, stuffed manicotti, ravioli, or tortellini**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 2 cups
☐ More than 2 cups

64. How often did you eat **macaroni and cheese**?

☐ NEVER (GO TO QUESTION 65)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

64a. Each time you ate **macaroni and cheese**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 1 1/2 cups
☐ More than 1 1/2 cups

65. How often did you eat **pasta salad or macaroni salad**?

☐ NEVER (GO TO QUESTION 66)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

Question 66 appears on the next page.



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In the 12 months prior to diagnosis...

65a. Each time you ate **pasta salad** or **macaroni salad**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 cup
☐ More than 1 cup

66. Other than the pastas listed in Questions 63, 64, and 65, how often did you eat **pasta, spaghetti, or other noodles**?

☐ NEVER (GO TO QUESTION 67)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

66a. Each time you ate **pasta, spaghetti or other noodles**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 3 cups
☐ More than 3 cups

66b. How often did you eat your pasta, spaghetti, or other noodles with **tomato sauce** or **spaghetti sauce made WITH meat**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

66c. How often did you eat your pasta, spaghetti, or other noodles with **tomato sauce** or **spaghetti sauce made WITHOUT meat**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

66d. How often did you eat your pasta, spaghetti, or other noodles with **margarine, butter, oil, or cream sauce**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 67 appears in the next column.

67. How often did you eat **bagels** or **English muffins**?

☐ NEVER (GO TO INTRODUCTION TO QUESTION 68)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

67a. Each time you ate **bagels** or **English muffins**, how much did you usually eat?

- ☐ Less than 1 bagel or English muffin
☐ 1 bagel or English muffin
☐ More than 1 bagel or English muffin

67b. How often was **margarine** (including low-fat) added to your bagels or English muffins?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

67c. How often was **butter** (including low-fat) added to your bagels or English muffins?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

67d. Each time **margarine** or **butter** was added to your bagels or English muffins, how much was usually added?

- ☐ Never added
☐ Less than 1 teaspoon
☐ 1 to 2 teaspoons
☐ More than 2 teaspoons

67e. How often was **cream cheese** (including low-fat) spread on your bagels or English muffins?

- ☐ Almost never or never (GO TO INTRODUCTION TO QUESTION 68)
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always



Introduction to Question 68 appears on the next page.



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In the 12 months prior to diagnosis...

67f. Each time **cream cheese** was added to your bagels or English muffins, how much was usually added?

- ☐ Less than 1 tablespoon
☐ 1 to 2 tablespoons
☐ More than 2 tablespoons

The next questions ask about your intake of breads other than bagels or English muffins. First, we will ask about bread you ate as part of sandwiches only. Then we will ask about all other bread you ate.

68. How often did you eat **breads or rolls AS PART OF SANDWICHES** (including french bread, burger and hot dog rolls)?

- ☐ NEVER (GO TO QUESTION 69)
☐ 1-6 times per year ☐ 2 times per week
☐ 7-11 times per year ☐ 3-4 times per week
☐ 1 time per month ☐ 5-6 times per week
☐ 2-3 times per month ☐ 1 time per day
☐ 1 time per week ☐ 2 or more times per day

68a. Each time you ate **breads or rolls AS PART OF SANDWICHES**, how many did you usually eat?

- ☐ 1 slice or 1/2 roll
☐ 2 slices or 1 roll
☐ More than 2 slices or more than 1 roll

68b. How often were the breads or rolls that you used for your sandwiches **white bread** (including burger and hot dog rolls)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

68c. How often was **mayonnaise or mayonnaise-type dressing** (including low-fat) added to your sandwich bread or rolls?

- ☐ Almost never or never (GO TO QUESTION 68e)
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 68e appears in the next column

Question 69 appears in the next column.

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IRB: S20040629

68d. Each time **mayonnaise or mayonnaise-type dressing** was added to your sandwich breads or rolls, how much was usually added?

- ☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

68e. How often was **margarine** (including low-fat) added to your sandwich bread or rolls?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

68f. How often was **butter** (including low-fat) added to your sandwich bread or rolls?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

68g. Each time **margarine or butter** was added to your sandwich breads or rolls, how much was usually added?

- ☐ Never added
☐ Less than 1 teaspoon
☐ 1 to 2 teaspoons
☐ More than 2 teaspoons

69. How often did you eat **breads or dinner rolls, NOT AS PART OF SANDWICHES?**

☐ NEVER (GO TO INTRODUCTION TO QUESTION 70)

- ☐ 1-6 times per year ☐ 2 times per week
☐ 7-11 times per year ☐ 3-4 times per week
☐ 1 time per month ☐ 5-6 times per week
☐ 2-3 times per month ☐ 1 time per day
☐ 1 time per week ☐ 2 or more times per day

69a. Each time you ate **breads or dinner rolls, NOT AS PART OF SANDWICHES**, how much did you usually eat?

- ☐ 1 slice or 1 dinner roll
☐ 2 slices or 2 dinner rolls
☐ More than 2 slices or more than 2 dinner rolls



Question 70 appears on the next page.



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In the **12 months prior to diagnosis...**70. How often did you eat **corn bread** or **corn muffins**?

- ☐ NEVER (GO TO QUESTION 71)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

70a. Each time you ate **corn bread** or **corn muffins**, how much did you usually eat?

- ☐ Less than 1 piece or muffin
☐ 1 to 2 pieces or muffins
☐ More than 2 pieces or muffins

71. How often did you eat **biscuits**?

- ☐ NEVER (GO TO QUESTION 72a)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

71a. Each time you ate **biscuits**, how many did you usually eat?

- ☐ Fewer than 1 biscuit
☐ 1 to 2 biscuits
☐ More than 2 biscuits

72a. How often were the breads, rolls or biscuits you ate **made with white flour**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

72b. How often was **margarine** (including low-fat) added to your breads, rolls, cornbread or biscuits?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

72c. How often was **butter** (including low-fat) added to your breads, rolls, cornbread or biscuits?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 72 appears in the next column.

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72d. Each time **margarine** or **butter** was added to your breads, rolls, cornbread or biscuits how much was usually added?

- ☐ Never added
☐ Less than 1 teaspoon
☐ 1 to 2 teaspoons
☐ More than 2 teaspoons

72e. How often was **cream cheese** (including low-fat) added to your breads, rolls, cornbread or biscuits?

- ☐ Almost never or never (GO TO QUESTION 72g)
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

72f. Each time **cream cheese** was added to your breads, rolls, cornbread or biscuits how much was usually added?

- ☐ Less than 1 tablespoon
☐ 1 to 2 tablespoons
☐ More than 2 tablespoons

72g. How often did you eat **jam, jelly, or honey** on bagels, muffins, bread, rolls, cornbread, biscuits, or crackers?☐ NEVER (GO TO QUESTION 73)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

72h. Each time you ate **jam, jelly, or honey**, how much did you usually eat?

- ☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

73. How often did you eat **peanut butter** or **other nut butter**?☐ NEVER (GO TO QUESTION 74)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

73a. Each time you ate **peanut butter** or **other nut butter**, how much did you usually eat?

- ☐ Less than 1 tablespoon
☐ 1 to 2 tablespoons
☐ More than 2 tablespoons

Question 74 appears on the next page.



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In the 12 months prior to diagnosis...

74. How often did you eat **roast beef** or **steak IN SANDWICHES**?

☐ NEVER (GO TO QUESTION 75)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

74a. Each time you ate **roast beef** or **steak IN SANDWICHES**, how much did you usually eat?

- ☐ Less than 1 slice or less than 2 ounces
☐ 1 to 2 slices or 2 to 4 ounces
☐ More than 2 slices or more than 4 ounces

75. How often did you eat **turkey** or **chicken COLD CUTS** (such as loaf, luncheon meat, turkey ham, turkey salami, turkey pastrami, or turkey bacon)?
(We will ask about other turkey or chicken later.)

☐ NEVER (GO TO QUESTION 76)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

75a. Each time you ate **turkey** or **chicken COLD CUTS**, how much did you usually eat?

- ☐ Less than 1 slice
☐ 1 to 3 slices
☐ More than 3 slices



Question 76 appears on the next page.



76. How often did you eat **luncheon** or **deli-style ham**?
(We will ask about other ham later.)

☐ NEVER (GO TO QUESTION 77)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

76a. Each time you ate **luncheon** or **deli-style ham**, how much did you usually eat?

- ☐ Less than 1 slice
☐ 1 to 3 slices
☐ More than 3 slices

76b. How often was the luncheon or deli-style ham you ate **light**, **low-fat**, or **fat-free**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

77. How often did you eat **other cold cuts** or **luncheon meats** (such as bologna, salami, corned beef, pastrami, or others, including low-fat)? (Please do not include ham, turkey, or chicken cold cuts.)

☐ NEVER (GO TO QUESTION 78)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

77a. Each time you ate **other cold cuts** or **luncheon meats**, how much did you usually eat?

- ☐ Less than 1 slice
☐ 1 to 3 slices
☐ More than 3 slices

77b. How often were the other cold cuts or luncheon meats you ate **light**, **low-fat**, or **fat-free cold cuts** or **luncheon meats**? (Please do not include ham, turkey, or chicken cold cuts.)

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 78 appears on the next page.



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In the 12 months prior to diagnosis...

78. How often did you eat **canned tuna** (including in salads, sandwiches, or casseroles)?

☐ NEVER (GO TO QUESTION 79)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

78a. Each time you ate **canned tuna**, how much did you usually eat?

- ☐ Less than 1/4 cup or less than 2 ounces
☐ 1/4 to 1/2 cup or 2 to 3 ounces
☐ More than 1/2 cup or more than 3 ounces

78b. How often was the canned tuna you ate **water-packed tuna**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

78c. How often was the canned tuna you ate **prepared with mayonnaise or other dressing** (including low-fat)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

79. How often did you eat **GROUND chicken or turkey**?
(We will ask about other chicken and turkey later.)

☐ NEVER (GO TO QUESTION 80)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

79a. Each time you ate **GROUND chicken or turkey**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1/2 cup
☐ 2 to 4 ounces or 1/2 to 1 cup
☐ More than 4 ounces or more than 1 cup

Question 80 appears in the next column.

80. How often did you eat **beef hamburgers or cheeseburgers**?

☐ NEVER (GO TO QUESTION 81)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

80a. Each time you ate **beef hamburgers or cheeseburgers**, how much did you usually eat?

- ☐ Less than 1 patty or less than 2 ounces
☐ 1 patty or 2 to 4 ounces
☐ More than 1 patty or more than 4 ounces

80b. How often were the beef hamburgers or cheeseburgers you ate made with **lean ground beef**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

81. How often did you eat **ground beef in mixtures** (such as meatballs, casseroles, chili, or meatloaf)?

☐ NEVER (GO TO QUESTION 82)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

81a. Each time you ate **ground beef in mixtures**, how much did you usually eat?

- ☐ Less than 3 ounces or less than 1/2 cup
☐ 3 to 8 ounces or 1/2 to 1 cup
☐ More than 8 ounces or more than 1 cup

82. How often did you eat **hot dogs or frankfurters**?
(Please do not include sausages or vegetarian hot dogs.)

☐ NEVER (GO TO QUESTION 83)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

82a. Each time you ate **hot dogs or frankfurters**, how many did you usually eat?

- ☐ Less than 1 hot dog
☐ 1 to 2 hot dogs
☐ More than 2 hot dogs

Question 83 appears on the next page.

In the 12 months prior to diagnosis...

83. How often did you eat beef mixtures such as **beef stew, beef pot pie, beef and noodles, or beef and vegetables?**

☐ NEVER (GO TO QUESTION 84)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

83a. Each time you ate **beef stew, beef pot pie, beef and noodles, or beef and vegetables**, how much did you usually eat?

- ☐ Less than 1 cup
☐ 1 to 2 cups
☐ More than 2 cups

84. How often did you eat **roast beef or pot roast**?
(Please do not include roast beef or pot roast in sandwiches.)

☐ NEVER (GO TO QUESTION 85)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

84a. Each time you ate **roast beef or pot roast** (including in mixtures), how much did you usually eat?

- ☐ Less than 2 ounces
☐ 2 to 5 ounces
☐ More than 5 ounces

85. How often did you eat **steak** (beef)? *(Do not include steak in sandwiches.)*

☐ NEVER (GO TO QUESTION 86)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

85a. Each time you ate **steak** (beef), how much did you usually eat?

- ☐ Less than 3 ounces
☐ 3 to 7 ounces
☐ More than 7 ounces

Question 86 appears in the next column.

85b. How often was the steak you ate **lean steak**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

86. How often did you eat **pork or beef spareribs**?

☐ NEVER (GO TO QUESTION 87)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

86a. Each time you ate **pork or beef spareribs**, how much did you usually eat?

- ☐ Less than 4 ribs
☐ 4 to 12 ribs
☐ More than 12 ribs

87. How often did you eat **roast turkey, turkey cutlets, or turkey nuggets** (including in sandwiches)?

☐ NEVER (GO TO QUESTION 88)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

87a. Each time you ate **roast turkey, turkey cutlets, or turkey nuggets**, how much did you usually eat? *(Please note: 4 to 8 turkey nuggets = 3 ounces)*

- ☐ Less than 2 ounces
☐ 2 to 4 ounces
☐ More than 4 ounces

88. How often did you eat **chicken** as part of **salads, sandwiches, casseroles, stews, or other mixtures**?

☐ NEVER (GO TO QUESTION 89)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

Question 89 appears on the next page.



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In the 12 months prior to diagnosis...

88a. Each time you ate **chicken** as part of **salads, sandwiches, casseroles, stews, or other mixtures**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 to 1 1/2 cups
☐ More than 1 1/2 cups

89. How often did you eat **baked, broiled, roasted, stewed, or fried chicken** (including nuggets)?
(Please do not include chicken in mixtures.)

☐ NEVER (GO TO QUESTION 90)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

89a. Each time you ate **baked, broiled, roasted, stewed, or fried chicken** (including nuggets), how much did you usually eat?

- ☐ Less than 2 drumsticks or wings, less than 1 breast or thigh, or less than 4 nuggets
☐ 2 drumsticks or wings, 1 breast or thigh, or 4 to 8 nuggets
☐ More than 2 drumsticks or wings, more than 1 breast or thigh, or more than 8 nuggets

89b. How often was the chicken you ate **fried chicken** (including deep fried) or **chicken nuggets**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

89c. How often was the chicken you ate **WHITE meat**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

89d. How often did you eat chicken **WITH skin**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question appears 90 in the next column.

90. How often did you eat **baked ham or ham steak**?

☐ NEVER (GO TO QUESTION 91)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

90a. Each time you ate **baked ham or ham steak**, how much did you usually eat?

- ☐ Less than 1 ounce
☐ 1 to 3 ounces
☐ More than 3 ounces

91. How often did you eat **pork** (including chops, roasts, and in mixed dishes)? *(Please do not include ham, ham steak, or sausage.)*

☐ NEVER (GO TO QUESTION 92)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

91a. Each time you ate **pork**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 chop
☐ 2 to 5 ounces or 1 chop
☐ More than 5 ounces or more than 1 chop

92. How often did you eat **gravy** on meat, chicken, potatoes, rice, etc.?

☐ NEVER (GO TO QUESTION 93)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

92a. Each time you ate **gravy** on meat, chicken, potatoes, rice, etc., how much did you usually eat?

- ☐ Less than 1/8 cup
☐ 1/8 to 1/2 cup
☐ More than 1/2 cup

Question 93 appears on the next page.



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In the 12 months prior to diagnosis...

93. How often did you eat **liver** (all kinds) or **liverwurst**?

☐ NEVER (GO TO QUESTION 94)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

93a. Each time you ate **liver** or **liverwurst**, how much did you usually eat?

- ☐ Less than 1 ounce
☐ 1 to 4 ounces
☐ More than 4 ounces

94. How often did you eat **sweetbreads** or **chitterlings**?

☐ NEVER (GO TO QUESTION 95)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

94a. Each time you ate **sweetbreads** or **chitterlings**, how much did you usually eat?

- ☐ Less than 1 ounce
☐ 1 to 4 ounces
☐ More than 4 ounces

95. How often did you eat **bacon** (including low-fat)?

☐ NEVER (GO TO QUESTION 96)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

95a. Each time you ate **bacon**, how much did you usually eat?

- ☐ Fewer than 2 slices
☐ 2 to 3 slices
☐ More than 3 slices

95b. How often was the bacon you ate **light, low-fat, or lean bacon**? (excluding turkey bacon)

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 96 appears in the next column.

96. How often did you eat **sausage** (including low-fat)?

☐ NEVER (GO TO QUESTION 97)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

96a. Each time you ate **sausage**, how much did you usually eat?

- ☐ Less than one patty or 2 links
☐ 1 to 3 patties or 2 to 5 links
☐ More than 3 patties or 5 links

96b. How often was the sausage you ate **light, low-fat, or lean sausage**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

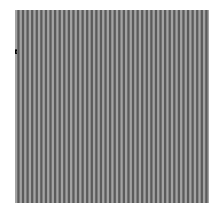
97. How often did you eat **fish sticks** or **fried fish** (including fried seafood or shellfish like shrimp, oysters or crawfish)?

☐ NEVER (GO TO QUESTION 98)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

97a. Each time you ate **fish sticks** or **fried fish**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 fillet
☐ 2 to 7 ounces or 1 fillet
☐ More than 7 ounces or more than 1 fillet



Introduction to Question 98 appears on the next page.



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In the 12 months prior to diagnosis...

98. How often did you eat **fish** or **shellfish that was NOT FRIED** (this includes shrimp, oysters or crawfish)?

- ☐ NEVER (GO TO INTRODUCTION TO QUESTION 99)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

98a. Each time you ate **fish** or **shellfish that was not fried**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 fillet
☐ 2 to 5 ounces or 1 fillet
☐ More than 5 ounces or more than 1 fillet

99. How often did you eat **dark meat fish, like salmon that was not fried**?

- ☐ NEVER (GO TO INTRODUCTION TO QUESTION 100)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

99a. Each time you ate **dark meat fish that was not fried**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 fillet
☐ 2 to 5 ounces or 1 fillet
☐ More than 5 ounces or more than 1 fillet

100. How often did you eat **fresh tuna**?

- ☐ NEVER (GO TO INTRODUCTION TO QUESTION 101)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

100a. Each time you ate **fresh tuna**, how much did you usually eat?

- ☐ Less than 2 ounces or less than 1 fillet
☐ 2 to 5 ounces or 1 fillet
☐ More than 5 ounces or more than 1 fillet

Question 101 appears in the next column.



Now think about all the meat, poultry, and fish you ate in the past 12 months and how they were prepared.

101. How often was **oil, butter, margarine, or other fat** used to **FRY, SAUTE, BASTE, OR MARINATE** any meat, poultry, or fish you ate? (Please do not include deep frying.)

- ☐ NEVER (GO TO QUESTION 102)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

101a. Which of the following **fats** were regularly used to prepare your meat, poultry, or fish? (**Mark all that apply.**)

- ☐ Margarine (including low-fat)
☐ Butter (including low-fat)
☐ Lard, fatback, or bacon fat
☐ Olive Oil
☐ Corn Oil
☐ Canola or rapeseed oil
☐ Oil spray, such as Pam or others
☐ Other kinds of oils
☐ None of the above

102. How often did you eat **tofu, soy burgers, or soy meat-substitutes**?

- ☐ NEVER (GO TO QUESTION 103)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

102a. Each time you ate **tofu, soy burgers, or soy meat-substitutes**, how much did you usually eat?

- ☐ Less than 1/4 cup or less than 2 ounces
☐ 1/4 to 1/2 cup or 2 to 4 ounces
☐ More than 1/2 cup or more than 4 ounces

Introduction to Question 103 appears on the next page.



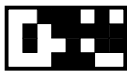
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In the 12 months prior to diagnosis...103. Did you eat **soups**?☐ NO (Go To Question 104)☐ YES103a. How often did you eat **soups DURING THE WINTER**?☐ NEVER☐ 1-6 times per winter☐ 7-11 times per winter☐ 1 time per month☐ 2-3 times per month☐ 1 time per week☐ 2 times per week☐ 3-4 times per week☐ 5-6 times per week☐ 1 time per day☐ 2 or more times per day103b. How often did you eat **soups DURING THE REST OF THE YEAR**?☐ NEVER☐ 1-6 times per year☐ 7-11 times per year☐ 1 time per month☐ 2-3 times per month☐ 1 time per week☐ 2 times per week☐ 3-4 times per week☐ 5-6 times per week☐ 1 time per day☐ 2 or more times per day103c. Each time you ate **soups**, how much did you usually eat?☐ Less than 1 cup☐ 1 to 2 cups☐ More than 2 cups103d. How often were the soups you ate **bean soups**?☐ Almost never or never☐ About 1/4 of the time☐ About 1/2 of the time☐ About 3/4 of the time☐ Almost always or always103e. How often were the soups you ate **cream soups** (including chowders)?☐ Almost never or never☐ About 1/4 of the time☐ About 1/2 of the time☐ About 3/4 of the time☐ Almost always or always103f. How often were the soups you ate **tomato** or **vegetable soups**?☐ Almost never or never☐ About 1/4 of the time☐ About 1/2 of the time☐ About 3/4 of the time☐ Almost always or always103g. How often were the soups you ate **broth soups** (including chicken) **with** or **without** **noodles** or **rice**?☐ Almost never or never☐ About 1/4 of the time☐ About 1/2 of the time☐ About 3/4 of the time☐ Almost always or always103h. How often were the soups you ate **gumbo**?☐ Almost never or never☐ About 1/4 of the time☐ About 1/2 of the time☐ About 3/4 of the time☐ Almost always or always104. How often did you eat **pizza**?☐ NEVER (GO TO QUESTION 105)☐ 1-6 times per year☐ 7-11 times per year☐ 1 time per month☐ 2-3 times per month☐ 1 time per week☐ 2 times per week☐ 3-4 times per week☐ 5-6 times per week☐ 1 time per day☐ 2 or more times per day104a. Each time you ate **pizza**, how much did you usually eat?☐ Less than 1 slice or less than 1 mini pizza☐ 1 to 3 slices or 1 mini pizza☐ More than 3 slices or more than 1 mini pizza104b. How often did you eat pizza with **pepperoni**, **sausage**, or **other meat**?☐ Almost never or never☐ About 1/4 of the time☐ About 1/2 of the time☐ About 3/4 of the time☐ Almost always or always104c. How often did you eat pizza with a **tomato sauce**?☐ Almost never or never☐ About 1/4 of the time☐ About 1/2 of the time☐ About 3/4 of the time☐ Almost always or always

Question 104 appears in the next column.

Question 105 appears on the next page.



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In the 12 months prior to diagnosis...

104d. How often did you eat pizza without a **tomato sauce**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

105. How often did you eat **crackers**?

☐ NEVER (GO TO QUESTION 106)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

105a. Each time you ate **crackers**, how many did you usually eat?

- ☐ Fewer than 4 crackers
- ☐ 4 to 10 crackers
- ☐ More than 10 crackers

106. How often did you eat **potato chips, tortilla chips, or corn chips** (including low-fat, fat-free, or low-salt)?

☐ NEVER (GO TO QUESTION 107)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

106a. Each time you ate **potato chips, tortilla chips, or corn chips**, how much did you usually eat?

- ☐ Fewer than 10 chips or less than 1 cup
- ☐ 10 to 25 chips or 1 to 2 cups
- ☐ More than 25 chips or more than 2 cups

106b. How often were the chips you ate **Wow chips** or other **chips made with fat substitute** (Olean or Olestra)?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

Question 107 appears in the next column.

106c. How often were the chips you ate other **low-fat or fat-free chips**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

107. How often did you eat **popcorn** (including low-fat)?

☐ NEVER (GO TO QUESTION 108)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

107a. Each time you ate **popcorn**, how much did you usually eat?

- ☐ Less than 2 cups, popped
- ☐ 2 to 5 cups, popped
- ☐ More than 5 cups, popped

108. How often did you eat **pretzels**?

☐ NEVER (GO TO QUESTION 109)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

108a. Each time you ate **pretzels**, how many did you usually eat?

- ☐ Fewer than 5 average twists
- ☐ 5 to 20 average twists
- ☐ More than 20 average twists

109. How often did you eat **peanuts, walnuts, seeds, or other nuts**?

☐ NEVER (GO TO QUESTION 110)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

109a. Each time you ate **peanuts, walnuts, seeds, or other nuts**, how much did you usually eat?

- ☐ Less than 1/4 cup
- ☐ 1/4 to 1/2 cup
- ☐ More than 1/2 cup

Question 110 appears on the next page.



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In the 12 months prior to diagnosis...

110. How often did you eat **energy bars, high-protein, or breakfast bars** such as **Power bars, Balance, Clif, or others**?

☐ NEVER (GO TO QUESTION 111)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

- 110a. Each time you ate **energy, high-protein, or breakfast bars**, how much did you usually eat?

- ☐ Less than 1 bar
☐ 1 bar
☐ More than 1 bar

111. How often did you eat **yogurt** (NOT including frozen yogurt)?

☐ NEVER (GO TO QUESTION 112)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

- 111a. Each time you ate **yogurt**, how much did you usually eat?

- ☐ Less than 1/2 cup or less than 1 container
☐ 1/2 to 1 cup or 1 container
☐ More than 1 cup or more than 1 container

112. How often did you eat **cottage cheese** (including low-fat)?

☐ NEVER (GO TO QUESTION 113)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

- 112a. Each time you ate **cottage cheese**, how much did you usually eat?

- ☐ Less than 1/4 cup
☐ 1/4 to 1 cup
☐ More than 1 cup

Question 113 appears in the next column.

113. How often did you eat **cheese** (including low-fat; including on cheeseburgers or in sandwiches or subs)?

☐ NEVER (GO TO QUESTION 114)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

- 113a. Each time you ate **cheese**, how much did you usually eat?

- ☐ Less than 1/2 ounce or less than 1 slice
☐ 1/2 to 1 1/2 ounces or 1 slice
☐ More than 1 1/2 ounces or more than 1 slice

- 113b. How often was the cheese you ate **light or low-fat cheese**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

- 113c. How often was the cheese you ate **fat-free cheese**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 114 appears on the next page.



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**In the 12 months prior to diagnosis...**

114. How often did you eat **frozen yogurt, sorbet, or ices** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 115)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

114a. Each time you ate frozen **yogurt, sorbet, or ices**, how much did you usually eat?

- ☐ Less than 1/2 cup or less than 1 scoop
☐ 1/2 to 1 cup or 1 to 2 scoops
☐ More than 1 cup or more than 2 scoops

115. How often did you eat **ice cream, ice cream bars, or sherbet** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 116)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

115a. Each time you ate **ice cream, ice cream bars, or sherbet**, how much did you usually eat?

- ☐ Less than 1/2 cup or less than 1 scoop
☐ 1/2 to 1 1/2 cups or 1 to 2 scoops
☐ More than 1 1/2 cups or more than 2 scoops

115b. How often was the ice cream you ate **light, low-fat, or fat-free ice cream or sherbet**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 116 appears in the next column.

116. How often did you eat **cake** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 117)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

116a. Each time you ate **cake**, how much did you usually eat?

- ☐ Less than 1 medium piece
☐ 1 medium piece
☐ More than 1 medium piece

116b. How often was the cake you ate **light, low-fat, or fat-free cake**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

117. How often did you eat **cookies or brownies** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 118)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

117a. Each time you ate **cookies or brownies**, how much did you usually eat?

- ☐ Less than 2 cookies or 1 small brownie
☐ 2 to 4 cookies or 1 medium brownie
☐ More than 4 cookies or 1 large brownie

117b. How often were the cookies or brownies you ate **light, low-fat, or fat-free cookies or brownies**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 118 appears on the next page.



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In the 12 months prior to diagnosis...

118. How often did you eat **doughnuts, sweet rolls, Danish, or poptarts**, (including beignets, kingcake, and coffeecake)?

☐ NEVER (GO TO QUESTION 119)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

- 118a. Each time you ate **doughnuts, sweet rolls, Danish, or poptarts**, how much did you usually eat?

- ☐ Less than 1 piece
☐ 1 to 2 pieces
☐ More than 2 pieces

119. How often did you eat **sweet muffins or dessert breads** (including low-fat or fat-free)?

☐ NEVER (GO TO QUESTION 120)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

- 119a. Each time you ate **sweet muffins or dessert breads**, how much did you usually eat?

- ☐ Less than 1 medium piece
☐ 1 medium piece
☐ More than 1 medium piece

- 119b. How often were the sweet muffins or dessert breads you ate **light, low-fat, or fat-free sweet muffins or dessert breads**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

120. How often did you eat **fruit crisp, cobbler, or strudel**?

☐ NEVER (GO TO QUESTION 121)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

Question 121 appears in the next column.

- 120a. Each time you ate **fruit crisp, cobbler, or strudel**, how much did you usually eat?

- ☐ Less than 1/2 cup
☐ 1/2 cup to 1 cup
☐ More than 1 cup

121. How often did you eat **pie**?

☐ NEVER (GO TO QUESTION 122)

- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

- 121a. Each time you ate **pie**, how much did you usually eat?

- ☐ Less than 1/8 of a pie
☐ About 1/8 of a pie
☐ More than 1/8 of a pie

The next four questions ask about the kinds of pie you ate. Please read all four questions before answering.

- 121b. How often were the pies you ate **fruit pie** (such as apple, blueberry, others)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

- 121c. How often were the pies you ate **cream, pudding, custard, or meringue pie**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

- 121d. How often were the pies you ate **pumpkin or sweet potato pie**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 122 appears on the next page.



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In the 12 months prior to diagnosis...121e. How often were the pies you ate **pecan pie**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

122. How often did you eat **chocolate candy**?

- ☐ NEVER (GO TO QUESTION 123)
- ☐ 1-6 times per year
- ☐ 7-11 times per year
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

122a. Each time you ate **chocolate candy**, how much did you usually eat?

- ☐ Less than 1 average bar or less than 1 ounce
- ☐ 1 average bar or 1 to 2 ounces
- ☐ More than 1 average bar or more than 2 ounces

123. How often did you eat **other candy**?

- ☐ NEVER (GO TO QUESTION 124)
- ☐ 1-6 times per year
- ☐ 7-11 times per year
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

123a. Each time you ate **other candy**, how much did you usually eat?

- ☐ Fewer than 2 pieces
- ☐ 2 to 9 pieces
- ☐ More than 9 pieces

124. How often did you eat **eggs, egg whites, or egg substitutes** (NOT counting eggs in baked goods and desserts)? *(Please include eggs in salads, quiche, and souffles.)*

- ☐ NEVER (GO TO QUESTION 125)
- ☐ 1-6 times per year
- ☐ 7-11 times per year
- ☐ 1 time per month
- ☐ 2-3 times per month
- ☐ 1 time per week
- ☐ 2 times per week
- ☐ 3-4 times per week
- ☐ 5-6 times per week
- ☐ 1 time per day
- ☐ 2 or more times per day

Question 125 appears in the next column..

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124a. Each time you ate **eggs**, how many did you usually eat?

- ☐ 1 egg
- ☐ 2 eggs
- ☐ 3 or more eggs

124b. How often were the eggs you ate **egg substitutes**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

124c. How often were the eggs you ate **egg whites only**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

124d. How often were the eggs you ate **regular whole eggs**?

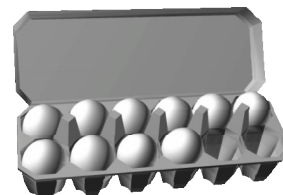
- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

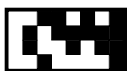
124e. How often were the eggs you ate **cooked in oil, butter, or margarine**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

124f. How often were the eggs you ate part of **egg salad**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always





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In the 12 months prior to diagnosis...

125. How many cups of **coffee**, caffeinated or decaffeinated, did you drink?

☐ NONE (GO TO QUESTION 126)

- | | |
|---|--|
| <input type="radio"/> Less than 1 cup per month | <input type="radio"/> 1 cup per day |
| <input type="radio"/> 1-3 cups per month | <input type="radio"/> 2-3 cups per day |
| <input type="radio"/> 1 cup per week | <input type="radio"/> 4-5 cups per day |
| <input type="radio"/> 2-4 cups per week | <input type="radio"/> 6 or more cups per day |
| <input type="radio"/> 5-6 cups per week | |

125a. How often was the coffee you drank **decaffeinated**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

126. How many glasses of **ICED tea**, caffeinated or decaffeinated, did you drink?

☐ NONE (GO TO QUESTION 127)

- | | |
|---|--|
| <input type="radio"/> Less than 1 cup per month | <input type="radio"/> 1 cup per day |
| <input type="radio"/> 1-3 cups per month | <input type="radio"/> 2-3 cups per day |
| <input type="radio"/> 1 cup per week | <input type="radio"/> 4-5 cups per day |
| <input type="radio"/> 2-4 cups per week | <input type="radio"/> 6 or more cups per day |
| <input type="radio"/> 5-6 cups per week | |

126a. How often was the iced tea you drank **decaffeinated**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

127. How many cups of **HOT tea**, caffeinated or decaffeinated, did you drink?

☐ NONE (GO TO QUESTION 128)

- | | |
|---|--|
| <input type="radio"/> Less than 1 cup per month | <input type="radio"/> 1 cup per day |
| <input type="radio"/> 1-3 cups per month | <input type="radio"/> 2-3 cups per day |
| <input type="radio"/> 1 cup per week | <input type="radio"/> 4-5 cups per day |
| <input type="radio"/> 2-4 cups per week | <input type="radio"/> 6 or more cups per day |
| <input type="radio"/> 5-6 cups per week | |

127a. How often was the hot tea you drank **decaffeinated**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

Question 128 appears in the next column.

128. How often did you add **sugar or honey** to your coffee or tea?

☐ NEVER (GO TO QUESTION 129)

- | | |
|--|---|
| <input type="radio"/> Less than 1 time per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

128a. Each time **sugar or honey** was added to your coffee or tea, how much was usually added?

- ☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

129. How often did you add **artificial sweetener** to your coffee or tea?

☐ NEVER (GO TO QUESTION 130)

- | | |
|--|---|
| <input type="radio"/> Less than 1 time per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

129a. What kind of **artificial sweetener** did you usually use?

- ☐ Equal or aspartame
☐ Sweet N Low or saccharin
☐ Other _____

130. How often was **non-dairy creamer** added to your coffee or tea?

☐ NEVER (GO TO QUESTION 131)

- | | |
|--|---|
| <input type="radio"/> Less than 1 time per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |

130a. Each time **non-dairy creamer** was added to your coffee or tea, how much was usually used?

- ☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

130b. What kind of **non-dairy creamer** did you usually use?

- ☐ Regular powered
☐ Low-fat or fat-free powered
☐ Regular liquid
☐ Low-fat or fat-free liquid

Question 131 appears on the next page.



24395

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In the 12 months prior to diagnosis...

131. How often was **cream** or **half and half** added to your coffee or tea?

- ☐ NEVER (GO TO QUESTION 132)
- | | |
|--|---|
| <input type="radio"/> Less than 1 time per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 6 or times more per day |
| <input type="radio"/> 5-6 times per week | |

131a. Each time **cream** or **half and half** was added to your coffee or tea, how much was usually added?

- ☐ Less than 1 tablespoon
☐ 1 to 2 tablespoons
☐ More than 2 tablespoons

132. How often was **milk** added to your coffee or tea?

- ☐ NEVER (GO TO QUESTION 133)
- | | |
|--|---|
| <input type="radio"/> Less than 1 time per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 6 or times more per day |
| <input type="radio"/> 5-6 times per week | |

132a. Each time **milk** was added to your coffee or tea, how much was usually added?

- ☐ Less than 1 tablespoon
☐ 1 to 3 tablespoons
☐ More than 3 tablespoons

132b. What kind of **milk** was usually added to your coffee or tea?

- ☐ Whole milk
☐ 2% milk
☐ 1% milk
☐ Skim, nonfat, or 1/2% milk
☐ Evaporated or condensed (canned) milk
☐ Soy milk
☐ Rice milk
☐ Other

Question 133 appears in the next column.

133. How often was **sugar** or **honey** added to foods you ate? (Please do not include sugar in coffee, tea, other beverages, or baked goods.)

- ☐ NEVER (GO TO INTRODUCTION TO QUESTION 134)
- | | |
|---|---|
| <input type="radio"/> 1-6 times per year | <input type="radio"/> 2 times per week |
| <input type="radio"/> 7-11 times per year | <input type="radio"/> 3-4 times per week |
| <input type="radio"/> 1 time per month | <input type="radio"/> 5-6 times per week |
| <input type="radio"/> 2-3 times per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 2 or more times per day |

133a. Each time **sugar** or **honey** was added to foods you ate, how much was usually added?

- ☐ Less than 1 teaspoon
☐ 1 to 3 teaspoons
☐ More than 3 teaspoons

The following questions are about the kinds of margarine, mayonnaise, sour cream, cream cheese, and salad dressing that you eat. If possible, please check the labels of these foods to help you answer.

134. Did you eat **margarine**?

- ☐ NO (GO TO QUESTION 135)
☐ YES

134a. How often was the margarine you ate **regular-fat margarine** (stick or tub)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

134b. How often was the margarine you ate **light or low-fat margarine** (stick or tub)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always



Question 134 appears on the next page.



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In the 12 months prior to diagnosis...

134c. How often was the margarine you ate **fat-free margarine**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

135. Did you eat **butter**?

☐ NO (GO TO QUESTION 136)

☐ YES

135a. How often was the butter you ate **light** or **low-fat butter**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

136. Did you eat **mayonnaise or mayonnaise-type dressing**?

☐ NO (GO TO QUESTION 137)

☐ YES

136a. How often was the mayonnaise you ate **regular-fat mayonnaise**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

136b. How often was the mayonnaise you ate **light** or **low-fat mayonnaise**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always



Question 137 appears in the next column.

136c. How often was the mayonnaise you ate **fat-free mayonnaise**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

137. Did you eat **sour cream**?

☐ NO (GO TO QUESTION 138)

☐ YES

137a. How often was the sour cream you ate **regular-fat sour cream**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

137b. How often was the sour cream you ate **light, low-fat, or fat free sour cream**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

138. Did you eat **cream cheese**?

☐ NO (GO TO QUESTION 139)

☐ YES

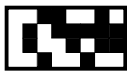
138a. How often was the cream cheese you ate **regular-fat cream cheese**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

138b. How often was the cream cheese you ate **light, low-fat, or fat-free cream cheese**?

- ☐ Almost never or never
- ☐ About 1/4 of the time
- ☐ About 1/2 of the time
- ☐ About 3/4 of the time
- ☐ Almost always or always

Question 139 appears on the next page.



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In the 12 months prior to diagnosis...139. Did you eat **salad dressing**?☐ NO (GO TO INTRODUCTION TO QUESTION 140)☐ YES139a. How often was the salad dressing you ate **regular-fat salad dressing** (including oil and vinegar dressing)?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

139b. How often was the salad dressing you ate **light or low-fat salad dressing**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

139c. How often was the salad dressing you ate **fat-free salad dressing**?

- ☐ Almost never or never
☐ About 1/4 of the time
☐ About 1/2 of the time
☐ About 3/4 of the time
☐ Almost always or always

The following two questions ask you to summarize your usual intake of vegetables and fruits. Please do not include salads, potatoes, or juices.

140. How many servings of **vegetables** (not including salad or potatoes) did you eat per week or per day?

- | | |
|--|---|
| <input type="radio"/> Less than 1 per week | <input type="radio"/> 2 per day |
| <input type="radio"/> 1-2 per week | <input type="radio"/> 3 per day |
| <input type="radio"/> 3-4 per week | <input type="radio"/> 4 per day |
| <input type="radio"/> 5-6 per week | <input type="radio"/> 5 or more per day |
| <input type="radio"/> 1 per day | |



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141. How many servings of **fruit** (not including juices) did you eat per week or per day?

- | | |
|--|---|
| <input type="radio"/> Less than 1 per week | <input type="radio"/> 2 per day |
| <input type="radio"/> 1-2 per week | <input type="radio"/> 3 per day |
| <input type="radio"/> 3-4 per week | <input type="radio"/> 4 per day |
| <input type="radio"/> 5-6 per week | <input type="radio"/> 5 or more per day |
| <input type="radio"/> 1 per day | |

142. In the month prior to diagnosis, which of the following foods did you eat **AT LEAST THREE TIMES?** (*Mark all that apply.*)

- | | |
|--|--|
| <input type="radio"/> Avocado, guacamole | <input type="radio"/> Olives |
| <input type="radio"/> Cheesecake | <input type="radio"/> Pickles or pickled vegetables or fruit |
| <input type="radio"/> Chocolate, fudge, or butterscotch toppings or syrups | <input type="radio"/> Plantains |
| <input type="radio"/> Chow mein noodles | <input type="radio"/> Pork neckbones, hock, head, or feet |
| <input type="radio"/> Croissants | <input type="radio"/> Pudding or custard |
| <input type="radio"/> Dried apricots | <input type="radio"/> Veal, venison, lamb |
| <input type="radio"/> Egg rolls | <input type="radio"/> Whipped cream, regular |
| <input type="radio"/> Granola bars | <input type="radio"/> Whipped cream, substitute |
| <input type="radio"/> Hot peppers | |
| <input type="radio"/> Jello, gelatin | |
| <input type="radio"/> Milkshakes or ice-cream sodas | <input type="radio"/> NONE |

143. For **ALL** of the 12 months prior to diagnosis, have you followed any type of **vegetarian diet**?☐ NO☐ YES143a. Which of the following foods did you **TOTALLY EXCLUDE** from your diet? (*Mark all that apply.*)

- ☐ Meat (beef, pork, lamb etc.)
☐ Poultry (chicken, turkey, duck)
☐ Fish and seafood
☐ Eggs
☐ Dairy products (milk, cheese, etc.)

144. How often was the food you ate **prepared with garlic or garlic added** to the food?☐ NEVER (FILL OUT END TIME)

- | | |
|--|---|
| <input type="radio"/> Less than 1 time per month | <input type="radio"/> 1 time per day |
| <input type="radio"/> 1-3 times per month | <input type="radio"/> 2-3 times per day |
| <input type="radio"/> 1 time per week | <input type="radio"/> 4-5 times per day |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 6 or more times per day |
| <input type="radio"/> 5-6 times per week | |



end time:

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am pm

PHYSICAL ACTIVITY

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start time:

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 am pm

I will ask you to complete a Physical Activity Questionnaire. I will ask you the type of physical activity you participated in during the 12 months prior to prostate cancer diagnosis including light-intensity activity, moderate-intensity activity, and vigorous-intensity activity, the number of days per week, and the number of minutes per day you participated in this activity. I will read each question aloud to you and record your answer directly on the questionnaire.

Answer each question the best you can. There are no right or wrong answers. All answers are confidential. Your answers will be combined with other participant's answers so no one would be able to tell your particular answers.

Are there any questions before we begin? Remember to answer each question the best you can. Thank you very much for completing this questionnaire.

In the 12 months prior to prostate cancer diagnosis, did you do any of the following activities at least once a week? Do not include work on the job.

1. In the 12 months prior to prostate cancer diagnosis, did you WALK for exercise? ☐ No **Skip to 2**
[Include walking on a treadmill.]

☐ Yes, at least once a week

1a. How many days per week? ☐ 1-2 ☐ 3-4 ☐ 5-7

1b. How many minutes per day? ☐ 10-25 ☐ 30-40 ☐ 45-55 ☐ 60+

1c. What is your usual pace? ☐ Casual (each mile takes 30 minutes or more)

☐ Moderate (each mile takes 20-29 minutes)

☐ Fast (each mile takes 19 minutes or less)

2. In the 12 months prior to prostate cancer diagnosis, did you LIFT WEIGHTS or use weight machines? ☐ No **Skip to 3**

☐ Yes, at least once a week

2a. How many days per week? ☐ 1-2 ☐ 3-4 ☐ 5-7

2b. How many minutes per day? ☐ 10-25 ☐ 30-40 ☐ 45-55 ☐ 60+

3. In the 12 months prior to prostate cancer diagnosis, did you do LIGHT exercise? ☐ No **Skip to 4**
[Show Card PA1]

☐ Yes, at least once a week

3a. How many days per week? ☐ 1-2 ☐ 3-4 ☐ 5-7

3b. How many hours per day? ☐ Less than 1 hour ☐ 1-2 hours ☐ 3+ hours



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Questions 4 and 5 are about moderate or vigorous exercise. "Moderate" exercise generally makes you breathe somewhat harder than you normally do, while "vigorous" exercise makes you breathe a lot harder than normal.

4. In the 12 months prior to prostate cancer diagnosis, did you do MODERATE exercise which made you breathe somewhat harder than normal? **[Show Card PA2]**
- ☐ No **Skip to 5**
- ☐ Yes, at least once a week

4a. How many days per week? ☐ 1-2 ☐ 3-4 ☐ 5-7

4b. How many minutes per day? ☐ 10-25 ☐ 30-40 ☐ 45-55 ☐ 60+

4c. What types of exercise did you do most often? (Mark one or two. If you used an exercise machine, choose the closest matching activity.)

☐ Light conditioning exercise ☐ Popular or folk dancing

☐ Low impact or water aerobics ☐ Slow cycling or stair machine (stepper)

☐ Jogging [fast running in Q5] ☐ Other

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5. In the 12 months prior to prostate cancer diagnosis, did you do VIGOROUS exercise which made you breathe much harder than normal? **[Show Card PA3]**
- ☐ No **Skip to 6**
- ☐ Yes, at least once a week

5a. How many days per week? ☐ 1-2 ☐ 3-4 ☐ 5-7

5b. How many minutes per day? ☐ 10-25 ☐ 30-40 ☐ 45-55 ☐ 60+

5c. What types of exercise did you do most often? (Mark one or two. If you used an exercise machine, choose the closest matching activity.)

☐ Aerobics class or video ☐ Fast cycling or stair machine

☐ Running ☐ Tennis match, racquetball, squash

☐ Swimming laps ☐ Other

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6. At each of the following ages, how many days per week did you usually exercise or play sports for at least 20 minutes?

6a. Age 18? ☐ None ☐ 1 ☐ 2-3 ☐ 4-5 ☐ 6-7

6b. Age 30? ☐ None ☐ 1 ☐ 2-3 ☐ 4-5 ☐ 6-7

6c. Age 45? ☐ None ☐ 1 ☐ 2-3 ☐ 4-5 ☐ 6-7



RAPID ESTIMATE OF ADULT LITERACY IN MEDICINE (REALM)

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I am going to give you a sheet of words to say. These are words that doctors often use when talking to patients. I'd like you to start with the word 'fat' and say the words as far down the page as you can. Please say each word out loud. [Show Card RLM1 and RLM2]

fat ☐
flu ☐
pill ☐
dose ☐
eye ☐
stress ☐
smear ☐
nerves ☐
germs ☐
meals ☐
disease ☐
cancer ☐
caffeine ☐
attack ☐
kidney ☐
hormones ☐
herpes ☐
seizure ☐
bowel ☐
asthma ☐
rectal ☐
incest ☐

fatigue ☐
pelvic ☐
jaundice ☐
infection ☐
exercise ☐
behavior ☐
prescription ☐
notify ☐
gallbladder ☐
calories ☐
depression ☐
miscarriage ☐
pregnancy ☐
arthritis ☐
nutrition ☐
menopause ☐
appendix ☐
abnormal ☐
syphilis ☐
hemorrhoids ☐
nausea ☐
directed ☐

allergic ☐
menstrual ☐
testicle ☐
colitis ☐
emergency ☐
medication ☐
occupation ☐
sexually ☐
alcoholism ☐
irritation ☐
constipation ☐
gonorrhea ☐
inflammatory ☐
diabetes ☐
hepatitis ☐
antibiotics ☐
diagnosis ☐
potassium ☐
anemia ☐
obesity ☐
osteoporosis ☐
impetigo ☐

Section end time: : am pm



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VITAMINS AND ALTERNATIVE MEDICINES

I will ask you to complete a Vitamins and Alternative Medicines Questionnaire. I will ask you about vitamin, mineral, and herbal supplements you have taken in the 12 months prior to prostate cancer diagnosis. I will read each question aloud to you and record your answer directly on the questionnaire.

*Answer each question the best you can. There are no right or wrong answers. All answers are **confidential**. Your answers will be combined with other participant's answers so no one would be able to tell your particular answers.*

Are there any questions before we begin? Remember answer each question the best that you can.

Thank you very much for completing this questionnaire.

start time:

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Next, go to Vitamin and Alternative Meds Form



VITAMINS AND ALTERNATIVE MEDICINES

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MULTIVITAMINS

1. In the 12 months prior to prostate cancer diagnosis, did you take a MULTIVITAMIN at least once a week?

☐ No

☐ Less than once a week

Go to Question 4

☐ Yes [SHOW CARD VAM1]

a) Days per week

☐ 1-2

☐ 3-4

☐ 5-6

☐ 7

2. What brand of MULTIVITAMIN did you take in the 12 months prior to prostate cancer diagnosis? (Mark only one, if you took more than one, mark the one taken the most often.) [SHOW CARD VAM2]

☐ Centrum

☐ Centrum Silver

☐ Central Vite

☐ Central Vite for Mature Adults

☐ RiteAid Whole Source Mature Adult

☐ Kirkland Multivitamin with minerals

☐ Kirkland Mature Adult

☐ NatureMade Multivitamin with minerals

☐ NatureMade Multivitamin with minerals

☐ NatureMade 50+ Multivitamin with minerals

☐ One-A-Day Maximum with minerals

☐ One-A-Day essentials (no minerals)

☐ One-A-Day Men's

☐ One-A-Day 50 Plus

☐ Theragran-M with minerals

☐ Theragran-M (no minerals)

☐ My brand is not listed above

If your brand of MULTIVITAMIN was not listed, what brand of MULTIVITAMIN did you take in the 12 months prior to prostate cancer diagnosis? Note: Record brand name below.

Do you have the MULTIVITAMIN bottle available?

☐ No → Skip to Question 4

☐ Yes → Answer the questions on next page



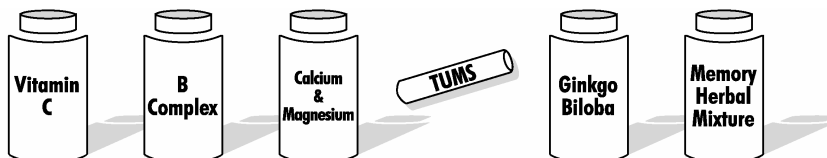
3. If your brand of MULTIVITAMIN was not listed on Page 1, what brand of MULTIVITAMIN did you take 12 months prior to prostate cancer diagnosis?

Look at the label to tell us what is in this MULTIVITAMIN. Note: The next page asks about single supplements or other mixtures.

Amount per day	Amount per day	Amount per day
<p>Vitamin A in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 5000 IU <input type="checkbox"/> 7500 IU <input type="checkbox"/> 10,000 IU <input type="checkbox"/> 15,000 IU</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Vitamin B12 in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 6 mcg <input type="checkbox"/> 50 mcg <input type="checkbox"/> 100 mcg <input type="checkbox"/> 250 mcg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Selenium in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>
<p>Beta-carotene in Multivitamin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vitamin C in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 60 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg <input type="checkbox"/> 1000 mg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Vitamin E in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 30 IU <input type="checkbox"/> 100 IU <input type="checkbox"/> 200 IU <input type="checkbox"/> 400 IU <input type="checkbox"/> 600 IU</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Did your MULTIVITAMIN contain any of these other vitamins and minerals? Mark all that apply.</p> <p><input type="checkbox"/> Riboflavin (B2) <input type="checkbox"/> Magnesium <input type="checkbox"/> Niacin (B3) <input type="checkbox"/> Chromium <input type="checkbox"/> Vitamin D</p>
<p>Thiamin (B1) in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 1.5 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Calcium in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 100 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg <input type="checkbox"/> 800 mg <input type="checkbox"/> 1000 mg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Did your MULTIVITAMIN contain any of these other compounds? Mark all that apply.</p> <p><input type="checkbox"/> Bioflavonoids <input type="checkbox"/> Lutein <input type="checkbox"/> Garlic <input type="checkbox"/> Lycopene <input type="checkbox"/> Ginko biloba <input type="checkbox"/> Ginseng <input type="checkbox"/> Saw palmetto <input type="checkbox"/> Soy or isoflavones</p>
<p>Vitamin B6 in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 2 mg <input type="checkbox"/> 20 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Iron in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 10 mg <input type="checkbox"/> 18 mg <input type="checkbox"/> 27 mg <input type="checkbox"/> 50 mg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	
<p>Folic acid (folate) in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 400 mcg <input type="checkbox"/> 600 mcg <input type="checkbox"/> 800 mcg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	<p>Zinc in Multivitamin</p> <p><input type="checkbox"/> Yes → <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg <input type="checkbox"/> 60 mg <input type="checkbox"/> 100 mg</p> <p><input type="checkbox"/> No Other conc. <input type="text"/></p>	



VITAMINS, MINERALS AND OTHER SUPPLEMENTS (not including multivitamins)



4. In the 12 months prior to prostate cancer diagnosis, did you take any dietary supplements other than a multivitamin? Include vitamins, minerals, herbals, and mixtures. Also include calcium, Tums and other antacid tablets that contain calcium.

☐ No → → **Go to Question 7**

☐ Less than once a week → → **Go to Question 7**

☐ Yes (vitamins/minerals) → **Fill Q5 then skip Q6**

☐ Yes (herbals/mixtures) → **Skip Q5 then fill Q6**

☐ Yes (both vitamins and herbals) → **Fill both Q5 and Q6**

5. In the 12 months prior to prostate cancer diagnosis, which vitamins and minerals were in your supplements? Do NOT include multivitamins. If you have the bottles, please look at the labels.

Vitamin A <input type="checkbox"/> Yes <input type="checkbox"/> No	Days per week? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7	Amount per day? <input type="checkbox"/> 5000 IU <input type="checkbox"/> 7500 IU <input type="checkbox"/> 10,000 IU <input type="checkbox"/> 15,000 IU <input type="checkbox"/> 20,000 IU <input type="checkbox"/> Don't Know	Other conc. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Beta-carotene <input type="checkbox"/> Yes <input type="checkbox"/> No	Days per week? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7	Amount per day? <input type="checkbox"/> 5000 IU <input type="checkbox"/> 7500 IU <input type="checkbox"/> 10,000 IU <input type="checkbox"/> 15,000 IU <input type="checkbox"/> 20,000 IU <input type="checkbox"/> Don't Know	Other conc. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Vitamin C <input type="checkbox"/> Yes <input type="checkbox"/> No	Days per week? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7	Amount per day? <input type="checkbox"/> 60 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg <input type="checkbox"/> 1000 mg <input type="checkbox"/> 1500 mg <input type="checkbox"/> Don't Know	Other conc. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Vitamin D☐ Yes☐ No**Days
per week?**☐ 1-2☐ 3-4☐ 5-6☐ 7**Amount per day?**☐ 400 IU☐ 600 IU☐ 800 IU☐ Don't Know**Other conc.****Vitamin E**☐ Yes☐ No**Days
per week?**☐ 1-2☐ 3-4☐ 5-6☐ 7**Amount per day?**☐ 30 IU☐ 100 IU☐ 200 IU☐ 400 IU☐ 600 IU☐ 800 IU☐ Don't Know**Other conc.****Thiamin (B1)**☐ Yes☐ No**Days
per week?**☐ 1-2☐ 3-4☐ 5-6☐ 7**Amount per day?**☐ 1.5 mg☐ 50 mg☐ 100 mg☐ Don't Know**Other conc.****Niacin (B3) or nicotinic acid**☐ Yes☐ No**Days
per week?**☐ 1-2☐ 3-4☐ 5-6☐ 7**Amount per day?**☐ 20 mg☐ 50 mg☐ 100 mg☐ 250 mg☐ 1000 mg☐ Don't Know**Other conc.****Vitamin B6**☐ Yes☐ No**Days
per week?**☐ 1-2☐ 3-4☐ 5-6☐ 7**Amount per day?**☐ 2 mg☐ 50 mg☐ 100 mg☐ 250 mg☐ Don't Know**Other conc.**

Folic acid (folate)

☐ Yes

☐ No

**Days
per week?**

☐ 1-2

☐ 3-4

☐ 5-6

☐ 7

Amount per day?

☐ 400 mcg

☐ 600 mcg

☐ 800 mcg

☐ Don't Know

Other conc.

Vitamin B12

☐ Yes

☐ No

**Days
per week?**

☐ 1-2

☐ 3-4

☐ 5-6

☐ 7

Amount per day?

☐ 6 mcg

☐ 50 mcg

☐ 100 mcg

☐ 250 mcg

☐ Don't Know

Other conc.

**Calcium, Tums or antacids
with calcium***

☐ Yes

☐ No

**Days
per week?**

☐ 1-2

☐ 3-4

☐ 5-6

☐ 7

Amount per day?

☐ 100 mg

☐ 200 mg

☐ 400 mg

☐ 800mg

☐ 1000 mg

☐ 1500 mg

☐ Don't Know

Other conc.

*Regular strength = 200 mg per tablet
Ultra or maximum strength = 400 mg per tablet

Iron

☐ Yes

☐ No

**Days
per week?**

☐ 1-2

☐ 3-4

☐ 5-6

☐ 7

Amount per day?

☐ 10 mg

☐ 18 mg

☐ 27 mg

☐ 50 mg

☐ Don't Know

Other conc.

Magnesium

☐ Yes

☐ No

**Days
per week?**

☐ 1-2

☐ 3-4

☐ 5-6

☐ 7

Amount per day?

☐ 100 mg

☐ 250 mg

☐ 400 mg

☐ Don't Know

Other conc.



Zinc

☐ Yes

☐ No

Days per week?

☐ 1-2
☐ 3-4
☐ 5-6
☐ 7

Amount per day?

☐ 15 mg
☐ 30 mg
☐ 60 mg
☐ 100 mg
☐ Don't Know

Other conc.

Selenium

☐ Yes

☐ No

Days per week?

☐ 1-2
☐ 3-4
☐ 5-6
☐ 7

Amount per day?

☐ 25 mcg
☐ 50 mcg
☐ 100 mcg
☐ 200 mcg
☐ Don't Know

Other conc.

Chromium

☐ Yes

☐ No

Days per week?

☐ 1-2
☐ 3-4
☐ 5-6
☐ 7

Amount per day?

☐ 25 mcg
☐ 100 mcg
☐ 200 mcg
☐ Don't Know

Other conc.

6. For these HERBALS and OTHER COMPOUNDS, include pills, powders, tinctures, and teas taken regularly in the 12 months prior to prostate cancer diagnosis. Regularly means at least once a week for the year. Mark all that apply; note that list is continued on the next page. [SHOW CARD VAM3]

Acidophilus pills

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Bilberry

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Aloe Vera

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Camelia sinensis

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Astragalus

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Cascara sagrada

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7



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Cat's claw

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Chondroitin (Chondroitin sulfate)

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Co-enzyme Q10 (CoQ10)

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Cranberry pills

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

DHEA

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Dong Kuai (Tangkwei)

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Echinacea

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Essiac Tea

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Evening primrose oil (EPO)

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Feverfew

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Fish oil, EPA, omega-3 or cod liver oil

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Garlic pills

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Ginger

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Ginko biloba

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Ginseng (American or Asian: see also Siberian ginseng)

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7

Glucosamine (Glucosamine sulfate)

☐ Yes, took before diagnosis →

☐ No

Days per week?

☐ 1-3
☐ 4-6
☐ 7



Goldenseal
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Grapeseed, pycnogenol or proanthocyanidin
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Kava kava
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Lutein
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Lycopene
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Melatonin
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Milk thistle
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

MSM (methylsulfonylmethane)
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

PC-SPES
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Pygeum (Pygeum Africanum)
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Resveratrol
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Saw palmetto
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Siberian ginseng (related to Asian but different)
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Soy supplements
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

St. John's wort
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7

Stinging Nettle Root (Urtica dioica)
☐ Yes, took before diagnosis →

☐ 1-3

☐ 4-6

☐ No

☐ 7


Valerian☐ Yes, took before diagnosis →☐ No☐ 1-3☐ 4-6☐ 7**Herbal Teas**☐ Yes, took before diagnosis →☐ No☐ 1-3☐ 4-6☐ 7**Green Tea**☐ Yes, took before diagnosis →☐ No☐ 1-3☐ 4-6☐ 7**Flaxseed/Flaxseed Oil**☐ Yes, took before diagnosis →☐ No☐ 1-3☐ 4-6☐ 7**Lipoic Acid**☐ Yes, took before diagnosis →☐ No☐ 1-3☐ 4-6☐ 7**Other:**☐ Yes, took before diagnosis →☐ No☐ 1-3☐ 4-6☐ 7**LIFETIME USE OF SOME COMMON SUPPLEMENTS****7. Since you were 21, have you ever taken any of these supplements at least once a week for a year?**


	<u>At least once a week for a year?</u>			<u>Total years taken since age 21?</u>				
Multivitamins	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> 1-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-14	<input type="checkbox"/> 15-24	<input type="checkbox"/> 25+
Vitamin C (not in multivitamin)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> 1-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-14	<input type="checkbox"/> 15-24	<input type="checkbox"/> 25+
Vitamin E (not in multivitamin)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> 1-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-14	<input type="checkbox"/> 15-24	<input type="checkbox"/> 25+
Calcium (not in multivitamin)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	<input type="checkbox"/> 1-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-14	<input type="checkbox"/> 15-24	<input type="checkbox"/> 25+



NSAID QUESTIONNAIRE

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The next questions are about some prescription and non-prescription medications that you may have taken for arthritis pain, headache, colds, or other reasons. We are interested in medicines that you took at least once a week for one month or longer. For each question I'll show you a list with the kinds of medicines I'm asking about.

1. Thinking back to the past 5 years **before** you learned you had prostate cancer, did you ever take one or more prescription pain medications such as Motrin, Daypro, Feldene, or any other shown here at least once a week for one month or longer? [Show Card NSAIDS1] ☐ Yes  Go to 1a

☐ No ☐ Don't Know ☐ Refused skip to 2

1a. In total, how long did you take one or more of these medications?

weeks months years ☐ Don't Know ☐ Refused

1b. During the time(s) that you were taking them, about how often did you take one or more of these medications (on average)?

per day per wk per mon ☐ Don't Know ☐ Refused

2. Thinking back to the past 5 years **before** you learned you had prostate cancer, did you ever take any non-prescription aspirin or ibuprofen medicines, such as Bayer, Bufferin, Advil, BC or Goody's powders, or any of the others listed at least once a week for one month or longer? [Show Card NSAIDS2] [Do not include acetaminophen products]

☐ Yes  Go to 2a

☐ No ☐ Don't Know ☐ Refused

2a. In total, how long did you take one or more of these medications?

weeks months years ☐ Don't Know ☐ Refused

2b. During the time(s) that you were taking them, about how often did you take one or more of these medications (on average)?

per day per wk per mon ☐ Don't Know ☐ Refused



The SF-12 Health Survey

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start time:

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 :

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 am pm

Your Health and Well Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please tell me the response that best describes your answer.

1. In general, would you say your health is: [Show Card SF1]

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? [Show Card SF2]

2a. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2b. Climbing several flights of stairs.

Yes, limited a lot	Yes, limited a little	No, not limited at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health? [Show Card SF3]

3a. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3b. Were limited in the kind of work or other activities.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. During the past 4 weeks, how much of the time 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)? [Show Card SF3]

4a. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4b. Did work or other activities less carefully than usual.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? [Show Card SF4]

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks... [Show Card SF5]

6a. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6b. Did you have a lot of energy?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

6c. Have you felt downhearted and depressed?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

7. 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.)? [Show Card SF5]

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for answering all these questions!

COMORBIDITY QUESTIONNAIRE

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Next, I have some general questions about your health.

1. Has a doctor or other health professional ever told you that you....:

1A. had arthritis?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

1B. had congestive heart failure?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

1C. had coronary heart disease?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

1D. had angina (chest pain due to heart disease),
also known as angina pectoris?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

→ Go to D1-D3

D1. Do you ever use nitroglycerin to
relieve the pain?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

D2. Within the past 2 months has the pain
required more nitroglycerin to relieve it?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

D3. Within the past 2 months have you
started getting pain with less exertion?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

1E. had a heart attack (also called myocardial
infarction)?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

1F. had a stroke?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

1G. had hypertension, also called high blood
pressure?

☐ Yes

☐ No

☐ Refused

☐ Don't Know

1H. had asthma, emphysema, chronic bronchitis or
chronic obstructive pulmonary disease (also called
COPD)?

☐ Yes

☐ No

☐ Refused

☐ Don't Know



1I. had a goiter or another thyroid disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know	
1J. had pancreatitis (inflamed pancreas), cirrhosis of the liver, hepatitis or any other kind of chronic liver disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know	
1K. had cancer (other than prostate)?	<input type="checkbox"/> Yes	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. location <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> </div> <div style="width: 45%;"> 2. location <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> </div> </div>			
	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know		
1L. had diabetes or sugar diabetes?	<input type="checkbox"/> Yes	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 2px solid black; position: relative; margin: 0 10px;"> <div style="position: absolute; right: -10px; top: -5px; font-size: 2em;">}</div> </div> <div style="text-align: right; width: 100px;">Go to L1</div> </div>			
	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know		
L1. Are you currently taking insulin for your diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know	
1M. had weak or failing kidneys? (Do NOT include kidney stones, bladder infection or incontinence)	<input type="checkbox"/> Yes	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 2px solid black; position: relative; margin: 0 10px;"> <div style="position: absolute; right: -10px; top: -5px; font-size: 2em;">}</div> </div> <div style="text-align: right; width: 100px;">Go to M1</div> </div>			
	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know		
M1. Do you receive dialysis to treat your weak or failing kidneys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know	
1N. had other chronic health conditions?	<input type="checkbox"/> Yes				
	1. type <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>				
	2. type <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>				
	3. type <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>				
	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know		

GOD SCALE

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Do you believe in God? ☐ No **Skip to "Participation in Religious Activities"**

☐ Yes **Go to 1**

For some people a belief in God is a major source of strength, and it may or may not be for you. These next questions are about your belief in God as it relates to health. Look at the choices for replying to each item. As I read these questions, tell me the answer which best suits your belief. [**Show Card GOD1**]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Refused/Don't Know
1. Your well-being is in God's hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Health and strength are God-given gifts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. God will decide what will happen to your health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. God plays a big part in your health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Only God can keep you healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Only God can keep you safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. God will protect your health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Whether or not you get hurt is largely up to God.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PARTICIPATION IN RELIGIOUS ACTIVITIES

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Do you participate in religious activities? ☐ No **Skip to "Prostate Cancer Diagnosis"**
☐ Yes **Go to 1**

Some people use religious activities as a way of expressing their religious beliefs. Look at this card that has the reply choices. As I read the questions, choose the answer which best describes how religion plays a part in your life. [**Show Card PRA1**]

	Never	Almost Never	Not Sure	Often	Very Often	Refused/Don't Know
1. I attend religious crusades, revival meetings or missions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I attend religious services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I listen to religious services on radio or TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I pray, either privately or with family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ideas I have learned from religion sometimes help me understand my own life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I contribute money to my place of worship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I regularly take part in various activities in my religious organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel that my friends who share my religious beliefs help me in getting ahead in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The religious beliefs I learned when I was young still help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel that my friends who share my religious beliefs help me in my marriage or relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DIAGNOSIS OF PROSTATE CANCER AND PROSTATE CANCER SCREENING HISTORY

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The next questions are about the diagnosis and treatment of your prostate cancer, and about screening tests and symptoms you may have had before you learned you had prostate cancer.

1. After you were told that you had prostate cancer, which doctors and health care professionals did you talk with when deciding how your prostate cancer would be treated? **[Do not read unless a prompt is needed. Check all that apply.]**

- ☐ Urologist who performed the biopsy
- ☐ Other urologists
- ☐ Radiation oncologist
- ☐ Medical Oncologist
- ☐ Primary care doctor
- ☐ Other doctors/specialists seen for other health problems
- ☐ Nurse
- ☐ Psychologist, therapist, counselor
- ☐ Don't Know
- ☐ Refused

2. After you were told that you had prostate cancer, who did you talk with, other than doctors, when deciding how your prostate cancer would be treated? **[Do not read unless a prompt is needed. Check all that apply.]**

- ☐ Spouse/partner
- ☐ Son
- ☐ Daughter
- ☐ Brother
- ☐ Sister
- ☐ Other relatives
- ☐ Friend or acquaintance
- ☐ Pastor

☐ Other **specify other**

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- ☐ Nobody ➤ Skip to 3
- ☐ Don't Know ➤ Skip to 3
- ☐ Refused ➤ Skip to 3

- 2a. Did any of these people have a personal experience with prostate cancer?


- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused



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3. Have you and your doctor made a decision about the treatment for your prostate cancer? ☐ Yes ☐ No ☐ Don't Know ☐ Refused **Skip to 4**

3a. Which of the following treatment options have you and your doctor decided is best for you?
[Do not read unless a prompt is need. Check all that apply.]

- ☐ Surgery
- ☐ Watchful waiting  **Skip to 4**
- ☐ Hormone Therapy
- ☐ External beam radiation therapy
- ☐ Brachytherapy
- ☐ Other **specify other**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- ☐ Don't Know
- ☐ Refused

3b. Have you already [started treatment/had surgery]? ☐ Yes ☐ No ☐ Don't Know ☐ Refused **Skip to 4**

3c. When was your [most recent treatment/surgery]?
days ago

--	--






weeks ago

--	--


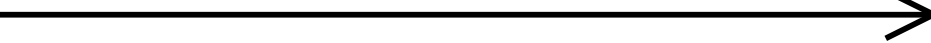
☐ Don't Know ☐ Refused

The next questions are about the time when you first had signs, symptoms, or a positive test that suggested you might have prostate cancer.

4. What was the first sign or symptom that you might have prostate cancer? [Do not read unless a prompt is needed; choose the best answer]

- ☐ I had a PSA blood test for prostate cancer and it was high  **Go to 4a**
- ☐ A doctor felt my prostate and found something abnormal  **Go to 4a**
- ☐ High PSA and abnormal rectal exam  **Go to 4a**
- ☐ I had problems urinating  **Skip to 4d**
- ☐ I had sexual problems  **Skip to 4d**
- ☐ Other symptom(s)

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Skip to 4d
- ☐ The cancer was found when I had surgery for an enlarged prostate (TURP) **Skip to 4d**
- ☐ Don't Know  **Skip to 5**
- ☐ Refused  **Skip to 5**



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4a. Was the [PSA/rectal exam] done because you had medical problems or symptoms, or was it done as part of a regular checkup, or a community offered cancer screening? **[Choose the best answer.]**

- ☐ Because of symptoms or medical problems → Go to 4b
- ☐ Regular checkup or routine screening → Skip to 4c
- ☐ Community (mass) screening → Skip to 4c
- ☐ Don't Know → Skip to 4c
- ☐ Refused → Skip to 5

4b. What medical problems or symptoms did you have? **[Do not read unless a prompt is needed. Check all that apply.]**

- ☐ My prostate felt abnormal when the doctor examined it
- ☐ I was having problems urinating
- ☐ I was having sexual problems
- ☐ A PSA test was high when checked before
- ☐ Other **specify other**

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- ☐ Don't Know
- ☐ Refused → skip to 4d

4c. Did a doctor suggest that you have the [PSA test/rectal exam], or did you ask to have it done?

- ☐ My doctor suggested it
- ☐ I asked to have it done
- ☐ Other **specify other**

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- ☐ Don't Know
- ☐ Refused → skip to 5

4d. About when did you [first notice symptoms/find out your PSA/rectal exam was abnormal/have surgery for an enlarged prostate]?

weeks ago

--	--

months ago

--	--

years ago

--	--

☐ Don't Know ☐ Refused



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5. When did a doctor or other medical person first talk to you about the possibility that you **might** have prostate cancer?

weeks ago

--	--

 months ago

--	--

 years ago

--	--

☐ Don't Know
 ☐ Refused

5a. What kind of doctor talked with you about this? [Read choices]

- ☐ Your usual doctor
- ☐ A doctor at your usual clinic
- ☐ An emergency room doctor
- ☐ Other medical person

specify other

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☐ Don't Know

☐ Refused

6. How did you react when a doctor first talked to you about the possibility that you **might** have prostate cancer? [Do not read. Check all that apply. Be sure to differentiate this from reactions after the diagnosis was confirmed.]

- ☐ I hoped it would simply go away
- ☐ I got worried about having prostate cancer
- ☐ I put off doing anything about it
- ☐ I decided to wait and see if the sign got worse
- ☐ I prayed and sought guidance from God
- ☐ I found out what needed to be done and moved forward
- ☐ I got a biopsy
- ☐ I got more tests to confirm suspected prostate cancer
- ☐ Other specify:
- ☐ Don't Know
- ☐ Refused

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7. When was your prostate cancer diagnosis confirmed? [When did a doctor tell you that you definitely had prostate cancer?]

weeks ago

--	--

 months ago

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☐ Don't Know
 ☐ Refused



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Now I'd like you to think back to the 12 months before you first talked to a doctor about the possibility that you might have prostate cancer. This would be the time between ____/____ and ____/____ (MM/YY) [based on response to question 5, if available].

8. During that time, did you see a urologist for any reason?

☐ Yes
☐ No

☐ Don't Know ☐ Refused **skip to 9**

8a. How many times did you see a urologist [between____/____ and ____/____ (MM/YY) during those 12 months]?

number of times

--	--

☐ Don't Know ☐ Refused

8b. What problem(s) did you see the urologist about during that time? [**Do not read unless prompt is needed, check all that apply**]

☐ Difficulty passing urine

☐ Frequent or urgent urination

☐ Problems with leaking urine (incontinence)

☐ Sexual problems

☐ Other problems

specify other

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☐ PSA test or prostate exam because of suspicion of prostate cancer

☐ An earlier prostate biopsy (before a biopsy that found your cancer)

☐ Don't Know

☐ Refused

9. During that time, did you see a doctor (other than a urologist) for any reason?

☐ Yes
☐ No

☐ Don't Know ☐ Refused **skip to 10**

9a. How many times did you see a doctor (other than a urologist) [between____ and ____ / during those 12 months]?

number of times

--	--

☐ Don't Know ☐ Refused

9b. What problem(s) did you see the doctor about during that time? [**Do not read unless prompt is needed, check all that apply**]

☐ Treatment for an injury or brief illness

☐ Treatment/follow-up care for an ongoing health problem

☐ Your concern about PSA

☐ Possible prostate cancer

☐ Sexual problems

☐ Physical exam

☐ Other reason

specify other

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☐ Don't Know

☐ Refused



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10. During the 12 months before you first talked to a doctor about the possibility that you might have prostate cancer [between ___/___ and ___/___ (MM/YY)], did you have any problems with urination?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

Skip to 11

10a. What urination problems did you have? [**Do not read unless prompt is needed, check all that apply**]

☐ Difficulty passing urine

☐ Frequent or urgent urination

☐ Problems with leaking urine (incontinence)

☐ Pain during urination

☐ Blood in urine

☐ Other urination problem **specify**

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

☐ Don't Know

☐ Refused

10b. At its worst, how big a problem was this for you during those 12 months? Please look at this card and tell me which answer is the best one [**Show Card DPC1**]

☐ No problem

☐ Very small problem

☐ Moderate problem

☐ Big problem

☐ Don't Know

☐ Refused

10c. Did you talk to a doctor about your problems with urination?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

Skip to 10e

10d. About how long did you have these problems before you talked to a doctor about them?

days

weeks

months

years

☐ Don't Know

☐ Refused

10e. Did these problems make you think that you might have prostate cancer?

☐ Yes

☐ No

☐ Don't Know

☐ Refused



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11. During the 12 months **before** you first talked to a doctor about the possibility that you might have prostate cancer [between ___/___ and ___/___ (MM/YY)], did you have any problems with erections or your sexual function?

☐ Yes

☐ No

☐ Don't Know

☐ Refused **skip to 12**

11a. At its worst, how big a problem was this for you during those 12 months? Please look at this card and tell me which answer is the best one [**Show Card DPC1**]

☐ No problem

☐ Very small problem

☐ Moderate problem

☐ Big problem

☐ Don't Know

☐ Refused

11b. Did you talk to a doctor about these problems?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

skip to 11d

11c. About how long did you have these problems before you talked to a doctor about them?

days

weeks

months

years

☐ Don't Know

☐ Refused

11d. Did these problems make you think that you might have prostate cancer?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

12. Men who have symptoms that might be caused by prostate cancer often have a diagnostic PSA test to help determine if they have prostate cancer, but men sometimes get PSA **screening** tests during routine check-ups, even when they don't have any signs of prostate cancer. Did you ever have a **screening** PSA blood test before you were diagnosed with prostate cancer?

☐ Yes

☐ No

☐ Don't Know

☐ Refused **skip to 13**

12a. About when did you have your first PSA **screening** test?

months ago

years ago

☐ Don't Know

☐ Refused

12b. About how many times have you had a PSA **screening** test, not counting recent tests that were part of your diagnosis?

number of times

☐ Don't Know

☐ Refused



13. Men who have symptoms that might be caused by prostate cancer often have a digital rectal exam; an exam where a doctor puts a gloved finger in their rectum to feel the size and shape of their prostate gland. Sometimes men also have a digital rectal exam during routine checkups or prostate cancer screening, even when they don't have any signs of prostate cancer. Did you ever have a **routine** digital rectal exam other than any exams that were done recently as part of your diagnosis?

☐ Yes

☐ No

☐ Don't Know

☐ Refused **Skip to 14**

13a. About when did you have your first digital rectal exam?

months ago

--	--

years ago

--	--

☐ Don't Know

☐ Refused

13b. About how many times have you had a routine digital rectal exam, not counting recent exams that were part of your diagnosis?

number of times

--	--

☐ Don't Know

☐ Refused

14. Before the biopsy that found your prostate cancer, did you ever have any of the following procedures?

14a.1 A needle biopsy of your prostate done through your rectum?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

Skip to 14b

14a.2 When was this needle biopsy done?

months ago

--	--

years ago

--	--

☐ Don't Know

☐ Refused

14b. A surgical procedure where a doctor passed a tube through your penis to remove enlarged prostate tissue, sometimes called a TURP?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

Skip to 14c

14b.1 When was this TURP done?

months ago

--	--

years ago

--	--

☐ Don't Know

☐ Refused

14c. An exam where a doctor passed a tube through your penis to look at your bladder, sometimes called a cystoscopy?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

Skip to 14d

14c.1 When was this cystoscopy done?

months ago

--	--

years ago

--	--

☐ Don't Know

☐ Refused

14d. Any other operation or test to check problems with urination or sexual function?

☐ Yes

☐ No

☐ Don't Know

☐ Refused

**Skip to
Worries and
Concerns**

14d.1 When were these tests done?

months ago

--	--

years ago

--	--

☐ Don't Know

☐ Refused

WORRIES AND CONCERNS

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Next I'd like to ask some questions about how you think your prostate cancer might affect your life. Please look at the card and tell me which answer is best for you.

	Not	Somewhat	Moderately	Very	Extremely	Don't Know	Refused
1. How concerned are you that your prostate cancer might spread to other parts of your body? [Show Card WC1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How concerned are you that your prostate cancer could make you dependent on someone else? [Show Card WC1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Given all that you know about prostate cancer and the treatment you have had or will receive, how likely do you think it is that you might die from prostate cancer? [Show Card WC2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How concerned are you about dying from prostate cancer? [Show Card WC3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are you involved in a prostate cancer support group? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Section end time: : am pm



TRADITIONAL HEALTH BELIEFS

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First, we want to know what you **believe** about cancer. People have a number of beliefs about cancer; what causes it or how to treat it. Some of these beliefs relate to God; others to one's beliefs about health. There are no right or wrong answers. When I read the questions, respond with YES if the statement is what you believe about cancer; respond with NO if the statement is not what you believe. You do not have to answer every question.

[Show Card THB1]

1. If a cancer is cut open in surgery, it will grow faster.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
2. If a man has problems passing water, he should not bother to see a doctor because by then it would be too late.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
3. Men who started having sexual relations at a young age are more likely to get prostate cancer than those who started in later life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
4. If a person has cancer, it is part of God's plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
5. Cancer is caused by what people eat or drink.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
6. If a person has cancer, there is no sense in trying to do anything about it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
7. If a person prays about their cancer, medical treatments are not necessary because God will cure it.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
8. Cancer can be caused by dirty blood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
9. Someone can give you cancer by putting a root or spell on you.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
10. People get cancer when they are tired and their resistance is down.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
11. God works through medical doctors to cure cancer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
12. You can catch cancer from other people.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
13. A person with high blood is more likely to get cancer than a person with normal blood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know



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14. If a person worries about their cancer a lot, it will get worse.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
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15. If a person has cancer, their children are very likely to get it too.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
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16. The devil can cause a person to get cancer.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
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17. Nothing works to cure cancer or stops it from coming back.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know
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PHYSICIAN TRUST

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In the next set of questions I will read to you, I want you to tell me about your experience with doctors, and with the health care system before you were diagnosed with prostate cancer. Using the card with the response choices tell me how strongly do you agree or disagree with the following statements. [Show Card P1]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Refused/Don't Know
1. I can tell doctors anything, even things that I might not tell anyone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Doctors sometimes pretend to know things when he/she is really not sure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I completely trust doctors' judgements about my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doctors care more about holding down costs than about doing what is needed for my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Doctors would always tell me the truth about my health, even if there were bad news.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Doctors care as much as I do about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If a mistake were made in my treatment, doctors would try to hide it from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have sometimes been misled at hospitals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hospitals often want to know more about your personal affairs or business than they really need to know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hospitals have sometimes done harmful experiments on patients without their knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Rich patients receive better care at hospitals than poor patients do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Male patients receive better care at hospitals than female patients do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PERCEIVED ACCESS TO CARE

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As I read the following questions about health services, look at the response choices on this card and tell me the response that best fits the experience you had prior to your diagnosis of prostate cancer.
[Show Card PAC1]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Refused/Don't Know
1. I was able to get medical care whenever I needed it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sometimes it was a problem to cover my share of the cost for a medical visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sometimes I would go without the medical care I needed because it was too expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Places where I could get medical care were conveniently located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If I had a medical question, I could reach a doctor or a nurse for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I had easy access to the medical specialist I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I had not seen a health care provider for at least three years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I didn't worry much about the cost when I needed to seek medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I saw a different health care provider almost every time I had an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I had a health care provider I felt comfortable talking to when I needed medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



HABITS OF HEALTH CARE UTILIZATION

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Now we would like to know in your everyday life when you would seek health care from your healthcare professionals. This is before your diagnosis of prostate cancer. As I read these questions, tell me the response choice that best fits your experience. [Show Card HHC1]

- Did you see a... ☐ Nurse?
- ☐ Nurse Practitioner?
- ☐ Physician Assistant?
- ☐ Resident/Intern?
- ☐ Doctor?

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Refused/Don't Know
1. Going to the doctor regularly is a normal part of how I take care of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I really have to be hurting before I go to the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I go to the doctor as soon as I get sick so I don't get worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I only see a doctor when I'm seriously sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I've been sick, I haven't seen a doctor or gone to a clinic about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I usually ignore my sickness for a while to see if it goes away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I get a checkup even when I'm not sick, just to make sure I'm OK.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I go to my doctor or clinic every year or two to get my PSA measured for prostate cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I go to my doctor or clinic every year or two to get a rectal exam for prostate cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



RACISM WITHIN HEALTH CARE SETTINGS

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We would like to know about your experience with doctors, or what you believe about how people are treated by doctors and hospitals. As I read the following questions, look at this card for the response choices, and choose the response that best fits with your belief or experience with the health care system. [Show Card RWHS1]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Refused/Don't Know
1. Doctors treat African American and white people the same.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Racial discrimination in a doctor's office is common.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In most hospitals, African Americans and whites receive the same kind of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. African Americans can receive the care they want as equally as white people can.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



COMMUNICATION

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For the next 5 questions that I will read to you, look at the response choices and tell me about the talking that occurs when you see the urologist or person treating you for prostate cancer after you were diagnosed. [Show Card CM1]

How would you rate the:

	Very Poor	Poor	Not Sure	Good	Very Good	Refused/Don't Know
1. Thoroughness of your doctor's questions about your symptoms and how you are feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attention your doctor gives to what you have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Doctor's explanation of your health problems or treatments that you need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doctor's instructions about symptoms to report and when to seek further care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Doctor's advice and help in making decisions about your care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CONTEXTUAL KNOWLEDGE OF THE PATIENT

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For the next 4 questions that I will read to you, look at the response choices and tell me what you think about how well the person treating your prostate cancer knows you after diagnosis.

[Show Card CK1]

How is the:

1. Doctor's knowledge of your entire medical history.

Very Poor	Poor	Not Sure	Good	Very Good	Refused/Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Doctor's knowledge of your responsibilities at work or home.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Doctor's knowledge of what worries you most about your health.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Doctor's knowledge of you as a person (your values and beliefs).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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INTERPERSONAL TREATMENT

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For the next 5 questions that I will read to you, look at the response choices and tell me what you think about the personal aspects of the care you receive from the person treating you for your prostate cancer, and how you would rate the following. [Show Card IT1]

How would you rate the:

1. Amount of time your doctor spends with you.

Very Poor	Poor	Not Sure	Good	Very Good	Refused/Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Doctor's patience with your questions or worries.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Doctor's friendliness and warmth toward you.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Doctor's caring and concern for you.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Doctor's respect for you.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PATIENT PROVIDER COMMUNICATION

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Think about a visit to your urologist or clinic treating your prostate cancer. As I read each question, please look at the response choices and tell me which response best describes your visit to your urologist or clinic treating your prostate cancer. [Show Card PPC1]

	A great deal	A moderate amount	A little	Almost nothing	Nothing at all	Refused/Don't Know
1. During the visit, how much did the doctor tell you about your prostate cancer and what he/she is doing to treat it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During the visit, how much did the nurses and other treatment staff tell you about your prostate cancer and what they are doing to treat it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During the visit, how much did you tell the doctor about concerns you might be having about your prostate cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. During the visit, how much did you tell the nurses and other treatment staff about concerns you might be having about your prostate cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During the visit, how much did you help with the planning of your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PATIENT SATISFACTION WITH HEALTH CARE SYSTEM

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Now I want to ask you a series of questions about your experience with the health care system and your typical visit to your urologist and clinic. Look at the card with the response choices and choose the response, which best describes how satisfied you are with your visit to the urologist or clinic treating your prostate cancer. [Show Card PSH1]

Are you satisfied with the:

	Very Dissatisfied	Dissatisfied	Not Sure / Never	Satisfied	Very Satisfied	Refused / Don't know
1. Amount of time it took to travel to the clinic or doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cost of getting to the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How easy it was to get to the clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Time spent waiting to get an appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Time spent waiting at the doctor's office to see a physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Time spent waiting in clinic to see nurses and treatment staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Amount of time spent with the physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Amount of time spent with nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Information the doctors told you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Information the nurses told you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Quality of care received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Increase in knowledge about your prostate cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Improvement in how you are able to manage your prostate cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Reading material given to you by the doctors or nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The amount you paid for care received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





GENERAL OCCUPATION

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The next set of questions are about work you have done and jobs that you have had during your life.

1. Which of the following best describes what you do now? [Show Card GO1]

- ☐ Full time paid work  **Skip to 2a**
- ☐ Part time paid work  **Skip to 2a**
- ☐ Retired because of age
- ☐ Retired by choice
- ☐ Retired because of disability or illness
- ☐ Unemployed, looking for work
- ☐ Unemployed now, but have job to return to
- ☐ Unable to work because of illness, but can do normal activities
- ☐ Unable to work or do normal activities because of illness
- ☐ Other specify other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- ☐ Don't Know
- ☐ Refused

1a. When did you last do paid work?

years ago

--	--

 months ago

--	--

☐ Don't Know ☐ Refused **Skip to 3**

☐ Never did paid work **Skip to 5**

2a. What is your current job? [If two current jobs, list second as Occupation 2. If more than 2, include the two that involve the most hours/week.]

2a1. Occupation 1

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☐ Don't Know ☐ Refused

2a2. Occupation 2

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☐ Don't Know ☐ Refused

2b. What is the name of the company or business you work for?

2b1. Employer 1

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☐ Don't Know ☐ Refused

2b2. Employer 2

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☐ Don't Know ☐ Refused

2c. Where is the business located? [City or town. If self employed, where do you do this work?]

2c1. Occupation 1: City

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

 State

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☐ Don't Know ☐ Refused



2c. cont. Where is the business located? [City or town. If self employed, where do you do this work?]

2c2. Occupation 1: City State

☐ Don't Know ☐ Refused

2d. When did you start this job?

2d1. Occupation 1: years ago months ago ☐ Don't Know ☐ Refused

2d2. Occupation 2: years ago months ago ☐ Don't Know ☐ Refused

3. What occupation or line of work have you done the longest? Count all the time you did this type of work, even if you worked at different job sites or for different companies.

[illegible]

Same as current job: ☐ Yes ☐ No [Check here if longest held occupation is same as current job from Question 2, if yes, skip to 3b]
☐ Don't Know ☐ Refused

3a. When did you last work as a [Say occupation]?

years ago months ago ☐ Don't Know ☐ Refused

3b. When did you first work as a [Say occupation]?

years ago months ago ☐ Don't Know ☐ Refused

3c. How many years total [were you/ have you been] a [Say occupation]?

years

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☐ Don't Know ☐ Refused

3d. What job title [did you have/have you had] when working as a [Say occupation]?

Same as occupation: ☐ Yes ☐ No

[illegible]

3e. What was the name of the company that employed you the longest when you worked as a [occupation]?

Same as current job: ☐ Yes ☐ No If yes, skip to 4

[illegible]

3f. What city and state was this company in? [if self-employed, what city and state did you live in the longest while you held this occupation]?

City State

☐ Don't Know ☐ Refused



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4. What occupation or line of work have you done the second longest? As before, please count all the time you did this type of work, even if you worked at different job sites or for different companies.

Occupation

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☐ Don't Know ☐ Refused ☐ Only one occupation **Skip to 5**

4a. How long [were you/have you been] a [Say occupation]?

years

--	--

 months

--	--

☐ Don't Know ☐ Refused

5. Have you ever lived or worked for at least six months on a farm? A farm would be any place that raises crops, livestock or poultry to earn money.

☐ Yes **Go to 5a**

☐ No ☐ Don't Know ☐ Refused **Skip to 6**

5a. When did you first work or live on a farm?

years ago

--	--

 months ago

--	--

☐ Don't Know ☐ Refused

5b. How long did you live or work on a farm?

years

--	--

 months

--	--

☐ Don't Know ☐ Refused

6. Did you ever serve in the military?

☐ Yes **Go to 6a**

☐ No ☐ Don't Know ☐ Refused **Skip to 7**

6a. Did you serve on the ground in Vietnam?

☐ Yes
☐ No ☐ Don't Know ☐ Refused

7. Did you ever work for at least six months >>>>>>

7a. As a landscaper or grounds keeper?

☐ Yes
☐ No ☐ Don't Know ☐ Refused

7b. At a florist shop, garden shop, greenhouse or plant nursery?

☐ Yes
☐ No ☐ Don't Know ☐ Refused

7c. As an animal caretaker in a kennel, veterinary clinic, grooming facility, horse stables or other? [Do not include work on a farm or work with your own pets].

☐ Yes
☐ No ☐ Don't Know ☐ Refused

7d. As a pest control operator or exterminator?

☐ Yes
☐ No ☐ Don't Know ☐ Refused



FAMILY INCOME

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1. Please look at this card and tell me which category your current household income falls in. Think about your annual household income before you pay taxes, and include wages, social security, welfare, and any other income.

[Show Card FI 1]

- ☐ Less than \$5,000
- ☐ \$5,001 to \$10,000
- ☐ \$10,001 to \$20,000
- ☐ \$20,001 to \$30,000
- ☐ \$30,001 to \$40,000
- ☐ \$40,001 to \$50,000
- ☐ \$50,001 to \$60,000
- ☐ \$60,001 to \$70,000
- ☐ \$70,001 to \$80,000
- ☐ \$80,001 or more
- ☐ Don't Know
- ☐ Refused

1a. Including yourself, how many people are supported by this income?

Number of people ☐ Don't Know ☐ Refused

end time: : am pm

Hurricane Katrina Exposure

1. Did you evacuate from the place you were living because of either hurricane Katrina or hurricane Rita?
 - a. No
 - b. Yes, if yes, which storm(s) caused you to evacuate:
 - i) Katrina
 - ii) Rita

2. Because of the hurricane damage, were you relocated as a result of the hurricane, not counting being prevented from returning immediately after the storm?
 - a. No
 - b. Yes, if yes, where were you relocated? Check all that apply:
_____ Out of state, specify town/state _____

_____ In-state, specify town _____

3. Did you have trouble meeting medical/health needs because of the hurricane?
 - a. No
 - b. Yes, if yes, how stressful was this event for you?
 - i) Not stressful
 - ii) Moderate stressful
 - iii) Extremely stressful

4. Did you have to cancel or postpone a medical treatment or doctor's appointment(s) because of the hurricane?
 - a. No
 - b. Yes, if yes, how stressful was this event for you?
 - i) Not stressful
 - ii) Moderate stressful
 - iii) Extremely stressful

5. Are you back seeing your usual physician or health care clinic at this time?
 - a. No
 - b. Yes

6. Are you seeing a new physician or new health care clinic at this time?
 - a. No
 - b. Yes

Sources for PCaP Questionnaire

Communication:

Communication subscale from the Primary Care Assessment Survey © 1995 Safran/The Health Institute.

Safran, D. G., Kosinski, M., Tarlov, A. R., Rogers, W. H., Taira, D. H., Lieberman, N., and Ware, J. E. The Primary Care Assessment Survey: tests of data quality and measurement performance. *Med Care*, 36: 728-39., 1998.

Contextual knowledge of the patient:

Contextual Knowledge of the Patient is also measured using a subscale from the Primary Care Assessment Survey © 1995 Safran/The Health Institute.

Safran, D. G., Kosinski, M., Tarlov, A. R., Rogers, W. H., Taira, D. H., Lieberman, N., and Ware, J. E. The Primary Care Assessment Survey: tests of data quality and measurement performance. *Med Care*, 36: 728-39., 1998.

Diet History Questionnaire:

Subar AF, Thompson FE, Smith AF, Jobe JB, Ziegler RG, Potischman N, et al. Improving food frequency questionnaires: a qualitative approach using cognitive interviewing. *J Am Diet Assoc* 1995;95(7):781-8; quiz 789-90

Subar AF, Midthune D, Kulldorff M, Brown CC, Thompson FE, Kipnis V, et al. Evaluation of alternative approaches to assign nutrient values to food groups in food frequency questionnaires. *Am J Epidemiol* 2000;152(3):279-86.

General Health (SF-12v2®):

Ware JE, Kosinski M, Turner-Bowker DM, Gandek B. How to Score Version 2 of the SF-12 Health Survey (With a Supplement Documenting Version 1). Lincoln, RI: QualityMetric Incorporated; 2002.

Habits of health care utilization (general):

Habits of Health Care Utilization is a 9-item scale measuring the general likelihood of using health care services. This scale has been tested on an African-American patient sample. Reliability of the scale is .81. Response format parallels that in the Perceived Access to Care Index (Facione, 1999). Using a Likert response framework, responses range from strongly disagree to strongly agree with a refused, don't know choice for every item on the scale.

Interpersonal treatment:

Interpersonal treatment is also measured using a subscale from the Primary Care Assessment Survey © 1995 Safran/The Health Institute.

Safran, D. G., Kosinski, M., Tarlov, A. R., Rogers, W. H., Taira, D. H., Lieberman, N., and Ware, J. E. The Primary Care Assessment Survey: tests of data quality and measurement performance. *Med Care*, 36: 728-39., 1998.

Literacy:

Literacy is assessed using the Rapid Estimate of Adult Literacy in Medicine (REALM), a screening instrument to assess an adult patient's ability to read common medical words and lay terms for body parts and illnesses. It is designed to assess medical professionals in estimating a patient's literacy level so that the appropriate level of patient education materials or oral instructions may be used. The test takes two to three minutes to administer and score. The REALM has been correlated with other standardized tests (*Family Medicine*, 1993: 25:391-5).

Murphy PW, Davis TC, Decker BC, Jackson RH. (1993) Rapid estimate of adult literacy in medicine: Using a novel reading recognition test. *Journal of Reading* , 37 (2): 124-130.

Bennett CL, Ferreira MR, Davis TC, Kaplan J, Weinberger M, Kuzel T, et al. Relation between literacy, race, and stage of presentation among low-income patients with prostate cancer. *J Clin Oncol* 1998;16(9):3101-4.

Occupation (Specific):

Question 7: Queried occupations include those most likely to be associated with pesticide use based on industrial hygiene review (Daniels et al. Comparison of Assessment Methods for Pesticide Exposure in a Case-Control Interview Study. *AJE*, 153: 1227-32, 2001.)

Patient provider communication:

Patient-Provider Communication The degree to which the patient communicates with his health care provider will be assessed using an investigator-developed 5-item scale. Patients respond to each item on a 5-point Likert-like scale, with higher scores indicating a greater degree of communication. In a previous test of the instrument, factor analysis produced a single factor with an eigenvalue greater than 1, all items loading at .50 or above, and Cronbach's alpha of .75, supporting the use of a total scale score as well as individual item analysis (Mishel, Belyea, et al., 2002). Responses range from nothing at all to a great deal with a refused, don't know choice for every item on the scale.

Patient satisfaction with health care system:

Patient Satisfaction with the Health Care System is a 15-item scale that refers to satisfaction with travel, waiting time, amount of time spent with the providers and amount paid

for the visit. The scale has a 6-item Likert-type response framework. Prior analysis of the scale from its use with prostate cancer patients indicated that it factors into 2 subscales, quality of care and accessing care with alphas of .92 and .86. Choices go from very dissatisfied to very satisfied with a refused, don't know choice for each item.

Perceived access to care:

Perceived Access to Care is a 10-item scale that refers to the ability to access medical care due to location, cost and feasibility. From prior testing with an African-American sample Chronbach's alpha was reported as .78 and test-retest reliability as .85. the scale has a 4-item response format from strongly disagree to strongly agree with a refused, don't know choice for each item.

Physical Activity:

Littman AJ, White E, Kristal AR, Patterson RE, Satia-Abouta J, Potter JD. Assessment of a one-page questionnaire on long-term recreational physical activity. *Epidemiology* 2004;15(1):105-13.

Physician Trust:

Trust/mistrust will be measured by two scales. The trust subscale of the Primary Care Assessment Survey © 1995 Safran/The Health Institute. This 7-item scale with a Likert response format asks about trusting the doctor. Reliability of the scale is reported as .86. Support for the validity of the scale is its correlation with satisfaction with physician and adherence to treatment (Pearson & Raeke, 2000). The second scale, the Medical Mistrust Index, is a 5-item scale with a 4-item Likert response format. The scale refers to patient's attitudes of mistrust of the health care system. Scores on this index have significantly differed for African American versus Caucasian patients. Reliability of the scale is reported to be an alpha of .74 (LaVeist et al, 2000). The scales choices range from 1-5, strongly agree to a strongly disagree with a refused, don't know option for each item.

Safran, D. G., Kosinski, M., Tarlov, A. R., Rogers, W. H., Taira, D. H., Lieberman, N., and Ware, J. E. The Primary Care Assessment Survey: tests of data quality and measurement performance. *Med Care*, 36: 728-39., 1998.

Racism within health care settings:

Racism Within Health Care Settings will be measured by the Racism Index, a four-item scale with a four-item response format. The scale items refer to perceived difference in treatment by physicians by race. Support for the validity of the scale was found in the significant differences on the items for African American versus Caucasian American patients ((LaVeist, et al, 2000). Reliability of the scale is reported at an alpha of .76. This is scored on a Likert scale ranging from 1-5 with a refused, don't know choice for each item.

Religiosity:

Religiosity will be measured by the **God Scale**, which consists of eight items added to the **Multidimensional Health Locus of Control Scale** (MHLC) by Bekhuis et al. (1995) to index belief in God's role in one's health. The item response format is a Likert-type scale ranging from 1 to 6, with higher scores indicating a stronger belief. Cronbach's alpha for the religiosity scale in the principal investigator's study on men with localized prostate cancer was .94. Responses range from disagree a lot to agree a lot with a refused, don't know choice for each item.

Religious Participation will be measured by The **Participation in Religious Activities** scale. This 11-item scale indexes the frequency of participation in a variety of religion-oriented social activities. Total scores on the Participation in Religious Activities scale range from 11-55 with higher scores indicative of a higher level of religious activities (Brown & Gary, 1987). Reliability of this measure was a Cronbach's alpha of .91 in the study of men with localized prostate cancer. There is initial support for the construct validity of the scale. Responses range from never to very often with a refused, don't know choice for each item.

Traditional health beliefs:

Traditional Health Beliefs will be measured by a 17-item scale developed through clinical interviews with rural African-American cancer patients. This dichotomous scale was used in the principal investigator's prior prostate cancer studies and has a KR20 of .69 for Caucasian Americans and .83 for African American men with prostate cancer. Has dichotomous scoring with a refused/don't know option for each item.

Vitamins and Alternative Medicines:

Satia-Abouta J, Patterson RE, King IB, Stratton KL, Shattuck AL, Kristal AK, Potter JD, Thornquist MD, White E. Reliability and validity of self-report of vitamin and mineral supplement use in the VITamins And Lifestyle (VITAL) Study. *American Journal of Epidemiology* 2003;157(10):944-54.

Worries and Concerns:

Source: Risk items adapted from Holmboe E, Concato J. Treatment decisions for localized prostate cancer: asking men what's important. *Journal of General Internal Medicine* 2000;15:694-701.