## The Tomorrow Project

Albertans Studying the Connection Between Lifestyle and Cancer

In partnership with:

The Canadian Partnership for Tomorrow Project

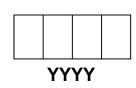
## STUDY CENTRE QUESTIONNAIRE



**Date Survey Completed:** 







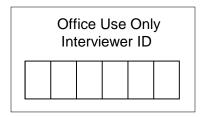
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Alberta Health Services







## **Directions for Completing This Questionnaire**

• If a participant prefers not to answer a specific question, write 'Decline' beside it

The Study Centre Questionnaire is administered by an interviewer, and may take about 5 to 10 minutes to answer.

• U	se a <b>ballpoint p</b>	oen.			4	
• S	hade in the bubb	oles completely, like this:			7	
lf	you are writing a	boxes, like this: a single digit  re than one box, it does not matter which box you w	rite the num	ber in.		
• If	you make an eri	ror, put an X through the incorrect bubble like this:	× ·			
Indic	ate time at whi	ich interview began.	O AM O PM			
ΙΝΊ	ERPRETI	VE INFORMATION				
II 1	Have you rece	ived chemotherapy treatment in the past 12 months	<u>s</u> ?			
	ONO		DD N	ИΜ	YYYY	
	OYES	When was your last chemotherapy treatment?				
II 2	Have you recei	ved radiation treatment in the past 12 months?				
	O NO		DD M	ИΜ	YYYY	
X	O YES -	When was your last radiation treatment?				
II 3	Have you had a	blood transfusion in the last 12 months?				
	< /		DD M	ИM	YYYY	
	O NO O YES	When was your last blood transfusion?				
		If transfusion was in last 24 hours, EXCLUDED fr	om phleboto	my		

II 4	Do you regard yourself as being left or right-handed, or ambidextrous?
	<ul><li>Left-handed</li><li>Right-handed</li><li>Ambidextrous or use both right and left hands equally</li></ul>
II 5	How tall are you?  Feet . Inches  Centimetres
II 6	How much do you weigh? What is your shoe size?
0	O Pounds O Kilograms O Europe
II 7	What time did you wake up today?
	HH MM O AM O PM
II 8	When was the last time you had anything to eat or drink, other than plain water?  HH MM O AM O PM
II 9	Have you had a drink containing caffeine in the <u>last 24 hours</u> , including coffee, tea, soft drinks or energy drinks?
	O NO O YES When was the last time you had caffeine?  HH MM O AN O PN
N 10	Have you drunk any beer, wine or liquor in the <u>past 24 hours</u> ? A drink means one bottle or can of beer or a glass of draft (341 ml, 12 ounces), one glass of wine or a wine cooler (142 ml, 5 ounces), and/or one straight or mixed drink with 1½ ounces of liquor.
	ONO SKIP TO II 12 (PAGE 4)
	OYES When was the last time you had a drink of alcohol?
II 11	In the <u>past 24 hours</u> , how many drinks of <b>beer</b> , <b>wine</b> or <b>liquor</b> have you had?

II 12 Have you smoked any cigarettes, cigars, cigarillos or pipes in the <u>past 24 hours</u> ?					
	O NO SKIP to II 14 (THI  O YES What time did you cigarette, cigar, ci	ı last smoke a			
II 13	How many <b>cigarettes</b> , <b>cigars, ciga</b>	arillos or pipes have you smoked in the pa	ast 24 hours?		
	Type of tobacco product Tota	Total number smoked in past 24 hours			
	Cigarettes		7		
	Cigars		, , , , , , , , , , , , , , , , , , ,		
	Cigarillos				
	Pipes				
Il 14 Have you taken any medications, vitamins, nutritional or herbal supplements in the past 72 hours? Include all medications prescribed by a doctor AND medications that are bought 'over the counter', such as Aspirin, Tylenol, cough medicine, etc.  O NO O YES  Please complete the table below. Provide as much information as you can about the manufacturer, the name of the product and the last time that you took each product					
	Name and manufacturer of the medication, vitamin, nutritional or herbal supplement	When was the <b>last time</b> you took the medication, vitamin, diet or herbal supplement?			
		Date (DD MM) Time : OAM OPM			
		Date (DD MM)  Time : OAM OPM			
		Date (DD MM)			
		Time : AM OPM			

	Date (DD MM)				
	Time : OAM OPM				
	Date (DD MM)				
	Time : OAM OPM				
	Date (DD MM)				
	Time : OAM OPM				
	Date (DD MM)				
	Time : OAM OPM				
	Date (DD MM)				
	Time : OAM OPM				
Women ONLY — MEN SKIP TO E 1 (THIS PAGE)					
Il 15 Have you had a natural menstrual pe	eriod during the last 3 months?				
	ur last period start?				
○ NO ○ DON'T KNOW					
II 16 Are you currently pregnant?					
OYES How many weeks pregnant are you? Weeks					
O DON'T KNOW					
EXCLUSION INFORMATION					
E 1 Do you have any blood clotting disor	ders such as hemophilia?				
○ NO ○ YES EXCLUDED	from phlebotomy				



E 2	Have you ever had arm, chest, or breast surgery or surgery to remove lymph nodes from the arm pit area?				
	$\circ$ NO				
	O YES	<b></b>	On which side?	○ Right	○ Left
		<b></b>	If both, participant i	s EXCLUDE	ED from phlebotomy.
		<b></b>	If right, advise phlebo participant is exclude		aw blood from left arm unless er criteria.
		-	If left, advise phlebot participant is exclude		v blood from right arm unless er criteria.
E 3	Are you	currently	suffering from lympl	hedema or	excessive swelling in either of your
_ 0	arms?	our or my	canomig nom lymp		
	$\circ$ NO				-
	O YES	<b>→</b>	On which side?	O Right	○ Left
		<b></b>	If both, participant	is EXCLUDE	ED from phlebotomy.
		<b></b>	If right, advise phle participant is exclude		draw blood from left arm unless other criteria.
		<b>→</b>	If left, advise phleb participant is exclu-		raw blood from right arm unless other criteria.
E 4	Havovo	denato	d blood in the <u>last 2</u> 4	1 hours?	
	ONO	donate	d blood in the last 24	<del>i Ilouis</del> :	
	O YES		EXCLUDED from p	hlebotomy	
É 5	Are you a	allergic to	isopropyl alcohol?		
X	O NO				
	O YES	*	EXCLUDED from p	hlebotomy	
					HH MM
Indi	cate time	at whic	h interview was co	mpleted.	O AM O PM