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Before you begin the survey, please write today's date, your name, date of birth, and address in the boxes below. Please write as clearly as you can.

For office use only

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**Today's Date**

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**First and Last Name**

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**Date of Birth**

--

**Number and Street Address  
City, State and Zipcode**

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**May we contact you by email?**

- Yes
- No

**If Yes, please write your email address in the box.**

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**May we contact you by cell phone?**

- Yes
- No

**If Yes, please write the cell number in the box.**

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**May we contact you at work?**

- Yes
- No

**If Yes, please write your work number in the box.**

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Do you have a friend or relative who could help us get in touch with you if we have trouble reaching you in the future? If so, please write their name and other information below.

**First and Last Name of a friend or relative**

**Their Number and Street Address, City, State and Zipcode**

**What is their home phone number?**

**What is their cell or mobile phone number?**

**What is their work phone number?**

**What is their email address?**



47397

First, we'd like to know about your current living situation and habits. Remember, all of the answers you give us are private and confidential, but if you don't want to answer a question you can skip it and go on to the next one.

1. What is your current marital status? Choose ONE answer.

- Married or Living as Married
- Widowed
- Separated
- Divorced
- Never married

2. Since our last interview, have you moved?

- Yes
- No
- I don't know

2a. If yes, why did you move? Check ALL that apply.

- To live in a new or better house or location
- To be closer to my doctor or clinic
- To be closer to my family
- To be closer to my friends
- So I could get help with daily activities
- So I could get help with medical care
- So my wife or partner could get help with daily activities
- So my wife or partner could get medical care
- To cut costs
- Because I could not afford to pay my rent, mortgage, property taxes or other expenses
- I don't know
- Other (write your answer in the box)

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47397

3. Which of the following best describes where you live now? Choose ONE answer.

- Your own home or apartment
- A relative's home or apartment
- A friend's home or apartment
- A continuing care facility where you are living independently
- A nursing home or other group facility where you get daily care and assistance
- A shelter
- A hospice
- Some other living arrangement
- I don't have a regular living place

4. Do you own or partly own the place where you live?

- Yes
- No
- I don't know

5. How many other people live with you? Choose ONE answer.

- None, I live alone
- 1
- 2
- 3 - 4
- 5 - 6
- 7 - 10
- More than 10
- I don't know

5a. If you live with other people, what relation are they to you? Check all that apply.

- Wife or Partner
- One or more dependent children
- One or more adult children
- Other relatives
- Friend(s)
- Paid caregiver(s)
- Other
- I don't know

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47397

6. Since our last interview, have you smoked cigarettes at least once a day at any time?

- Yes
- No
- I don't know

6a. If YES, about how many cigarettes did you smoke on a normal day? Choose ONE answer.

- 1 - 2
- 3 - 5
- 6 - 10
- 11 - 15
- 16 - 20
- 21 - 30 (1 - 1 1/2 packs a day)
- 31 - 40 (1 1/2 - 2 packs a day)
- More than 2 packs a day
- I don't know

6b. If YES, do you smoke cigarettes at least once a day now?

- Yes
- No
- I don't know

7. Do you use any of the products listed below at least once a day now?  
Check ALL that apply.

- Chewing tobacco
- Cigars
- Snuff
- Pipe

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47397

8. Since our last interview, did you have any pets that you came into contact with or took care of at least once a day?

- Yes
- No
- I don't know

8a. If YES, do you have pets now?

- Yes
- No
- I don't know

9. How much do you weigh without shoes on? If you don't know exactly, please make your best guess.

pounds (lbs)

- I don't know

10. How many hours of sleep do you usually get each day, including daytime naps and sleep at night? Choose ONE answer.

- Less than 5 hours
- 5 - 6 hours
- 7 - 8 hours
- 9 or more hours
- I don't know

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47397

11. How often do you drink beer? Choose ONE answer.

- NEVER
- 3 - 4 times a week
- Once a month or less
- 5 - 6 times a week
- 2 - 3 times a month
- Every day
- 1 - 2 times a week

11a. If you drink beer, how much do you usually drink? Choose ONE answer.

- Less than 1 can or bottle (12 oz.)
- 1 - 2 cans or bottles
- 3 or more cans or bottles

12. How often do you drink wine or wine coolers? Choose ONE answer.

- NEVER
- 3 - 4 times a week
- Once a month or less
- 5 - 6 times a week
- 2 - 3 times a month
- Every day
- 1 - 2 times a week

12a. If you drink wine or wine coolers, how much do you usually drink? Choose ONE answer.

- Less than 1 glass
- 1 - 2 glasses
- More than 2 glasses

13. How often do you drink liquor or mixed drinks? Choose ONE answer.

- NEVER
- 3 - 4 times a week
- Once a month or less
- 5 - 6 times a week
- 2 - 3 times a month
- Every day
- 1 - 2 times a week

13a. If you drink liquor or mixed drinks, how much do you usually drink?  
Choose ONE answer

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

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47397

14. How often do you usually eat a serving of vegetables (*such as green beans, corn, spinach, tomatoes, etc.*)? **DO NOT INCLUDE POTATOES.** Choose **ONE** answer.

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 time a week | <input type="checkbox"/> 2 times a day         |
| <input type="checkbox"/> 1 - 2 times a week      | <input type="checkbox"/> 3 times a day         |
| <input type="checkbox"/> 3 - 4 times a week      | <input type="checkbox"/> 4 times a day         |
| <input type="checkbox"/> 5 - 6 times a week      | <input type="checkbox"/> 5 or more times a day |
| <input type="checkbox"/> once a day              | <input type="checkbox"/> I don't know          |

15. How often do you usually eat a serving of fruit (*such as apples, oranges, and strawberries, etc.*)? **DO NOT INCLUDE JUICES.** Choose **ONE** answer.

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 time a week | <input type="checkbox"/> 2 times a day         |
| <input type="checkbox"/> 1 - 2 times a week      | <input type="checkbox"/> 3 times a day         |
| <input type="checkbox"/> 3 - 4 times a week      | <input type="checkbox"/> 4 times a day         |
| <input type="checkbox"/> 5 - 6 times a week      | <input type="checkbox"/> 5 or more times a day |
| <input type="checkbox"/> once a day              | <input type="checkbox"/> I don't know          |

16. How often do you usually take non-prescription **ASPIRIN, IBUPROFEN or NAPROXEN** pain medicines, *such as Bayer, Bufferin, Advil, Aleve, BC or Goody's Powders*? Please **DO NOT COUNT** Tylenol or acetaminophen. Choose **ONE** answer.

- NEVER
- Less than once a week
- Once a week
- 2 - 6 times a week
- Once a day
- 2 or more times a day
- I don't know



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47397

17. Do you take a **MULTIVITAMIN**, like *Centrum* or *One-a-Day*, at least once a week?

- Yes
- No
- I don't know

17a. If **YES**, how many days a week do you take a **MULTIVITAMIN**? Choose **ONE** answer.

- 1 - 2 days a week
- 3 - 4 days a week
- 5 - 6 days a week
- 7 days a week

18. **Since our last interview**, has your doctor recommended that you take a **CALCIUM SUPPLEMENT**?

- Yes
- No
- I don't know

19. Do you take a **CALCIUM SUPPLEMENT** at least once a week now? Include multivitamins with calcium, separate calcium pills or antacids with calcium such as Tums.

- Yes
- No
- I don't know

19a. If **YES**, how many days a week do you take a **CALCIUM SUPPLEMENT**? Choose **ONE** answer.

- 1 - 2 days a week
- 3 - 4 days a week
- 5 - 6 days a week
- 7 days a week

20. **Since our last interview**, has your doctor recommended that you take a **VITAMIN D SUPPLEMENT**?

- Yes
- No
- I don't know

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47397

21. Do you take a **VITAMIN D SUPPLEMENT** at least once a week now? Include multivitamins with Vitamin D, Vitamin D with Calcium, or separate Vitamin D pills.

- Yes  
 No  
 I don't know

21a. If **YES**, how many days a week do you take **VITAMIN D**? Choose **ONE** answer.

- 1 - 2 days a week  
 3 - 4 days a week  
 5 - 6 days a week  
 7 days a week

22. Do you take any other vitamins or minerals at least once a week? This time, do **NOT** count vitamins or minerals that are part of a multivitamin.

- Yes  
 No  
 I don't know

22a. If **YES**, do you take any of the vitamins or minerals on the list below? Do **NOT** count vitamins or minerals that were part of a multivitamin. Check ALL that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Vitamin A                             | <input type="checkbox"/> Folic acid (folate) |
| <input type="checkbox"/> Thiamin (Vitamin B1)                  | <input type="checkbox"/> Iron                |
| <input type="checkbox"/> Niacin (Vitamin B3 or nicotinic acid) | <input type="checkbox"/> Magnesium           |
| <input type="checkbox"/> Vitamin B6                            | <input type="checkbox"/> Chromium            |
| <input type="checkbox"/> Vitamin B12                           | <input type="checkbox"/> Zinc                |
| <input type="checkbox"/> Vitamin C                             | <input type="checkbox"/> Selenium            |
| <input type="checkbox"/> Vitamin E                             | <input type="checkbox"/> I don't know        |
| <input type="checkbox"/> Beta Carotene                         | <input type="checkbox"/> Other               |

(Write your answer in the box)

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47397

**23. Do you take any HERBALS or other DIETARY SUPPLEMENTS at least once a week?**

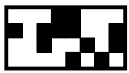
- Yes  
 No  
 I don't know

**23a. If YES, do you take any of the supplements or herbals on the list below?  
Check ALL that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Bilberry                                   | <input type="checkbox"/> Lutein                          |
| <input type="checkbox"/> Chondroitin (Chondroitin sulfate)          | <input type="checkbox"/> Lycopene                        |
| <input type="checkbox"/> Co-enzyme Q10 (CoQ10)                      | <input type="checkbox"/> Lipoic acid (alpha lipoic acid) |
| <input type="checkbox"/> Echinacea                                  | <input type="checkbox"/> Melatonin                       |
| <input type="checkbox"/> Fish oil, EPA, omega 3 or cod liver oil    | <input type="checkbox"/> Milk thistle                    |
| <input type="checkbox"/> Flaxseed or Flaxseed oil                   | <input type="checkbox"/> MSM (methylsulfonylmethane)     |
| <input type="checkbox"/> Garlic Pills                               | <input type="checkbox"/> Saw palmetto                    |
| <input type="checkbox"/> Ginger                                     | <input type="checkbox"/> Soy supplements                 |
| <input type="checkbox"/> Ginko biloba                               | <input type="checkbox"/> Green tea                       |
| <input type="checkbox"/> Ginseng                                    |  |
| <input type="checkbox"/> Glucosamine (Glucosamine Sulfate)          |  |
| <input type="checkbox"/> Grapeseed (pycnogenol or proanthocyanidin) |  |
| <input type="checkbox"/> I don't know                               |  |
| <input type="checkbox"/> Other                                      | (write your answer in the box)                           |

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47397

The next questions are about your usual exercise and physical activity. Please do NOT include work you did as part of your job.

1. **In the past 12 months**, did you **WALK** for exercise at least once a week? Include walking on a treadmill.

- Yes
- No
- I don't know

1a. If **YES**, how many days a week did you walk? Choose **ONE** answer.

- 1 - 2 days
- 3 - 4 days
- 5 - 7 days

1b. If **YES**, how many minutes a day did you walk? Choose **ONE** answer.

- 10 - 25 minutes
- 30 - 40 minutes
- 45 - 55 minutes
- 60 minutes or more

1c. If **YES**, what was your usual pace? Choose **ONE** answer.

- Easy- 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 past 12 months**, did you **LIFT WEIGHTS** or use weight machines at least once a week? Choose **ONE** answer.

- Yes
- No
- I don't know

2a. If **YES**, how many days a week did you lift weights? Choose **ONE** answer.

- 1 - 2 days
- 3 - 4 days
- 5 - 7 days

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47397

2b. If YES, how many minutes a day did you lift weights? Choose ONE answer?

- 10 - 25 minutes
- 30 - 40 minutes
- 45 - 55 minutes
- 60 minutes or more

3. In the past 12 months, did you do any LIGHT exercise that didn't make you breathe any harder than usual at least once a week?

**NOTE:** "Light exercise" includes things like light yard work (gardening or pruning), light house work (dusting or vacuuming), playing golf with a cart, very easy bicycling or swimming, or light stretching.

- Yes
- No
- I don't know

3a. If YES, how many days a week did you do any kind of LIGHT exercise? Choose ONE answer?

- 1 - 2 days
- 3 - 4 days
- 5 - 7 days

3b. If YES, how many hours a day did you do any kind of LIGHT exercise? Choose ONE answer?

- Less than 1 hour
- 1 - 2 hours
- 3 hours or more

4. In the past 12 months, did you do MODERATE exercise that made you breathe somewhat harder than usual, at least once a week?

**NOTE:** "Moderate exercise" includes things like brisk walking or running, golfing without a cart or caddy, recreational swimming, moderate yard work (mowing with a power mower), doubles tennis, ballroom dancing, low impact or water aerobics, moderate housework (scrubbing floors or washing windows), or slow bicycling on level ground.

- Yes
- No
- I don't know

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47397

4a. If YES, how many days a week did you do any kind of MODERATE exercise?  
Choose ONE answer.

- 1 - 2 days
- 3 - 4 days
- 5 - 7 days

4b. If YES, how many minutes a day did you do any kind of MODERATE exercise?  
Choose ONE answer.

- 10 - 25 minutes
- 30 - 40 minutes
- 45 - 55 minutes
- 60 minutes or more

5. In the past 12 months, did you do VIGOROUS exercise that made you breathe much harder than usual, at least once a week?

**NOTE:** "Vigorous exercise" includes things like race-walking, jogging or running, aerobics, swimming laps, using a push mower, singles tennis, racquetball or squash, fast or steep hill bicycling, heavy housework, circuit training, stair machine, clogging or line dancing.

- Yes
- No
- I don't know

5a. If YES, how many days a week did you do any kind of VIGOROUS exercise?

- 1 - 2 days
- 3 - 4 days
- 5 - 7 days

5b. If YES, how many minutes a day did you do any kind of VIGOROUS exercise?

- 10 - 25 minutes
- 30 - 40 minutes
- 45 - 55 minutes
- 60 minutes or more

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47397

6. Since our last interview, has a doctor recommended that you lose weight?

- Yes
- No
- I don't know

7. Since our last interview, has a doctor recommended that you change your diet?

- Yes
- No
- I don't know

8. Since our last interview, has a doctor recommended that you exercise?

- Yes
- No
- I don't know



The next questions are about health problems or diseases other than prostate cancer. If a doctor or other health care provider has ever told you that you have one of the conditions or diseases shown below, check the box next to it, even if you don't have it right now, and answer the other questions about it.

**Has a doctor or other health professional EVER told you that you have or had...**

**Arthritis?**

No  Yes

If YES, check ALL that apply.

- I am taking prescription medicine for this now
- I am taking non-prescription (over the counter) medicine for my arthritis at least once a week.
- I already had this at my last interview, but since then it has :
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**Osteoporosis or brittle bones?**

No  Yes

If YES, check ALL that apply.

- I am taking prescription medicine for this now
- I already had this at my last interview, but since then it has :
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**A broken bone or fracture?**

No  Yes

If YES, check ALL that apply.

- Since our last interview, I have broken a bone(s)

Which bone:

**Heart failure or congestive heart failure?**

No  Yes

If YES, check ALL that apply.

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME





7083

Has a doctor or other health professional **EVER** told you that you have or had...

**Coronary heart disease?**

No  Yes

If YES, check **ALL** that apply.

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment or surgery for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER
  - Gotten WORSE
  - Stayed the SAME

**A heart attack or myocardial infarction (MI)**

No  Yes

If YES, check **ALL** that apply.

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment or surgery for this

**A blood clot in a leg or deep vein thrombosis (DVT)?**

No  Yes

If YES, check **ALL** that apply.

- I was diagnosed with this after I found out I had prostate cancer
- I am taking prescription medicine for this now
- Since I found out I had prostate cancer, I have had another kind of treatment or surgery for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER
  - Gotten WORSE
  - Stayed the SAME

**A stroke?**

No  Yes

If YES, check **ALL** that apply.

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this

**A stomach ulcer, peptic ulcer, duodenal ulcer, Crohn's disease, or ulcerative colitis?**

No  Yes

If YES, check **ALL** that apply.

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment or surgery for this
- I already had this at my last interview, but since this it has:
  - Gotten BETTER
  - Gotten WORSE
  - Stayed the SAME



**Has a doctor or health professional EVER told you that you have or had...**

**High blood pressure or hypertension?**

No  Yes

**If YES, check ALL that apply.**

- I am taking prescription medicine for this now
- I already had this at my last interview, but since then it has:
  - Gotten BETTER
  - Gotten WORSE
  - Stayed the SAME

**High blood cholesterol?**

No  Yes

**If YES, check ALL that apply.**

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment or surgery for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER
  - Gotten WORSE
  - Stayed the SAME

**Chronic lung or breathing problems, such as asthma, emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or pulmonary fibrosis?**

No  Yes

**If YES, check ALL that apply.**

- I am using prescription medicine or inhalers for this now
- I use oxygen for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER
  - Gotten WORSE
  - Stayed the SAME

**Liver failure, cirrhosis, hepatitis, Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), or any other kind of chronic liver disease?**

No  Yes

**If YES, check ALL that apply.**

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment or surgery for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER
  - Gotten WORSE
  - Stayed the SAME



**Has a doctor or health professional EVER told you that you have or had...**

**HIV?**

- No    Yes

**If YES, check ALL that apply.**

- Before I found out I had prostate cancer, a doctor told me I have AIDS
- I am taking prescription medicine for this now
- I already had this at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME

**Diabetes or sugar diabetes?**

- No    Yes

**If YES, check ALL that apply.**

- I take insulin for my diabetes
- I take pills (oral hypoglycemic medicine) for my diabetes
- I have had nerve problems because of my diabetes (peripheral neuropathy, numbness)
- I have had circulation problems because of my diabetes
- I already had diabetes at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME

**Cataracts, glaucoma, or diabetic retinopathy?**

- No    Yes

**If YES, check ALL that apply.**

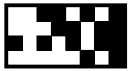
- I use prescription medicine or eye drops for this now
- Since our last interview, I have had surgery to treat this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME

**Partial or complete blindness or macular degeneration?**

- No    Yes

**If YES, check ALL that apply.**

- I use prescription medicine or eye drops for this now
- Since our last interview, I have had surgery to treat this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME



7083

**Has a doctor or health professional EVER told you that you have or had...**

**Paralysis of one or more limbs?**

- No    Yes

If YES, check ALL that apply.

- I already had this at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME

**Failing kidneys, renal failure, or end stage renal disease?**

**[Do NOT include kidney stones, bladder infections, leaking urine, or incontinence.]**

- No    Yes

If YES, check ALL that apply.

- I am taking prescription medicine for this now
- I am on dialysis now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME

**Lupus (SLE), rheumatoid arthritis, polio, polymyositis, polymyalgia, scleroderma, ankylosing spondylitis, or fibromyalgia?**

- No    Yes

If YES, check ALL that apply.

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME

**Alzheimer's disease, dementia, or senility?**

- No    Yes

If YES, check ALL that apply.

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER    Gotten WORSE    Stayed the SAME



**Has a doctor or health professional EVER told you that you have or had...**

**Parkinson's disease, tremors, cerebral palsy, or multiple sclerosis (MS)?**

No  Yes

**If YES, check ALL that apply.**

- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**Post- traumatic stress disorder (PTSD)?**

No  Yes

**If YES, check ALL that apply.**

- I am taking prescription medicine for this now
- Since our last interview, I have had counseling (talk therapy) for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**Depression or anxiety (diagnosed by a doctor or therapist)?**

No  Yes

**If YES, check ALL that apply.**

- I am taking prescription medicine for this now
- Since our last interview, I have had counseling (talk therapy) for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**Skin cancer?**

No  Yes

**If YES, check ALL that apply.**

- Since our last interview, I have been checked for skin cancer
- Since our last interview, I have had a melanoma
- I already had skin cancer at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME



**Has a doctor or health professional EVER told you that you have or had...**

**Leukemia?**

No     Yes

**If YES, check ALL that apply.**

- Since our last interview, a doctor prescribed medicine or chemotherapy for this
- Since our last interview, I had surgery for this
- Since our last interview, I had radiation treatment for this
- Since our last interview, I had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**Lymphoma, non-Hodgkin's lymphoma, or Hodgkin's disease?**

No     Yes

**If YES, check ALL that apply.**

- Since our last interview, a doctor prescribed medicine or chemotherapy for this
- Since our last interview, I had surgery for this
- Since our last interview, I had radiation treatment for this
- Since our last interview, I had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**Has a doctor EVER told you that you have any **OTHER CANCER (other than prostate)**?**

No     Yes

**If YES, what kind of cancer was it?**

(Write the kind of cancer in the box.)

I don't know

**If YES, check ALL that apply.**

- I was diagnosed with this since our last interview
- Since our last interview, a doctor prescribed medicine or chemotherapy for this
- Since our last interview, I had surgery for this
- Since our last interview, I had radiation treatment for this
- Since our last interview, I had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME



Has a doctor **EVER** told you that you have **ANOTHER CANCER (Other than prostate), besides the one listed on the previous page?**

- No    Yes

If **YES**, what kind of cancer was it?   (Write the kind of cancer in the box.)

- I don't know

If **YES**, check **ALL** that apply:

- I was diagnosed with this since our last interview
- Since our last interview, a doctor prescribed medicine or chemotherapy for this
- Since our last interview, I had surgery for this
- Since our last interview, I had radiation treatment for this
- Since our last interview, I had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten **BETTER**    Gotten **WORSE**    Stayed the **SAME**

Did a doctor **EVER** tell you that you had any **OTHER HEALTH PROBLEMS? (Do NOT include urinary problems, sexual problems, and problems that may be related to your prostate cancer. We will ask you about those later.)**

- No    Yes

**First health problem or disease:**

If **YES**, check **ALL** that apply.

- Since our last interview, I was diagnosed with this
- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten **BETTER**    Gotten **WORSE**    Stayed the **SAME**



**Second health problem or disease:**

**If YES, check ALL that apply.**

- Since our last interview, I was diagnosed with this
- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME

**Third health problem or disease:**

**If YES, check ALL that apply.**

- Since our last interview, I was diagnosed with this
- I am taking prescription medicine for this now
- Since our last interview, I have had another kind of treatment for this
- I already had this at my last interview, but since then it has:
  - Gotten BETTER     Gotten WORSE     Stayed the SAME





The next questions are about your work and income. Your answers will help us understand how easy it is for you to get health care, and how prostate cancer has affected your life.

**1. Which of the following best describes what you do now? Check ONE answer.**

- Full time paid work
- Part time paid work
- Unemployed, looking for work
- Unemployed now, but have a job to return to
- Unable to work because of PROSTATE CANCER or treatment
- Unable to work because of OTHER HEALTH PROBLEMS
- Retired because of disability or illness due to PROSTATE CANCER or treatment
- Retired because of disability or illness due to OTHER HEALTH PROBLEMS
- Retired because of age
- Retired by choice
- I don't know
- Other (write your answer in the box)

**2. Since our last interview, have you worked full-time or part-time for pay for at least one month?**

- Yes
- No
- I don't know



skip to question 3 on pg.27

**2a. How often did you usually get paid? Choose ONE answer.**

- Every day
- Once a week
- Every two weeks
- Once a month or less often
- I didn't have a regular pay period
- I don't know



--	--	--	--	--

**2b. Which of the following best describes the hours you usually worked at your main job or business? Choose ONE answer.**

- A regular daytime shift (work anytime between 6 am and 6 pm)
- A regular evening shift (work anytime between 2 pm and midnight)
- A regular night shift (work anytime between 9 pm and 8 am)
- A rotating shift that changed from days to evenings or nights
- Another regular schedule
- No regular schedule
- I don't know

**2c. Did your job pay for any health insurance?**

- Yes
- No
- I don't know

**2d. Did your job have paid sick leave?**

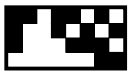
- Yes
- No
- I don't know

**2e. Since our last interview, did you miss any work because of your prostate cancer or prostate cancer treatment?**

- Yes
- No
- I don't know

**If YES, how much work did you miss? Choose ONE answer.**

- Less than 1 week
- 1 - 2 weeks
- 3 - 4 weeks
- 5 - 6 weeks
- More than 6 weeks
- I don't know



2f. Since our last interview, did you miss any work because of other health problems?

- Yes
- No
- I don't know

If **YES**, how much work did you miss? Choose ONE answer.

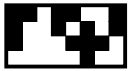
- Less than 1 week
- 1 - 2 weeks
- 3 - 4 weeks
- 5 - 6 weeks
- More than 6 weeks
- I don't know

3. Since our last interview, did you have regular income (at least once a month) from any of the following? Check ALL that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Disability pay                     | <input type="checkbox"/> Rental property                      |
| <input type="checkbox"/> Worker's compensation              | <input type="checkbox"/> Raising crops or animals for sale    |
| <input type="checkbox"/> VA benefits                        | <input type="checkbox"/> Investment Income                    |
| <input type="checkbox"/> Social Security                    | <input type="checkbox"/> I don't know                         |
| <input type="checkbox"/> Pension or retirement plan         | <input type="checkbox"/> Other (write your answer in the box) |
| <input type="checkbox"/> Supplemental Security Income (SSI) |   |

4. Since our last interview, has your income gone UP, gone DOWN or stayed ABOUT THE SAME? Choose ONE answer.

- My income has gone UP
- My income has gone DOWN
- My income is ABOUT THE SAME
- I don't know



**4a. If your income went DOWN, please check any reasons below that help explain why. Check ALL that apply.**

- My hours were cut back or I had less work or fewer jobs to do
- I had to take a lower paying job- not by choice
- I was laid off or fired
- I worked less because of my PROSTATE CANCER or treatment
- I stopped working or retired because of my PROSTATE CANCER or treatment
- I worked less because of OTHER health problems
- I stopped working or retired because of OTHER health problems
- I took a lower paying job BY CHOICE
- I worked less or became semi-retired BY CHOICE
- I stopped working completely or retired BY CHOICE
- My social security, SSI, disability pay or other benefits went down
- My pension or retirement income went down
- My business or farm income went down
- My investment income went down
- I don't know
- Other (write your answer in the box)

**5. How long could you go without a paycheck, benefit check or other income before it would be a serious problem for you? Choose ONE answer.**

- Less than 1 week       3 - 4 months
- 1 - 2 weeks           5 - 6 months
- 3 - 4 weeks           More than 6 months
- 1 month               I don't know
- 2 months



38286

**6. What is your current annual household income before you pay taxes?**

**Count all kinds of income including: government benefits like Social Security, as well as work or farm income, and include your own income and any other person's income that goes toward your household expenses. Choose ONE answer.**

- Less than \$10,400 a year.... (or less than \$867 a month)
- \$10,401 - \$14,000 a year.... (or \$868 - \$1,167 a month)
- \$14,001 - \$17,600 a year.... (or \$1,168 - \$1,467 a month)
- \$17,601 - \$21,200 a year.... (or \$1,468 - \$1,767 a month)
- \$21,201 - \$24,800 a year.... (or \$1,768 - \$2,067 a month)
- \$24,801 - \$28,400 a year.... (or \$2,068 - \$2,367 a month)
- \$28,401 - \$32,000 a year.... (or \$2,368 - \$2,667 a month)
- \$32,001 - \$35,600 a year.... (or \$2,668 - \$2,967 a month)
- \$35,601 - \$39,200 a year.... (or \$2,968 - \$3,267 a month)
- \$39,201 - \$45,000 a year .... (or \$3,268 - \$3,750 a month)
- \$45,001 - \$50,000 a year.... (or \$3,751 - \$4,167 a month)
- \$50,001 - \$55,000 a year.... (or \$4,168 - \$4,583 a month)
- \$55,001 - \$60,000 a year.... (or \$4,584 - \$5,000 a month)
- \$60,001 - \$70,000 a year.... (or \$5,001 - 5,833 a month)
- \$70,001 - \$80,000 a year.... (or \$5,834 - \$6,667 a month)
- \$80,001 or more a year.... (or \$6,668 or more a month)
- I don't know

**7. Including yourself, how many people are supported by this income? Choose ONE answer.**

- 1 person, I am the only person supported by this income
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people
- 9 or more people
- I don't know



The next questions are about health insurance and health benefits because those things may affect the kind of care and treatment you get for your prostate cancer, or your health and well being overall. We will NOT contact your insurance company or tell them any of your answers.

**1. Since our last interview, I had health insurance or health benefits...**

- ALL of the time → skip to question 2 on pg.32
- PART of the time
- NONE of the time → skip to question 14 on pg.36
- I don't know

**This includes: Medicare, Medicaid or other public assistance programs  
Military insurance or VA health benefits  
Private insurance (through a job or union, or that you paid for yourself)  
Any other kind of health insurance you might have.**

**1a. Do you have any kind of health insurance or health benefits now?**

- Yes
- No
- I don't know

**1b. Since our last interview, how long did you go WITHOUT any kind of health insurance or health benefits?**

- Less than one month
- 1 - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months
- More than 1 year to 1-1/2 years
- More than 1-1/2 years to 2 years
- More than 2 years
- I don't know



1c. **Since our last interview**, did any of the reasons below explain why you did not have health insurance or health benefits for part of the time? **Check ALL that apply.**

- I couldn't afford to pay for it
- I was insured through work, but then lost or changed my job
- I was insured through work, but my job stopped paying for insurance
- I was insured through a family member, but they lost or changed their job
- I was insured through a family member, but their job stopped paying for insurance
- I was insured through a family member, but they took me off their policy
- I was insured through a family member, but they passed away
- My insurance company refused coverage or dropped me
- My insurance company went out of business or left my community
- I stopped qualifying for the insurance I had because my income was too high
- I don't know
- Other (write your answer in the box)

--



2. **Since our last interview, have you had any of the government-sponsored health insurance plans on the list below? Check ALL that apply.**

- Medicare Plan A (hospital insurance, no cost for people on Social Security)
- Medicare Plan B (medical insurance for doctor services, outpatient care and some screening exams, most people pay a monthly premium)
- Medicare Plan D (Medicare prescription drug plan for people with Medicare Plan A or B)
- Medi-Gap (supplemental private insurance for people that also have Medicare Plan A AND Medicare Plan B)
- Medicare Advantage, Medicare Plus Choice or another privately administered Medicare insurance plan that covers hospital and outpatient fees
- Medicare Savings Program or Medicare-Aid
- Medicare, but not sure what kind
- Medicaid
- Community Care of North Carolina/ North Carolina Access plans  
(Access Care, Access III of Lower Cape Fear, Carolina Collaborative Community Care, Community Care Partners of Greater Mecklenburg, Community Care Program of Eastern Carolina, Northern Piedmont Community Care, Sandhills Community Care Network)
- State-sponsored health plan for state employees, such as the North Carolina State Health Plan
- Federal Employee Health Benefits Insurance
- Other government-sponsored insurance
- I don't know

3. **Since our last interview, have you had any of the MILITARY or VA health insurance plans or benefits on the list below? Check ALL that apply.**

- TRICARE Prime
- TRICARE Extra
- TRICARE Standard
- TRICARE for Life
- TRICARE, but not sure what kind
- CHAMP - VA
- VA Health Care - WITHOUT co-payments for exams
- VA Health Care - WITH co-payments for exams
- VA Health Care - but not sure about co-payments
- Other military health care
- I don't know





38286

**4. Since our last interview, have you had PRIVATE health insurance other than a privately administered Medicare or Medicaid Plan? Check ALL that apply.**

- Private insurance COMPLETELY paid for by your job, union or professional organization
- Private insurance PARTLY paid for by your job, union, or professional organization
- Private insurance COMPLETELY paid for by a family member's job, union, or professional organization
- Private insurance PARTLY paid for by a family member's job, union or professional organization
- Private insurance COMPLETELY paid for by you or a family member
- I don't know
- Some other private insurance (write your answer in the box)

**5. Since our last interview, have you had any of the SINGLE SERVICE health insurance plans on the list below? Check ALL that apply.**

- Insurance that only pays for dental or vision care
- Insurance that only pays for cancer care or treatment
- Insurance that only pays for prescriptions (other than Medicare Plan D)
- Insurance that only pays for nursing home care, hospice care, or long-term care
- Insurance that only pays for accidents or injuries
- Insurance that only pays for some other single service
- I don't know

**6. Since our last interview, did you have any OTHER kind of health insurance, besides something you already checked on one of the lists above?**

- Yes
- No
- I don't know

**6a. If YES, what kind of insurance was it?**

I don't know

(write your answer in the box)



**7. Since our last interview, did you change your insurance or start a new health insurance plan?**

- Yes
- No
- I don't know

**7a. If YES, Check ANY of the reasons below that help explain why.**

- I could afford to pay for health insurance that I didn't have before
- A family member added me to their health insurance plan
- I became eligible for new or different insurance because of age
- I became eligible for new or different insurance because of illness or disability
- I became eligible for new or different insurance because of a job change
- I became eligible for new or different insurance because of my income
- My employer or union changed insurance plans or offered a new plan
- I am insured through a family member, and they became eligible for a new or different insurance plan
- My family member's employer or union changed insurance plans or offered a new plan
- I started an insurance plan with lower premiums
- I started an insurance plan with lower out of pocket costs or copays
- I started an insurance plan with prescription drug benefits
- I started an insurance plan with new benefits or coverage I didn't have before
- I don't know
- Other (write your answer in the box)

--



The next questions are about the health insurance or health benefits you have NOW. If you do NOT have health insurance or benefits now, think about the last health insurance plan you had.

**8. Do you have to get a referral from your primary doctor to see a specialist?**

- Yes
- No
- I don't know

**9. Does your insurance or health benefits plan cover any of the costs of prescription medicines?**

- Yes
- No
- I don't know

**10. Does your insurance or health benefits plan make you to go to a specific doctor or clinic?**

- Yes
- No
- I don't know

→ skip to question 13 on pg. 36

**11. Do you pay less if you go to a doctor from a specific group or list of doctors?**

- Yes
- No
- I don't know

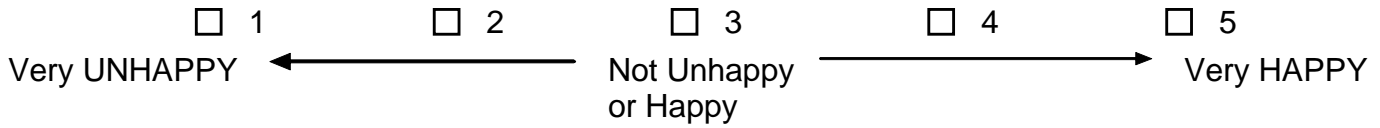
**12. Do you ever have trouble finding a doctor that will accept your insurance?**

- Yes
- No
- I don't know



38286

13. Overall, how HAPPY or UNHAPPY are you with your health insurance or health benefits? Choose a number from 1 to 5, where 1 means your are Very UNHAPPY and 5 means you are Very HAPPY.



14. Since our last interview, about how much money have you paid out of your own pocket for your medical care?

Include money for doctors, dentists, eye glasses, hearing aides, and medicine. Choose ONE answer.

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$500     | <input type="checkbox"/> \$12,000 - \$13,999 |
| <input type="checkbox"/> \$500 - \$999       | <input type="checkbox"/> \$14,000 - \$15,999 |
| <input type="checkbox"/> \$1,000 - \$1,999   | <input type="checkbox"/> \$16,000 - \$17,999 |
| <input type="checkbox"/> \$2,000 - \$2,999   | <input type="checkbox"/> \$18,000 - \$19,999 |
| <input type="checkbox"/> \$3,000 - \$4,999   | <input type="checkbox"/> \$20,000 - \$24,999 |
| <input type="checkbox"/> \$5,000 - \$6,999   | <input type="checkbox"/> \$25,000 - \$29,999 |
| <input type="checkbox"/> \$7,000 - \$9,999   | <input type="checkbox"/> \$30,000 or more    |
| <input type="checkbox"/> \$10,000 - \$11,999 | <input type="checkbox"/> I don't know        |

15. Sometimes people put off getting medical care that they need. Since our last interview, have you had to delay getting medical care?

- Yes
- No
- I don't know



**15a. If YES, did you put off getting medical care for any of the following reasons? Check ALL that apply.**

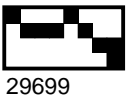
- I couldn't get through on the telephone
- I couldn't get an appointment soon enough
- I would have to wait too long at the doctor's office
- The clinic or doctor's office wasn't open when I could get there
- I couldn't take time off from work to go
- I didn't have any way to get there
- I couldn't afford the cost of transportation to get there
- I couldn't afford the cost of the visit
- I couldn't afford the medicine or treatments
- I don't know
- Other (write your answer in the box)

**16. Since our last interview, was there any time you needed any of the following, but couldn't afford to get it? Check ALL that apply.**

- Prescription medicine for your prostate cancer
- Shots or injections for your prostate cancer
- Other treatments for your prostate cancer
- Exams or tests to check your prostate cancer
- Routine check-ups or physical exams
- Prescription medicine for OTHER health problems
- Health care for OTHER health problems, including exams or tests
- Mental health care or counseling
- Dental care, including check-ups and routine teeth cleaning
- Eyeglasses
- I don't know

**17. Since our last interview, have you been to a dentist? Include all types of dentists.**

- Yes
- No
- I don't know



29699

The next questions are about your prostate cancer and the care you have gotten since our last interview.

**NOTE:** When we ask about prostate cancer "treatment", that can mean Surgery (removal of your prostate), Radiation, Watchful Waiting, Pills or Shots, etc...

1. **Since our last interview**, have you had **ANY** doctor visits related to your prostate cancer? This would include: follow-up visits, doctor visits to have tests (blood work, x-rays, etc...), to plan treatment, to have treatment, or to talk about side effects (even if you didn't have treatment).

Yes

No

I don't know

→ skip to question 19 on pg. 50

- 1a. **Since our last interview**, how many times did you go to **ANY** doctor about your prostate cancer?

**DO NOT** include visits to have a treatment done, like having surgery, radiation, getting a shot, etc.

0 times

1 time

2 - 3 times

4 - 5 times

6 - 7 times

8 - 9 times

10 - 11 times

12 or more times

I don't know



29699

2. **Since our last interview**, have you had any of the following treatments for your prostate cancer? **Check ALL that apply.**

- Surgery to remove my prostate (Prostatectomy)
- Radiation (External beam radiation therapy)
- Pills or shots (Hormone Therapy)
- Seed implants (Brachytherapy)
- Freezing (Cryotherapy)
- High frequency ultrasound (HIFU)
- Castration surgery (Orchiectomy)
- Chemotherapy
- Treatment or medicine as part of a clinical trial
- Watchful Waiting, Active Surveillance or Expectant Management
- NONE - Since our last interview, I did NOT have treatment for my prostate cancer
- I don't know
- Other treatment (write your answer in the box)

--

2a. **Since our last interview**, if you had shots to treat your prostate cancer (hormone therapy), where did you get the shots? **Check all that apply.**

- They gave me the shots at the doctor's office
- I had to buy the shots from a pharmacy first and then take them to the doctor's office
- I had to go to a hospital or some other place to get the shots
- Not applicable, I did not have shots since my last interview
- I don't know

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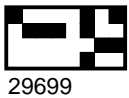
3. **Since our last interview, how many times did you go to the doctor to get your treatment(s)? Do NOT count doctor visits just to plan treatment, have blood tests, X-rays or other tests, or to talk about side effects.**

- Since our last interview, I have not had any prostate cancer treatments
- |  |   |
|--|---|
| <input type="checkbox"/> 1 time        | <input type="checkbox"/> 12 - 15 times      |
| <input type="checkbox"/> 2 - 3 times   | <input type="checkbox"/> 16 - 20 times      |
| <input type="checkbox"/> 4 - 5 times   | <input type="checkbox"/> 21 - 25 times      |
| <input type="checkbox"/> 6 - 7 times   | <input type="checkbox"/> 26 - 30 times      |
| <input type="checkbox"/> 8 - 9 times   | <input type="checkbox"/> More than 30 times |
| <input type="checkbox"/> 10 - 11 times | <input type="checkbox"/> I don't know       |

4. **How long has it been since you last saw a doctor for a follow-up visit or treatment of your prostate cancer? Choose ONE answer.**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> 11 - 12 months    |
| <input type="checkbox"/> 1 - 2 months      | <input type="checkbox"/> 1 to 1-1/2 years  |
| <input type="checkbox"/> 3 - 4 months      | <input type="checkbox"/> 1-1/2 to 2 years  |
| <input type="checkbox"/> 5 - 6 months      | <input type="checkbox"/> More than 2 years |
| <input type="checkbox"/> 7 - 8 months      | <input type="checkbox"/> I don't know      |
| <input type="checkbox"/> 9 - 10 months     |  |





29699

5. What kind of place do you usually go to for prostate cancer follow-up or treatment?  
Choose ONE answer

- Doctor's office or group practice
- Public health clinic or community health center
- Emergency Room
- Urgent Care Center
- VA
- Military healthcare facility (other than VA)
- No usual place
- I don't know
- Some other place (write your answer in the box)

--

5a. How long does it usually take you to travel there? If you go to more than one place, think about the place you usually go now. Choose ONE answer.

- Less than 15 minutes
- 15 - 30 minutes
- 31 - 60 minutes
- More than 1 hour but less than 2 hours
- 2 - 4 hours
- More than 4 hours
- I don't know

5b. How do you usually get there? Check ALL that apply.

- I walk there
- I drive myself there
- A friend, neighbor or relative drives me there
- I take a taxi or pay someone to drive me there
- I take a public bus to get there
- I use a special service for people that need to go to the doctor
- I don't know

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6. When you see someone about your prostate cancer or prostate cancer treatment, do you usually see the same medical person at each visit, or a different person at each visit? Choose ONE answer.

- I usually see the same person at each visit
- I usually see a different person at each visit
- I don't know

7. What kind of doctor or health professional is the MOST responsible for monitoring or treating your prostate cancer now? Choose ONE answer.

- A primary care or family doctor
- A urologist
- A radiation oncologist
- A medical oncologist
- Another kind of specialist
- A nurse, Nurse Practitioner or Physician's Assistant
- I don't know
- Other (write your answer in the box)

--

7a. Since our last interview, have you had an office visit with the doctor who diagnosed your prostate cancer? (This would be the doctor who did the needle biopsy that found your prostate cancer.)

- Yes
- No
- I don't know


7a1. If YES, is this the doctor who is MOST responsible for monitoring or treating your prostate cancer now?

- Yes
- No
- I don't know

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8. Is the doctor who diagnosed your prostate cancer also the same doctor who first monitored or treated your prostate cancer?

- Yes  skip to question 10
- No
- I don't know

9. Since our last interview, have you had an office visit with the first doctor who treated or monitored your prostate cancer?

- Yes
- No
- I don't know

9a. If YES, is this the doctor who is MOST responsible for monitoring or treating you prostate cancer now?

- Yes
- No
- I don't know

10. Since our last interview, have you talked to any other doctors or health professionals about your prostate cancer or prostate cancer treatment?

- Yes
- No
- I don't know

10a. If YES, what other kinds of doctors or health care professionals have you talked to about your prostate cancer or treatment? Check ALL that apply.

- A urologist
- A radiation oncologist
- A medical oncologist
- A primary care or family doctor
- A specialist that you see for other health problems
- A nurse, Nurse Practitioner or Physician's Assistant
- A psychologist, psychiatrist or counselor
- I don't know
- Other (write your answer in the box)

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11. **Since our last interview**, have you changed the clinic or doctor that you usually go to for prostate cancer follow-up or treatment?

- Yes
- No
- I don't know

11a. If YES, was it for any of the following reasons? **Check ALL that apply.**

- My insurance required it
- To cut costs
- To get better care
- To get a specific kind of treatment
- I didn't need to see a specialist any more
- I didn't like the doctor I was seeing
- I didn't like the clinic staff
- I had to wait too long at the doctor's office
- I couldn't get an appointment when I needed one
- My old doctor or clinic was too far away
- I don't know
- Other (write your answer in the box) 

--

12. **Since our last interview**, have you had any of the following procedures or tests? **Check ALL that apply.**

- A trans-rectal ultrasound examination of your prostate
- A procedure where a doctor passed a tube through your penis to remove enlarged prostate tissue, sometimes called a TURP
- An exam where a doctor passed a tube through your penis to look at your bladder sometimes called a cystoscopy
- A blood test to check your testosterone (male hormone) level
- Bone Scan
- ProstaScint scan
- MRI
- CT scan
- Chest X-ray
- Lymph node biopsy
- Bone biopsy
- I don't know

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29699

13. Since our last interview, have you participated in any clinical trials to test new prostate cancer treatments? Choose ONE answer.

- Yes, one clinical trial
- Yes, more than one clinical trial
- No
- I don't know

14. Since our last interview, how many follow-up PSA tests have you had? Choose ONE answer.

- None  $\longrightarrow$
- 1  6
- 2  7
- 3  8
- 4  More than 8
- 5  I don't know

skip to the next page (pg.46)

14a. How long has it been since your last PSA test? Choose ONE answer.

- Less than 1 month  11 - 12 months
- 1 - 2 months  1 - 1-1/2 years
- 3 - 4 months  1-1/2 - 2 years
- 5 - 6 months  More than 2 years
- 7 - 8 months  I don't know
- 9 - 10 months

14b. Do you know what your PSA level was the last time you were tested?

- Yes
- No

14c. If YES, write your PSA level in the box.

--

14d. Did your doctor say your PSA level had gone up since your last test?

- Yes
- No
- I don't know

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29699

15. Since our last interview, how many Digital Rectal Exams (DRE) have you had? This is an exam where a doctor puts a gloved finger in your rectum to feel your prostate gland. Choose ONE answer.

- None →
- |                            |                                       |
|----------------------------|---------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6            |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7            |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8            |
| <input type="checkbox"/> 4 | <input type="checkbox"/> More than 8  |
| <input type="checkbox"/> 5 | <input type="checkbox"/> I don't know |

skip to the next page (pg.47)

- 15a. How long has it been since your last Digital Rectal Exam (DRE)?  
Choose ONE answer

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> 11 - 12 months    |
| <input type="checkbox"/> 1 - 2 months      | <input type="checkbox"/> 1 - 1-1/2 years   |
| <input type="checkbox"/> 3 - 4 months      | <input type="checkbox"/> 1-1/2 - 2 years   |
| <input type="checkbox"/> 5 - 6 months      | <input type="checkbox"/> More than 2 years |
| <input type="checkbox"/> 7 - 8 months      | <input type="checkbox"/> I don't know      |
| <input type="checkbox"/> 9 - 10 months     |  |

- 15b. Was your doctor concerned about the results of your last Digital Rectal Exam (DRE)?

- Yes  
 No  
 I don't know



16. Since our last interview, have you had a follow-up biopsy of your prostate taken with a needle through your rectum?

- Yes
- No
- I don't know

→ skip to the next page (pg.48)

16a. If YES, how many follow-up prostate biopsies have you had since our last interview? Choose ONE answer.

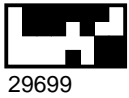
- 1
- 2
- 3
- 4
- 5 or more
- I don't know

16b. How long has it been since your last follow-up biopsy? Choose ONE answer.

- Less than 1 month
- 1 - 2 months
- 3 - 4 months
- 5 - 6 months
- 7 - 8 months
- 9 - 10 months
- 11 - 12 months
- 1 - 1-1/2 years
- 1-1/2 - 2 years
- More than 2 years
- I don't know

16c. What did your most recent follow-up biopsy show? Choose ONE answer.

- The biopsy was normal, with no sign of cancer
- The biopsy showed that the cancer was not as bad as before
- The biopsy showed that the cancer was the same as before
- The biopsy showed that the cancer had gotten worse
- The biopsy showed that the cancer came back
- I haven't gotten the results from my doctor yet
- I don't know



The next statements are about the doctor or clinic that has been **MOST RESPONSIBLE** for the treatment or follow-up of your prostate cancer since our last interview. This could be a prostate cancer specialist, or it could be your regular family doctor or some other kind of doctor. If you have changed doctors since our last interview, think about the doctor that is most responsible for your prostate cancer care and follow-up now.

**Please choose a number from 1 to 5 to show how happy or unhappy you are with each of the following, where 1 means Very UNHAPPY and 5 means Very HAPPY.**

**How Unhappy or Happy are you with ...**

**The thoroughness of your doctor's questions about your symptoms and how you are feeling.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very UNHAPPY	←	Not Unhappy or Happy	→	Very HAPPY

**The attention your doctor gives to what you have to say.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very UNHAPPY	←	Not Unhappy or Happy	→	Very HAPPY

**Your Doctor's explanation of your health problems or treatments that you need.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very UNHAPPY	←	Not Unhappy or Happy	→	Very HAPPY

**Your Doctor's instructions about symptoms to report and when to seek further care.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very UNHAPPY	←	Not Unhappy or Happy	→	Very HAPPY

**Your Doctor's advice and help in making decisions about your care.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very UNHAPPY	←	Not Unhappy or Happy	→	Very HAPPY

**Your Doctor's knowledge of your entire medical history.**

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very UNHAPPY	←	Not Unhappy or Happy	→	Very HAPPY





**Your Doctor's knowledge of your responsibilities at work or home.**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**Your Doctor's knowledge of what worries you most about your health.**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**Your Doctor's knowledge of you as a person (your values and beliefs).**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**The amount of time your doctor spends with you.**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**Your Doctor's patience with your questions or worries.**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**Your Doctor's friendliness and warmth toward you.**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**Your Doctor's caring and concern for you.**

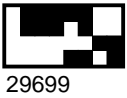
1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**Your Doctor's respect for you.**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY

**The overall quality of the care you get for your prostate cancer.**

1                       2                       3                       4                       5  
 Very UNHAPPY ←————→ Not Unhappy or Happy —————→ Very HAPPY



17. How much does your doctor tell you about your prostate cancer and what he or she is doing to treat or monitor it? Choose a number from 1 to 5 where 1 means your doctor tells you NOTHING AT ALL and 5 means your doctor tells you A GREAT DEAL.

1                       2                       3                       4                       5  
 NOTHING AT ALL ←————→ A GREAT DEAL

18. How much do you tell your doctor about concerns you might be having about your prostate cancer or your prostate cancer treatment? Choose a number from 1 to 5 where 1 means you tell your doctor NOTHING AT ALL and 5 means you tell your doctor A GREAT DEAL.

1                       2                       3                       4                       5  
 NOTHING AT ALL ←————→ A GREAT DEAL

19. Since our last interview, did you have to make a NEW decision about what to do about your prostate cancer? (This could be deciding whether to have a new kind of treatment, whether to keep having or stop treatment you were already having, etc.)

Yes

No

I don't know

————→ skip to question 1 on pg.56

20. Since our last interview, between you and your doctor, who was mostly responsible for deciding what to do about your prostate cancer? Choose ONE answer.

I was mostly responsible for deciding what to do

My doctor and I were both responsible

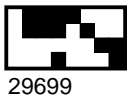
My doctor was mostly responsible for deciding what to do

I don't know









29699

**If you would have sexual side-effects like erectile dysfunction (ED) or impotence**

- 0 - I did not know about this when I was deciding about my treatment
- 1 - NOT AT ALL important
- 2 - A LITTLE important
- 3 - IMPORTANT
- 4 - VERY important
- 5 - EXTREMELY important

**If you would have side-effects that would affect your bowel habits or control**

- 0 - I did not know about this when I was deciding about my treatment
- 1 - NOT AT ALL important
- 2 - A LITTLE important
- 3 - IMPORTANT
- 4 - VERY important
- 5 - EXTREMELY important

**If the treatment would affect your masculinity or manhood**

- 0 - I did not know about this when I was deciding about my treatment
- 1 - NOT AT ALL important
- 2 - A LITTLE important
- 3 - IMPORTANT
- 4 - VERY important
- 5 - EXTREMELY important

**If you would have other side-effects**

- 0 - I did not know about this when I was deciding about my treatment
- 1 - NOT AT ALL important
- 2 - A LITTLE important
- 3 - IMPORTANT
- 4 - VERY important
- 5 - EXTREMELY important



2. Since our last interview, how much do you agree or disagree with the following statements about the **NEW** treatment decisions you made? Please choose a number from 1 to 5, where 1 means you **Strongly DISAGREE** and 5 means you **Strongly AGREE** with the statement.

**I had all the information I needed to make a decision about treatment.**

1                       2                       3                       4                       5

Strongly DISAGREE ←————— Don't Agree or —————→ Strongly AGREE  
Disagree

**My doctors told me the whole story about side effects of treatment.**

1                       2                       3                       4                       5

Strongly DISAGREE ←————— Don't Agree or —————→ Strongly AGREE  
Disagree

**I knew the right questions to ask the doctor about treatment.**

1                       2                       3                       4                       5

Strongly DISAGREE ←————— Don't Agree or —————→ Strongly AGREE  
Disagree

**I had enough time to make a decision about treatment.**

1                       2                       3                       4                       5

Strongly DISAGREE ←————— Don't Agree or —————→ Strongly AGREE  
Disagree

**I am satisfied with the treatment choices I made.**

1                       2                       3                       4                       5

Strongly DISAGREE ←————— Don't Agree or —————→ Strongly AGREE  
Disagree







2. **Since our last interview**, have you had any problems with erections or your sexual function?

Yes

No

I don't know

→ skip to question 3

2a. If **YES**, at its **worst**, how big a problem has this been for you **since our last interview**?  
Choose a number from 1 to 5, where 1 means it was **NO PROBLEM** at all and 5 means it was a **BIG PROBLEM**.

1

2

3

4

5

← NO PROBLEM

→ BIG PROBLEM

2b. Have you talked to a doctor about problems with erections or sexual function since our last interview?

Yes

No

I don't know

2c. Has a doctor offered you medicine or other treatments for problems with sexual function since our last interview?

Yes

No

I don't know

3. **Since our last interview**, have you tried pills to help with sexual function, such as Viagra, Cialis, or Levitra?

Yes

No

I don't know

→ skip to question 4 on pg. 58

3a. If **YES**, were they helpful?

Yes

No

I don't know

3b. Are you still using them?

Yes

No

I don't know



4. **Since our last interview**, have you tried intraurethral suppositories to help with sexual function, like MUSE?

- Yes
- No
- I don't know

→ skip to question 5

4a. If YES, were they helpful?

- Yes
- No
- I don't know

4b. Are you still using them?

- Yes
- No
- I don't know

5. **Since our last interview**, have you tried penile injections to help with sexual function, like Caverjet, Edex, Bimix, or Trimix?

- Yes
- No
- I don't know

→ skip to question 6 on pg.59

5a. If YES, were they helpful?

- Yes
- No
- I don't know

5b. Are you still using them?

- Yes
- No
- I don't know



6. Since our last interview, have you tried a vacuum pump device to help with sexual function?

- Yes
- No
- I don't know

→ skip to question 7

6a. If YES, was it helpful?

- Yes
- No
- I don't know

6b. Are you still using it?

- Yes
- No
- I don't know

7. Since our last interview, have you tried a penile implant to help with sexual function?

- Yes
- No
- I don't know

→ skip to question 1 on pg.60

7a. If YES, was it helpful?

- Yes
- No
- I don't know

7b. Are you still using it?

- Yes
- No
- I don't know



The next questions are about symptoms and the quality of your life during the past 4 weeks.

1. **Over the past 4 weeks**, how often have you leaked urine? Choose **ONE** answer.

- Rarely or never
- About once a week
- More than once a week
- About once a day
- More than once a day

2. Which of the following best describes your urinary control **during the past 4 weeks**?  
Choose **ONE** answer.

- No urinary control at all
- Frequent dribbling
- Occasional dribbling
- Total control

3. How many pads or adult diapers per day did you usually use to control leakage each day **during the past 4 weeks**? Choose **ONE** answer.

- None
- 1 pad a day
- 2 pads a day
- 3 or more pads a day



4. How big a problem, if any, have each of the following urinary symptoms been for you during the past 4 weeks? Please choose a number from 1 to 5 to show how much of a problem each symptom was, where 1 means it was NO PROBLEM at all and 5 means it was a BIG PROBLEM.

**Dripping or leaking urine**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Pain or burning on urination**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Bleeding with urination**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Weak urine stream or incomplete emptying**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Need to urinate frequently during the day**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Overall, how big a problem has your urinary function been for you during the past 4 weeks?**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM



5. How big a problem, if any, have each of the following bowel symptoms been for you during the past 4 weeks? Please choose a number from 1 to 5 to show how much of a problem each symptom was, where 1 means it was NO PROBLEM at all and 5 means it was a BIG PROBLEM.

**Urgency to have a bowel movement**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Increased frequency of bowel movements**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Losing control of your stools**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Bloody stools**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Pain in your abdomen, pelvis, or rectum**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM

**Overall, how big a problem have your bowel habits been for you during the past 4 weeks?**

1                       2                       3                       4                       5  
NO PROBLEM                      BIG PROBLEM



6. How big of a problem, if any, have the symptoms below been for you during the past 4 weeks? Please choose a number from 1 to 5, where 1 means it was **NO PROBLEM** at all and 5 means it was a **BIG PROBLEM**.

**Change in body weight**

1                       2                       3                       4                       5  
NO PROBLEM                      ←—————→                      BIG PROBLEM

**Lack of energy**

1                       2                       3                       4                       5  
NO PROBLEM                      ←—————→                      BIG PROBLEM

**Feeling depressed**

1                       2                       3                       4                       5  
NO PROBLEM                      ←—————→                      BIG PROBLEM

**Sore or swollen breasts**

1                       2                       3                       4                       5  
NO PROBLEM                      ←—————→                      BIG PROBLEM

**Hot Flashes**

1                       2                       3                       4                       5  
NO PROBLEM                      ←—————→                      BIG PROBLEM

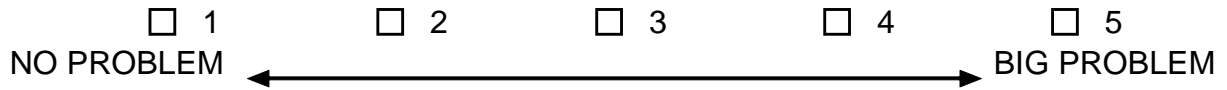






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11. Overall, how big a problem has your sexual function or lack of sexual function been for you during the past 4 weeks?



The next questions are about your overall health.

1. In general, would you say your health is... (Choose ONE answer)

- Poor
- Fair
- Good
- Very Good
- Excellent

2. How much does your health limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- Not at all
- A little
- A lot

3. How much does your health limit you in climbing several flights of stairs?

- Not at all
- A little
- A lot



37672

4. **During the past 4 weeks**, how much of the time were the following true for you? To answer, please choose a number from 1 to 5 for each, where 1 means NONE of the time and 5 means ALL of the time.

**In the past four weeks**, how much of the time have you accomplished less than you would like because of your physical health?

1                       2                       3                       4                       5  
 NONE of the time      ←—————→      ALL of the time

**In the past four weeks**, how much of the time were you limited in the kind of work or other activities you do because of your physical health?

1                       2                       3                       4                       5  
 NONE of the time      ←—————→      ALL of the time

**In the past four weeks**, how much of the time did you accomplish less than you would like because of emotional problems (such as feeling depressed or anxious)?

1                       2                       3                       4                       5  
 NONE of the time      ←—————→      ALL of the time

**In the past four weeks**, how much of the time did you do work or other activities less carefully than usual because of emotional problems?

1                       2                       3                       4                       5  
 NONE of the time      ←—————→      ALL of the time

**In the past four weeks**, how much of the time did you feel calm and peaceful?

1                       2                       3                       4                       5  
 NONE of the time      ←—————→      ALL of the time

**In the past four weeks**, how much of the time did you have a lot of energy?

1                       2                       3                       4                       5  
 NONE of the time      ←—————→      ALL of the time



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**In the past four weeks, how much of the time did you feel downhearted and depressed?**

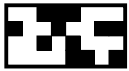
1                       2                       3                       4                       5  
NONE of the time                      ←—————→                      ALL of the time

**In the past four weeks, how much of the time did your physical health or emotional problems keep you from doing social activities, like visiting friends, relatives, etc.?**

1                       2                       3                       4                       5  
NONE of the time                      ←—————→                      ALL of the time

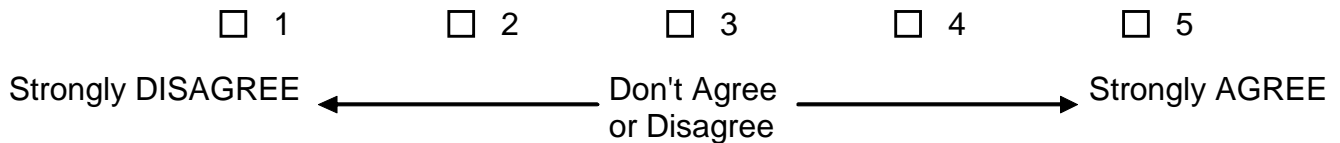
**In the past four weeks, how much of the time did pain interfere with your normal work (including both work outside the home and housework)?**

1                       2                       3                       4                       5  
NONE of the time                      ←—————→                      ALL of the time

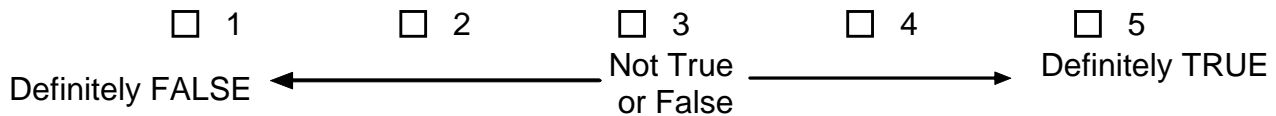


When answering the next questions, please think about how you feel about the overall treatment and care you have had for your prostate cancer since you were diagnosed, even if you have not had any treatment or care for your prostate cancer since our last interview. (Remember that treatment includes: Watchful Waiting, Surgery, Radiation, shots or pills, etc.)

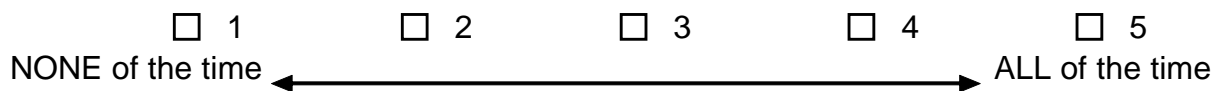
1. How much do you agree with this statement: "I am satisfied with the treatment choices I have made"? Choose a number from 1 to 5, where 1 means you Strongly DISAGREE and 5 means you Strongly AGREE with the statement.



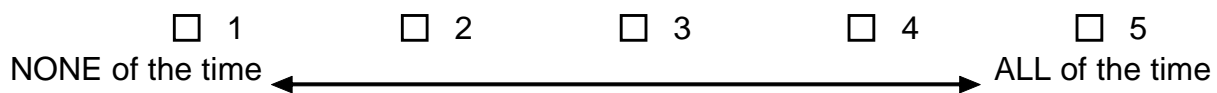
2. How true or false is this statement to you: "I would have been better off if I had chosen a different treatment from the one I had"? To answer, choose a number from 1 to 5, where 1 means Definitely FALSE and 5 means Definitely TRUE.



3. How much of the time have you wished that you could change your mind about the kind of treatment you chose for your prostate cancer? Choose a number from 1 to 5, where 1 means NONE of the time and 5 means ALL of the time.



4. How much of the time have you wondered if it was worthwhile to have been treated at all? Choose a number from 1 to 5, where 1 means NONE of the time and 5 means ALL of the time.





37672

5. How much has your prostate cancer treatment affected the following? Please choose a number from 1 to 5 for each, where 1 means it was NOT AT ALL affected and 5 means it was affected A LOT.

**Your daily activities**

1       2       3       4       5  
 NOT AT ALL affected      ←————→      Affected A LOT

**Your ability to work**

1       2       3       4       5  
 NOT AT ALL affected      ←————→      Affected A LOT

**Your ability to pay for things you need**

1       2       3       4       5  
 NOT AT ALL affected      ←————→      Affected A LOT

**Your ability to pay bills**

1       2       3       4       5  
 NOT AT ALL affected      ←————→      Affected A LOT

**Your relationship with your wife or partner**

1       2       3       4       5  
 NOT AT ALL affected      ←————→      Affected A LOT

**Your relationship with your family**

1       2       3       4       5  
 NOT AT ALL affected      ←————→      Affected A LOT

**Your relationships with your friends**

1       2       3       4       5  
 NOT AT ALL affected      ←————→      Affected A LOT

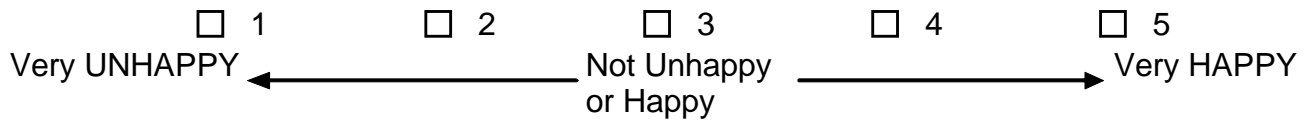


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6. Given what you know now, would you make the same treatment decisions again if you had the chance? Choose ONE answer.

- Definitely Yes
- Probably Yes
- Not Sure
- Probably Not
- Definitely Not

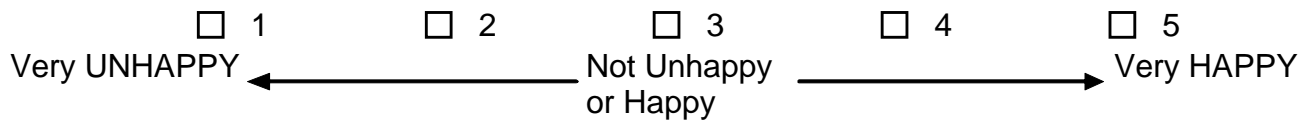
7. Overall, how do you feel about how your prostate cancer treatment has worked out? Pick a number from 1 to 5, where 1 means you are Very UNHAPPY and 5 means you are Very HAPPY with how your prostate cancer treatment has worked out.



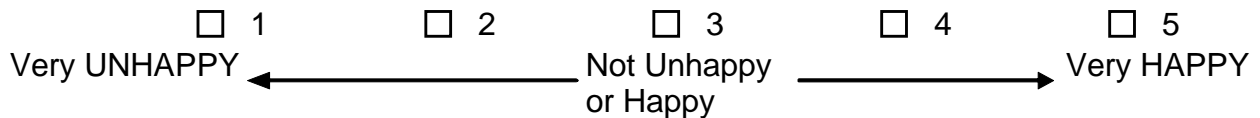
8. Do you still have prostate cancer?

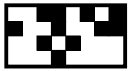
- Yes
- No
- I don't know

9. How happy are you with how much you understand about your prostate cancer?



10. How happy are you with your ability to manage and deal with your prostate cancer?





11. How worried are you about dying from prostate cancer? Choose a number from 1 to 5, where 1 means you are NOT AT ALL worried about this, and 5 means you are EXTREMELY worried about this.

1                       2                       3                       4                       5  
NOT AT ALL worried                      ←————→                      EXTREMELY worried

12. 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? Choose a number from 1 to 5, where 1 means you think it is NOT AT ALL likely, and 5 means you think it is EXTREMELY likely.

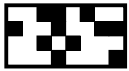
1                       2                       3                       4                       5  
NOT AT ALL likely                      ←————→                      EXTREMELY likely

13. Since our last interview, have you talked to a psychologist, psychiatrist or counselor about your prostate cancer or your treatment ?

- Yes
- No
- I don't know

- 13a. If YES, how many times have you talked to a psychologist, psychiatrist or counselor about your prostate cancer or treatment since our last interview?

- Once
- Twice
- 3 - 4 times
- 5 - 6 times
- More than 6 times
- I don't know



37672

**14. Since our last interview, have you talked to a social worker, patient advocate or "navigator" about your prostate cancer or your treatment?**

- Yes
- No
- I don't know

**14a. If YES, how many times have you talked to a social worker, patient advocate or "navigator" about your prostate cancer or treatment since our last interview?**

- Once
- Twice
- 3 - 4 times
- 5 - 6 times
- More than 6 times
- I don't know

**15. Since our last interview, have you been to a prostate cancer support group meeting?**

- Yes
- No
- I don't know

**15a. If YES, how many times have you been to a prostate cancer support group meeting since our last interview?**

- Once
- Twice
- 3 - 4 times
- 5 - 6 times
- More than 6 times
- I don't know

**15b. If YES, would you recommend prostate cancer support group meetings to other prostate cancer patients?**

- Yes
- No
- I don't know

**15c. If YES, are you involved in a prostate cancer support group now?**

- Yes
- No
- I don't know





37672

16. Since our last interview, have you gotten information about prostate cancer from internet websites?

- Yes
- No
- I don't know

16a. If YES, where did you use a computer for this? Check ALL that apply.

- At work
- At home
- At a library
- At a Senior Center
- At a friend or relative's house or job
- I don't know
- Some other place (write your answer in the box)

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17. Since our last interview, have you gotten information about prostate cancer from a book or books?

- Yes
- No
- I don't know

17a. If YES, where did you get the book or books about prostate cancer? Check ALL that apply.

- From a bookstore
- From a library
- From a doctor or other healthcare provider
- From a friend or relative
- From a patient support group
- I don't know
- From some other place (write your answer in the box)

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37672

18. Since our last interview, have you gotten information about prostate cancer from scientific journals?

- Yes
- No
- I don't know

18a. If YES, how did you get the information from scientific journals? Check ALL that apply.

- I read it at a library
- I read it online
- I read it at a doctor's office
- A doctor or other healthcare provider gave it to me
- A friend or relative gave it to me
- I got it from a patient support group
- I have a subscription
- I don't know
- Other (write your answer in the box)

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19. Since our last interview, have you gotten information about prostate cancer from any of the other sources listed below? Check ALL that apply.

- Advertisements on TV or in magazines
- Newspapers or magazine articles
- TV or radio programs
- A church, temple, or mosque
- A barbershop
- A community health fair or talk
- Newsletters from patient advocate groups or prostate cancer support groups
- Newsletters from research groups
- Newsletters from hospitals or doctors



37672

The next questions are about your health and care NOT related to your prostate cancer.

1. **Since our last interview**, have you seen a doctor for health problems or routine check-ups **NOT related to your prostate cancer**? This includes your primary care doctor.

- Yes  
 No  
 I don't know

skip to question 6 on pg.78

- 1a. If YES, since our last interview, how many times did you visit a doctor for health problems or routine check-ups NOT related to your prostate cancer? Choose **ONE** answer.

- 1 time       8 - 9 times  
 2 - 3 times       10 - 11 times  
 4 - 5 times       12 or more times  
 6 - 7 times       I don't know

2. When you visit a doctor or clinic for health problems or routine check-ups not related to prostate cancer, do you see a particular doctor, nurse, or other medical person there, or do you see a different person each visit?

- I usually see the same person at each visit  
 I usually see a different person at each visit  
 I don't know

- 2a. Is this the same person you usually see for your prostate cancer or prostate cancer treatment? Choose **ONE** answer.

- Yes  
 No  
 I don't know



37672

3. When you have other health problems or need check-ups NOT related to prostate cancer, do you go to the same office or clinic that you go to for prostate cancer check-ups or treatment? Choose ONE answer.

- Yes
- No
- I don't know

skip to question 4 on pg 77

3a. If NO, what kind of place do you usually go when you are sick or need routine care or check-ups not related to your prostate cancer? Choose ONE answer.

- Doctor's office or group practice
- Public health clinic or community health center
- Emergency Room
- Urgent Care Center
- VA
- Military healthcare facility (other than the VA)
- No usual place
- I don't know
- Some other place (write your answer in the box)

3b. How long does it usually take you to get there? If you go to more than one place, think about the place you usually go now. Choose ONE answer.

- Less than 15 minutes
- 15 - 30 minutes
- 31 - 60 minutes
- More than 1 hour but less than 2 hours
- 2 - 4 hours
- More than 4 hours
- I don't know

3c. How do you usually get there? Check ALL that apply.

- I walk there
- I drive myself there
- A friend, neighbor or relative drives me there
- I take a taxi or pay someone to drive me there
- I take a public bus to get there
- I use a special service for people that need to go to the doctor
- I don't know



37672

4. **Since our last interview**, have you changed the place you usually go for routine care or health problems other than prostate cancer?

- Yes
- No
- I don't know

4a. If YES, was this change for any of the following reasons? **Check ALL that apply.**

- My insurance required it
- To cut costs
- To get better care
- To get a specific kind of treatment
- I didn't like the doctor I was seeing
- I didn't like the clinic staff
- I had to wait too long at the doctor's office
- I couldn't get an appointment when I needed one
- My old doctor or clinic was too far away
- I don't know
- Other (write your answer in the box)

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37672

5. How happy are you with the overall quality of the care you get for **OTHER** health problems?

1                       2                       3                       4                       5  
Very UNHAPPY ←———— Not Unhappy or Happy —————→ Very HAPPY

6. Since our last interview, have you had any of the following? Check ALL that apply.

- A flu shot or a flu vaccine sprayed in your nose
- A routine physical exam
- A test for blood in your stool to screen for colon cancer
- A colonoscopy or sigmoidoscopy exam to screen for colon cancer
- A test for diabetes or high blood sugar
- A blood pressure test
- A cholesterol test
- A bone mineral density test for osteoporosis (brittle bones)
- A test or tests to check for liver problems
- A "stress test" (EKG to check for heart disease)



For some men, religion and beliefs are important to their health and well being, but they aren't for everyone. Your answers to the next questions about religion and beliefs may help us understand why some prostate cancer survivors do better and feel better than others.

**1. Do you believe in God or a higher power?**

- Yes
- No
- I don't know

**2. Since our last interview, have your religious or spiritual beliefs become *MORE* important to you, *LESS* important to you, or are they *ABOUT THE SAME*? Choose ONE answer.**

- More important
- Less important
- About the same
- Not applicable, I don't have any religious or spiritual beliefs
- I don't know

**3. What is your main religion now? Choose ONE answer?**

- Christian
- Buddhist
- Islam/Muslim
- Jewish
- Taoist
- Agnostic
- Atheist
- No religion
- I don't know



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3a. If you are Christian now, what is your usual church or denomination? Choose ONE answer.

- Anglican
- Assemblies of God
- Baptist
- Congregationalist
- Disciples of Christ
- Episcopal
- Evangelical
- Jehovah's Witnesses
- Lutheran
- Methodist
- Mormon/Latter Day Saints
- Pentacostal
- Presbyterian
- Protestant
- Roman Catholic
- Seventh Day Adventist
- Unitarian
- Nondenominational Christian
- Independent Christian
- No usual church or denomination
- I don't know
- Other

(write your answer in the box)

4. Do you belong to a church, temple, mosque or other place of worship?

- Yes
- No
- I don't know

4a. If YES, since our last interview, have you changed churches or place of worship?

- Yes
- No
- I don't know

5. Do you participate in religious, church or spiritual activities?

- Yes
- No
- I don't know

5a. If YES, since our last interview, has the amount of time you spend participating in church or spiritual activities *INCREASED, DECREASED, or stayed ABOUT THE SAME?* Choose ONE answer.

- Increased
- Decreased
- Stayed about the same
- I don't know





37672

6. The support that men get from other people can also be important for their health and well-being. Is there anyone you can count on to provide you with emotional support, such as talking about problems, or helping you make a difficult decision? Choose ONE answer.

- Yes
- No
- I don't need emotional support
- I don't know

7. Since our last interview, who has given you emotional support? Check ALL that apply.

- Wife or Partner
- Daughter or Son
- Sister or Brother
- Mother or Father
- Other relative
- Friend(s)
- Neighbor(s)
- Co-worker(s)
- Church Member(s)
- Pastor, Priest, or other religious advisor
- God
- Club member(s)
- Prostate cancer support group
- Your doctor or doctors
- A counselor or therapist
- No one
- I don't know
- Other

--

(write your answer in the box)

7a. Have any of these people had prostate cancer or been close to someone who had prostate cancer (other than you)?

- Yes
- No
- I didn't talk to anyone
- I don't know



37672

**8. Since our last interview, could you have used more emotional support than you got?**

- Yes
- No
- I don't know

**8a. If YES, how much more emotional support could you have used?**

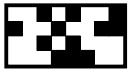
- A little more
- Some more
- A lot more
- I don't know

**9. If you needed some extra help with money, could you count on anyone to help? For example, is there someone who could help you by paying any bills, housing costs, medical expenses, or by providing you with food or clothes?**

- Yes
- No
- I would not accept help from someone else
- I don't know

**10. In general, how many close friends do you have? A "close friend" would be anyone you feel at ease with, can talk to about private things, and can call on for help. This could include your wife or other relatives, as well as friends who are not relatives.**

- None
- 1
- 2
- 3
- 4 - 5
- 6 - 7
- 8 or more



37672

11. Below are five statements that you may agree or disagree with. Please choose a number from 1 to 5 for each one, where 1 means you **Strongly DISAGREE** with the statement and 5 means you **Strongly AGREE** with the statement. Please be honest in your answers.

**In most ways my life is close to my ideal.**

1                       2                       3                       4                       5  
 Strongly DISAGREE   ←————→   Don't Agree or Disagree   —————→   Strongly AGREE

**The conditions of my life are excellent.**

1                       2                       3                       4                       5  
 Strongly DISAGREE   ←————→   Don't Agree or Disagree   —————→   Strongly AGREE

**I am satisfied with my life.**

1                       2                       3                       4                       5  
 Strongly DISAGREE   ←————→   Don't Agree or Disagree   —————→   Strongly AGREE

**So far I have gotten the important things I want in life.**

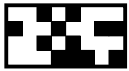
1                       2                       3                       4                       5  
 Strongly DISAGREE   ←————→   Don't Agree or Disagree   —————→   Strongly AGREE

**If I could live my life over, I would change almost nothing.**

1                       2                       3                       4                       5  
 Strongly DISAGREE   ←————→   Don't Agree or Disagree   —————→   Strongly AGREE

12. In general, how happy or unhappy do you usually feel? Please pick a number from 1-10, where 1 is **Extremely UNHAPPY** (the **most unhappy** you could ever be) and 10 is **Extremely HAPPY** (the **happiest** you could ever be).

1     2     3     4     5     6     7     8     9     10  
**Extremely UNHAPPY**   ←————→   **Extremely HAPPY**



37672

Did anyone help you read or answer these questions today?  Yes  No

1. Since our last interview, has there been anything positive in your experience as a prostate cancer survivor?

2. Since our last interview, has there been anything negative in your experience as a prostate cancer survivor?

3. If you could give one piece of advice to someone who has just been diagnosed with prostate cancer, what would it be?



37672

4. Is there anything that we haven't asked about that you think we should know about your life as a prostate cancer survivor?

5. What do you think is the most important question researchers should try to answer about surviving and living with prostate cancer?

6. Do you have any other comments or suggestions?