

Attachment 2b
HSQ Female

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

OMB No.: 0925-0407

Expiration Date: xx/xx/20xx

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Women's Health Status Questionnaire (HSW)

* HSW *

HSW-C

1. What is your date of birth?

_ _	/	_ _	/	_ _	_ _
MO		DAY		YEAR	

PHYSICAL EXAMINATIONS

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

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

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

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

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

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

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

3a. Have you ever had a chest x-ray?

- 1 Yes
- 2 No (GO TO ITEM 4a)
- 3 Don't Know (GO TO ITEM 4a)

3b. When did you have your most recent chest x-ray?

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

3c. What was the main reason you had this chest x-ray?

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

Women's Health Status Questionnaire (HSW)

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

Women's Health Status Questionnaire (HSW)

7a. Have you ever had a mammogram?

- 1 Yes
 2 No (GO TO ITEM 8a)
 3 Don't Know (GO TO ITEM 8a)

7b. When did you have your most recent mammogram?

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

7c. What was the main reason you had this mammogram?

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

8a. Have you ever had a barium enema to examine your colon and rectum?

- 1 Yes
 2 No (GO TO ITEM 9a)
 3 Don't Know (GO TO ITEM 9a)

8b. When did you have your most recent barium enema to examine your colon and rectum?

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

8c. What was the main reason you had this barium enema to examine your colon and rectum?

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

Women's Health Status Questionnaire (HSW)

<p>9a. Have you ever had a flexible sigmoidoscopy examination of your colon and rectum?</p> <p>9b. When did you have your most recent flexible sigmoidoscopy examination of your colon and rectum?</p> <p>9c. What was the main reason you had this flexible sigmoidoscopy examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 10a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 10a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>10a. Have you ever had a colonoscopic examination of your colon and rectum?</p> <p>10b. When did you have your most recent colonoscopic examination of your colon and rectum?</p> <p>10c. What was the main reason you had this colonoscopic examination of your colon and rectum?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 11a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 11a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>
<p>11a. Have you ever had a test for blood in the stool?</p> <p>11b. When did you have your most recent test for blood in the stool?</p> <p>11c. What was the main reason you had this test for blood in the stool?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 12a) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 12a)</p> <p>1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> 3 to 4 years ago 5 <input type="checkbox"/> 4 to 5 years ago 6 <input type="checkbox"/> More than 5 years ago 7 <input type="checkbox"/> Don't Know</p> <p>1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam</p>

Women's Health Status Questionnaire (HSW)

12a. Have you ever had your blood pressure checked?

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

12b. When did you have your most recent blood pressure check?

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

12c. What was the main reason you had this blood pressure check?

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

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

13a. Have you ever had a test to check your blood cholesterol level?

- 1 Yes
 2 No (GO TO ITEM 14a)
 3 Don't Know (GO TO ITEM 14a)

13b. When did you have your most recent test to check your blood cholesterol level?

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

13c. What was the main reason you had this test to check your blood cholesterol level?

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

14a. Have you ever had a test to check your blood glucose (sugar) level?

- 1 Yes
 2 No (GO TO ITEM 15a)
 3 Don't Know (GO TO ITEM 15a)

14b. When did you have your most recent test to check your blood glucose (sugar) level?

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

14c. What was the main reason you had this test to check your blood glucose (sugar) level?

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

Women's Health Status Questionnaire (HSW)

15a. Have you ever had a CA-125 blood test for ovarian cancer?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (GO TO ITEM 16) 3 <input type="checkbox"/> Don't Know (GO TO ITEM 16)
15b. When did you have your most recent CA-125 blood test for ovarian cancer?	1 <input type="checkbox"/> Within the past year 2 <input type="checkbox"/> 1 to 2 years ago 3 <input type="checkbox"/> 2 to 3 years ago 4 <input type="checkbox"/> More than 3 years ago 5 <input type="checkbox"/> Don't Know
15c. What was the main reason you had this CA-125 blood test for ovarian cancer?	1 <input type="checkbox"/> Because of a specific problem with your ovaries 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam
16. Today's Date:	_ _ _ / _ _ _ / _ _ _ _ _ _ MO DAY YEAR

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

Address

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