Attachment 4 Medication Use Questionniare

14.	Name of Drug #4:																						(Nun days	ta	ker	n	
	For how many years?				an 1 ars	yea	ar] 1-] 1′				rs				-5 Grea			s ha	n 1	15	p	per month				
15.	Name of Drug #5:																						(Nun days	ta	ker	n	
	For how many years?				an 1 ars	yea	ar] 1-] 1		•		rs				-5 Grea	•		s ha	n 1	15	p	er r	nth	?		
16.	Name of Drug #6:											I												Nun	ta	ker	n	
	For how many years?	· · · · · · · · · · · · · · · · · · ·						☐ 1-2 years ☐ 11-15 years							☐ 3-5 years ☐ Greater than 15					þ	er r	noi	ntn	?				
17.	Name of Drug #7:																						(Nun days er r	ta	ker	n	
	For how many years?				an 1 ars	yea	ar] 1-] 1				rs				-5 3re	•		s ha	n 1	15	P				:	
18.	Name of Drug #8:				\Box	\prod	Ι				I	I						Ι					(Nun days er r	ta	ker	n	
	For how many years?				an 1 ars	yea	ar] 1-] 1 ⁻				rs				-5 Grea			s ha	n 1	15	P				:	
19.	Name of Drug #9:																					(Nun days er r	s ta	ker	n		
	For how many years?		☐ Less than 1 year ☐ 1-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11-15 years ☐ Greater th										n 1	15					•									
																											_	
	ou need to list addit ase list the name, ti]	na	l or	n a	se	ера	ara	te s	hee	et of	pa	ре	r,	
20.	MEDICARE & MEI	DICA	ΝD																									
cau (su Me bei	The PLCO Study would like to collect additional information to conduct research into possible causes of other health conditions besides cancer. We would like to use your personal information (such as name and date of birth) to obtain health information from electronic records such as Medicare and Medicaid. Providing this information is voluntary. This will have no effect on any benefits you may receive. PLCO will maintain confidentiality of your information to the full extent permitted by law.																											
Ple	Please read the following sentence and check one box to indicate your choice:																											
l .	onsent to the use of th as Medicare and	•	•		al in	forı	matio	on	to	ob	tair	n h	ea	lth	info	rm	ati	on	fro	om	el	ectr	oni	c re	COI	rds		
	Yes No		Ple	ase	sig	n h	ere:																					

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OMB No.: 0925-0407 Expires: 12/31/2015

Medication Use Questionnaire

We want to thank you for your continued participation in the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial. We are honored that you take the time to be an active participant in this study. Your ongoing participation has been a valuable contribution to the success of this important study and to our fight against cancer.

We use the data we collect to determine if screening for PLCO cancers reduces the number of deaths from these diseases and to look for possible causes of cancer.

The enclosed questionnaire asks for information about your weight, smoking status and use of medications and for your permission to obtain health information from electronic records such as Medicare and Medicaid. The questionnaire is being sent to every active participant and should take about 15 minutes to complete. When you have finished completing the questionnaire, please place it in the enclosed postage-paid envelope, and mail it back to PLCO CDCC, 1600 Research Boulevard, RC B16, Rockville, Maryland 20850-3129.

The validity of our research depends directly on complete and accurate follow-up information for all study members. As always, the information you provide is kept private under the Privacy Act and is used for medical statistical purposes only.

Thank you again for your participation. The time and care that you have consistently offered to the fight against cancer is deeply appreciated.

Sincerely,

Barbara O'Brien, MPH

Barbara O'Brien

Project Director, PLCO CDCC

OMB No.: 0925-0407 Expiration Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285 a). Rights of study participants are protected by the Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by mail to complete this instrument so that we can learn about the medication that you take.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial Medication Use Questionnaire

	INSTRUCTIONS										
	 Use a black or blue ink pen. Do not use felt tip markers or gel pens. Please answer by putting X in the box. Do not check, dot, fill-in, or half fill-in the box. Try not to go outside the lines. ☐ Correct mark: ☐ ☐ ☐ Incorrect marks: ☐ ☐ ☐ ☐ If you make a mistake, completely fill in the box for the incorrectly marked answer then mark the correct box ☐ Correct mark: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐										
	 Please return the survey in the pre-paid envelope. Always round down the number of years you have taken a medication. For example, if you have been taking a prescription medication for 5 years and 6 months, round it down to 5 years and record it in the category option for 3-5 years. Please see the consent box at the end of this form and indicate your choice. 										
1.	Today's Date:										
2.	What is your current weight in pounds? Pounds										
	Questions 3 to 10 concern drugs (either prescription or over-the-counter) that are anti-inflammatory or pain relievers.										
3.	During the last 12 months, about how often did you usually take aspirin (examples of aspirin include Bayer, Bufferin, Anacin and baby aspirin)? ☐ None or less than 1 time per month ☐ 1 to 3 times per month ☐ 1 to 2 times per week ☐ 3 to 6 times per week ☐ 7 or more times per week ☐ 4. When you took aspirin , what strength or dose did you usually take? ☐ None ☐ Adult strength (usually 325 mg) ☐ Baby strength (usually 81 mg) ☐ Some other strength ☐ Don't know strength										

5.	For how many year aspirin at least on None Less than 10 year			Not including aspirin, during the last 12 months, did you take any of the following nonsteroidal anti-inflammatory drugs (NSAIDs) at least once a week? (MARK ALL THAT APPLY)															
	☐ 10 to 19 years						□ Aleve			Cele	•			lind	locin				
	☐ 20 to 39 years						☐ Motrin						-						
	☐ 40 or more year			☐ Napro		·, go.	.00		ρ. σ.										
6.	During the last 12 often did you usua (examples of acet	n	۵	Other	L	et 12 r	he	ahou	ut he		ften								
	Tylenol and Panedol)?						During the last 12 months, about how often you usually take NSAIDs ?												
	☐ None or less that	an 1 time	per mo	nth	•		☐ None or less than 1 time per month												
	☐ 1 to 3 times per			☐ 1 to 3 times per month															
	☐ 1 to 2 times per	week					☐ 1 to 2		-										
	☐ 3 to 6 times per						□ 3 to 6	time	s per v	week	(
	☐ 7 or more times	☐ 7 or more times per week							☐ 7 or more times per week										
7.	For how many yea		10. For how many years have you taken NS at least once per week?																
	□ None		□ None																
	☐ Less than 10 ye		☐ Less than 10 years																
	☐ 10 to 19 years			☐ 10 to 19 years															
	☐ 20 to 39 years						☐ 20 to 39 years												
	☐ 40 or more years						☐ 40 or more years												
nje Ple vrit	r the next set of que ections) you took in ase refer to the lab te the drug name as month and the nur	the past els on yo s written	30 days our preso on your	(excl u cription prescr	ide an conta iption	ny Ni iner cont	SAID dru s to help tainer lab	igs yo ansv el. W	ou indi wer the /rite th	cate ese d e tot	d in ques tal n	Que stion numb	estio s. Pl per o	n 8) leas f da	e ys				
1.	Name of Drug #1:	ПТ	$\top \top$			Τ	Ш		П	П	٦				er of aken				
	For how many	Less	than 1 v	ear	 ☐ 1-2	Vea	re	□3	-5 yea	ire			per	mo	nth?				
	years?	☐ 6-10 y			□ 1-2 □ 11-	-			Greate		n 15	5							
2.	Name of Drug #2:					Ī					$\overline{\ \ }$				er of aken				
	For how many years?	☐ Less	-		 1-2 11-	•			-5 yea Greate		— n 15	5	per	mo	nth?				
			, ·			T		Ť		1 1			Nu	Number of					
3.	Name of Drug #3:	\Box												ď	aken				
	For how many years?	· · · · · · · · · · · · · · · · · · ·				yea 15 v	rs ears		3-5 yea Greate		n 15	5	per	mo	nth?				

MORE QUESTIONS ON NEXT PAGE ightarrow

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