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: DD MM YYYY

67

Alberta Health Services

Office Use Only
Interviewer ID

Office use only
O O O O
L C V QA

37045

Directions for Completing This Questionnaire

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

- If a participant prefers not to answer a specific question, write **'Decline'** beside it.
- Use a **ballpoint pen.**
- Shade in the bubbles completely, like this: ●
- Write numbers in boxes, like this: | 1 | 2 |
  If you are writing a single digit where there is more than one box, it does not matter which box you write the number in.
- If you make an error, put an X through the incorrect bubble like this: ⊗ ○ ●

Indicate time at which interview began. HH : MM ○ AM ○ PM

INTERPRETIVE INFORMATION

II 1 Have you received chemotherapy treatment in the past 12 months?

○ NO
○ YES → When was your last chemotherapy treatment? DD MM YYYY

II 2 Have you received radiation treatment in the past 12 months?

○ NO
○ YES → When was your last radiation treatment? DD MM YYYY

II 3 Have you had a blood transfusion in the last 12 months?

○ NO
○ YES → When was your last blood transfusion? DD MM YYYY

→ If transfusion was in last 24 hours, EXCLUDED from phlebotomy

II 4 Do you regard yourself as being left or right-handed, or ambidextrous?

- ○ Left-handed
- ○ Right-handed
- ○ Ambidextrous or use both right and left hands equally

II 5 How tall are you?

☐ Feet ☐☐.☐☐ Inches

☐☐☐.☐ Centimetres

II 6 How much do you weigh?

☐☐☐.☐☐ ○ Pounds ○ Kilograms

What is your shoe size?

→ ☐☐.☐ ○ U.S.A & Canada ○ U.K ○ Europe

II 7 What time did you wake up today?

HH ☐☐ MM ☐☐ ○ AM ○ PM

II 8 When was the last time you had anything to eat or drink, other than plain water?

HH ☐☐ MM ☐☐ ○ AM ○ PM

II 9 Have you had a drink containing caffeine in the last 24 hours, including coffee, tea, soft drinks or energy drinks?

- ○ NO
- ○ YES → When was the last time you had caffeine?

HH ☐☐ MM ☐☐ ○ AM ○ PM

II 10 Have you drunk any beer, wine or liquor in the past 24 hours?
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.

- ○ NO → SKIP TO II 12 (PAGE 4)
- ○ YES → When was the last time you had a drink of alcohol?

HH ☐☐ MM ☐☐ ○ AM ○ PM

II 11 In the past 24 hours, how many drinks of **beer, wine** or **liquor** have you had?

☐☐

II 12 Have you smoked any cigarettes, cigars, cigarillos or pipes in the past 24 hours?

○ NO → SKIP to II 14 (THIS PAGE)

○ YES → What time did you last smoke a cigarette, cigar, cigarillo or pipe?

HH ☐☐ MM ☐☐ ○ AM ○ PM

II 13 How many **cigarettes**, **cigars, cigarillos** or **pipes** have you smoked in the past 24 hours?

Type of tobacco product	Total number smoked in past 24 hours
Cigarettes	☐☐☐
Cigars	☐☐☐
Cigarillos	☐☐☐
Pipes	☐☐☐

II 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.

○ NO

○ 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 **last time** you took the medication, vitamin, diet or herbal supplement?
	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM
	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM
	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM

	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM
	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM
	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM
	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM
	Date (DD MM) ☐☐ ☐☐ Time ☐☐ : ☐☐ ○ AM ○ PM

Women ONLY → MEN SKIP TO E 1 (THIS PAGE)

II 15 Have you had a natural menstrual period during the last 3 months?

○ YES → When did your last period start? DD ☐☐ MM ☐☐

○ NO

○ DON'T KNOW

II 16 Are you currently pregnant?

○ YES → How many weeks pregnant are you? ☐☐ Weeks

○ NO

○ DON'T KNOW

EXCLUSION INFORMATION

E 1 Do you have any blood clotting disorders 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?

○ NO

○ YES → On which side? ○ Right ○ Left

→ If both, participant is EXCLUDED from phlebotomy.

→ If right, advise phlebotomist to draw blood from left arm unless participant is excluded by any other criteria.

→ If left, advise phlebotomist to draw blood from right arm unless participant is excluded by any other criteria.

E 3 Are you currently suffering from lymphedema or excessive swelling in either of your arms?

○ NO

○ YES → On which side? ○ Right ○ Left

→ If both, participant is EXCLUDED from phlebotomy.

→ If right, advise phlebotomist to draw blood from left arm unless participant is excluded by any other criteria.

→ If left, advise phlebotomist to draw blood from right arm unless participant is excluded by any other criteria.

E 4 Have you donated blood in the last 24 hours?

○ NO

○ YES → EXCLUDED from phlebotomy

E 5 Are you allergic to isopropyl alcohol?

○ NO

○ YES → EXCLUDED from phlebotomy

Indicate time at which interview was completed. HH ☐☐ MM ☐☐ ○ AM ○ PM