

Survey

2004

EXPRESS

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This box contains your unique study number and gender

Date you joined the study:



A research initiative of the Alberta Cancer Board


Office use only

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Directions for Completing this Survey

- ❖ Survey 2004 Express may take about **15-20** minutes to answer.
- ❖ Please use a **pencil** or ball point pen – not a felt pen.
- ❖ Shade in the bubbles like this: ●
- ❖ Write numbers in boxes like this:

2	1
---	---
- ❖ If you make an error, put an X through the incorrect bubble like this: 
●
- ❖ If you would rather not answer a question, write “**Decline**” beside it.
- ❖ Please leave the booklet together – we will separate the pages later.

Not sure how to answer a question? Please feel free to contact us:

- Call our toll-free number from anywhere in Canada: 1.877.919.9292
- Call collect from outside Canada: 403.944.4122
- Email us at: tomorrow@cancerboard.ab.ca

Comments? Please let us know what you think on the back cover of this booklet.



First, think about your health since you joined the study

1. (PHS 1) **Since you joined the study**, has a doctor told you that you have cancer? (The date you joined the study is on the cover of this survey.)

Yes

No → Go to Question 3



2. (PHS 2) If yes, what type of cancer? _____

When was the cancer first diagnosed? _____
 M M Y Y

Where was the cancer diagnosed? (Province or Country) _____

Since you joined the study

Has a doctor said that you have any of the following conditions?

	Yes	No		Yes	No
3. (PHS 3) High blood pressure	<input type="radio"/>	<input type="radio"/>	10. (PHS 10) Diabetes (not pregnancy-related)	<input type="radio"/>	<input type="radio"/>
4. (PHS 4) Angina (chest pains from a heart problem)	<input type="radio"/>	<input type="radio"/>	11. (PHS 11) Polyps in your colon or rectum	<input type="radio"/>	<input type="radio"/>
5. (PHS 5) High cholesterol (fats, lipids in your blood)	<input type="radio"/>	<input type="radio"/>	12. (PHS 12) Ulcerative colitis	<input type="radio"/>	<input type="radio"/>
6. (PHS 6) Heart attack	<input type="radio"/>	<input type="radio"/>	13. (PHS 13) Crohn's Disease	<input type="radio"/>	<input type="radio"/>
7. (PHS 7) Stroke	<input type="radio"/>	<input type="radio"/>	14. (PHS 14) Hepatitis	<input type="radio"/>	<input type="radio"/>
8. (PHS 8) Emphysema	<input type="radio"/>	<input type="radio"/>	15. (PHS 15) Cirrhosis of your liver	<input type="radio"/>	<input type="radio"/>
9. (PHS 9) Chronic bronchitis	<input type="radio"/>	<input type="radio"/>			



Next, think about your entire lifetime

During your lifetime

Has a doctor ever told you that you have any of the following conditions?

	Yes	No		Yes	No
16. (PHS 16) Thyroid problems	<input type="radio"/>	<input type="radio"/>	19. (PHS 19) Depression	<input type="radio"/>	<input type="radio"/>
17. (PHS 17) Arthritis	<input type="radio"/>	<input type="radio"/>	20. (PHS 20) High blood sugar (not high enough to be diabetes and not just during a pregnancy. If you are diabetic, answer "Yes".)	<input type="radio"/>	<input type="radio"/>
18. (PHS 18) Osteoporosis (thinning bones)	<input type="radio"/>	<input type="radio"/>			

21. (PHS 21) Has a doctor ever told you that you have diabetes? (Do not include pregnancy-related diabetes that went away after the pregnancy ended.)

Yes

No

22. (QOL 1) In general, would you say your health is:

Excellent

Good

Poor

Very good

Fair



The next questions are about cancer screening tests since you joined the study

23. (CSS 1) **Since you joined the study, have you had a blood stool test?**

A blood stool test is collected at home to look for hidden blood in your stool. You have a bowel movement and use a small stick to smear a sample on a special card. You usually collect a sample three days in a row.

- Yes → In what year did you have your last blood stool test?

Y	Y	Y	Y	Y
- No
- Don't know

24. (CSS 3) **Since you joined the study, have you had a sigmoidoscopy?**

A sigmoidoscopy is an exam in which a doctor inserts a flexible tube into the rectum and lower part of the colon, or lower bowel to look for signs of cancer or other problems. The procedure may be done in a doctor's office or clinic and does not usually require sedation.

- Yes → In what year did you have your last sigmoidoscopy?

Y	Y	Y	Y	Y
- No
- Don't know

25. (CSS 5) **Since you joined the study, have you had a colonoscopy?**

A colonoscopy is similar to a sigmoidoscopy but uses a longer tube to examine the entire colon. A colonoscopy is done in a clinic or hospital. Before the procedure is done, you are usually given medication through a needle in your arm to make you sleepy.

- Yes → In what year did you have your last colonoscopy?

Y	Y	Y	Y	Y
- No
- Don't know



MEN, the questions on this page are for you.
WOMEN, please go to Question 28, on the next page.

26. (PSA 1) **Since you joined the study, have you had a Prostate Specific Antigen (PSA) test?**

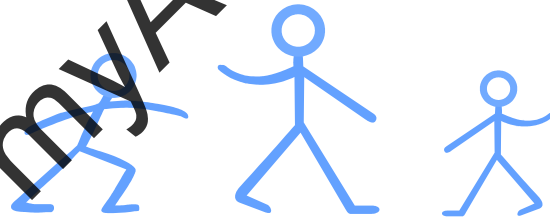
A PSA test is a specific blood test ordered by a doctor to screen men for prostate cancer.

- Yes → In what year did you have your last PSA test?
Y Y Y Y
- No → Go to Question 28
- Don't know → Go to Question 28

27. (PSA 3) **Before your doctor sent you to a lab for the PSA blood test, did he or she first feel your prostate by inserting a gloved finger in your rectum to check for prostate enlargement?**

- Yes
- No

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Think about sunburns during your entire lifetime

28. (SPS 4) **During your lifetime**, did you ever have a blistering sunburn?

A blister is a fluid-filled bubble that can form after exposure to the sun or a source of UV light like a tanning bed. Do not count times that your skin just peeled after sun exposure.

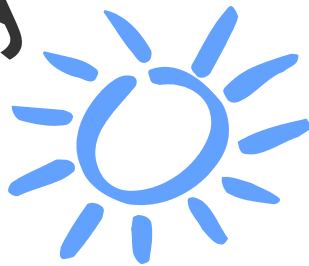
- Yes → About how many blistering sunburns have you had in your life? Blistering sunburns
- No → Go to Question 31, page 8
- Don't Know → Go to Question 31, page 8

29. (SPS 5) How old were you the **first** time you got a blistering sunburn?

Years of age

30. (SPS 6) How old were you the **last** time you got a blistering sunburn?

Years of age



Now a few questions about cigarette smoking

31. (TOB 1) Have you smoked 100 cigarettes or more **in your life?** (4-5 packs or more)

- Yes
- No → Go to Question 35
- Don't know → Go to Question 35

32. (TOB 2) Have you **ever** smoked **more than one pack** of cigarettes per day for **one year or more?** (26 or more cigarettes per day for at least 12 months in a row)

- Yes
- No → Go to Question 35
- Don't know → Go to Question 35

33. (TOB 3) For how many **whole** years in your life did you smoke **more** than one pack per day? (26 or more cigarettes per day)

		Years
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34. (TOB 4) During the years that you smoked **more** than one pack per day, how many cigarettes did you usually smoke per day? (Your best guess)

		Cigarettes per day
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35. (TOB 5) **Since you joined the study**, did you smoke cigarettes daily for one month or more? (At least one cigarette every day for 30 days in a row)

- Yes
- No → Go to Question 38
- Don't know → Go to Question 38



36. (TOB 6) **Since you joined the study**, for how many total months did you smoke cigarettes daily? (Do not include any months during which you may have quit.)

Months

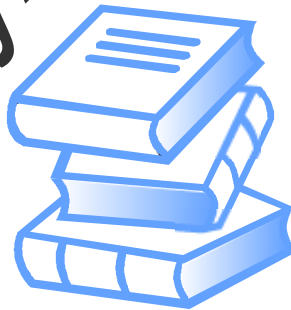
37. (TOB 7) **Since you joined the study**, how many cigarettes did you usually smoke while you were smoking daily?

Cigarettes per day

38. (TOB 8) At the **present** time, do you smoke cigarettes daily, occasionally or not at all?

- Daily (At least one cigarette every day for the past 30 days)
- Occasionally (At least one cigarette in the past 30 days, but not every day)
- Not at all (No cigarettes at all in the past 30 days)

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The following questions ask about alcohol

39. (ALC 1) Have you ever had a drink of wine, beer, liquor or anything containing alcohol even once? (Do not include small sips or alcohol used for religious purposes.)

Yes

No, I never drank alcohol → Go to Question 51, page 13

40. (ALC 2) Not counting small sips, how old were you when you started drinking alcohol?

Years of age

41. (ALC 3) Since you started drinking alcohol, for how many years have you had at least one drink during each year? (Do not include any years in which you did not drink any alcohol.)

Years

42. (ALC 4) Do you currently drink alcohol? (At least one drink in the **past 12 months**)

Yes

No → Go to Question 51, page 13

43. (ALC 7) **In the past 12 months**, how often did you usually drink at least one 12-ounce can or bottle of **beer**?

Never → Go to Question 45

Once a week

Less than once a month

2 to 3 times a week

Once a month

4 to 6 times a week

2 to 3 times a month

Every day



44. (ALC 7dr) How many cans or bottles of **beer** did you usually have **each day** that you drank beer **in the past 12 months**?

- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 8
- 9 to 10
- 11 to 12
- More than 12 beers → If more than 12, how many?

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45. (ALC 8) **In the past 12 months**, how often did you usually drink at least one 5-ounce glass of **wine** or one full wine cooler?

- Never → Go to Question 47
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

46. (ALC 8dr) How many glasses of **wine** or **coolers** did you usually have **each day** that you drank wine **in the past 12 months**?

- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 8
- 9 to 10
- 11 to 12
- More than 12 glasses of wine or coolers → If more than 12, how many?

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47. (ALC 9) **In the past 12 months**, how often did you usually drink at least one 1.5-ounce drink of **hard liquor** on its own or in mixed drinks?

- Never → Go to Question 49
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- 4 to 6 times a week
- Every day



48. (ALC 9dr) How many drinks of **hard liquor** did you usually have **each day** that you drank hard liquor **in the past 12 months**?

- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 8
- 9 to 10
- 11 to 12
- More than 12 drinks of hard liquor → If more than 12, how many?

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49. (ALC 10) **In the past 12 months**, how often did you have **3** or more alcoholic drinks of any type on one day?

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week

50. (ALC 11) **In the past 12 months**, how often did you have **5** or more alcoholic drinks of any type on one day?

- Never
- Less than once a month
- Once a month
- 2 to 3 times a month
- Once a week
- More than once a week

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Now for some questions about body measurements

Some of the next information may be hard to recall, but please make your best guess.

51. (WGT 1) How tall were you when you were **18** years old? (Round to the nearest inch.)

Feet Inches

52. (WGT 2) How much did you weigh when you were **18** years old?

Pounds

53. (WGT 7) About how many times since you were age 18 did you purposely lose 20 pounds or more and then later gain all the weight back?

Times (Enter 0 if you never lost and regained 20 pounds or more.)

54. (BDY 1) What is your current height? (For example: 5 Feet 10 Inches)

Feet Inches

55. (BDY 3) What is your current weight?

Pounds



56. (BDY 5) What is your current waist measurement? (Use the tape measure to measure one inch above your belly button. Record to the nearest 1/4 inch.)

Inches



Measure one inch above the navel even if this is not your usual waistline



Measure one inch above the navel even if this is not your usual waistline

57. (BDY 7) What is your current hip measurement? (Use the tape measure to measure the largest spot between your waist and thighs. Record to the nearest 1/4 inch.)

Inches



Measure the largest spot



Measure the largest spot



**WOMEN, the next questions are for you.
MEN, please go to Question 70, page 18.**

58. (WRH 1) **Since you joined the study, did you have a Pap smear test?**

Yes → In what year did you have your last Pap test?

Y	Y	Y	Y

No

59. (WRH 2) **Since you joined the study, did you have a mammogram (a breast x-ray)?**

Yes → In what year did you have your last mammogram?

Y	Y	Y	Y

No

60. (WRH 4) **Since you joined the study, did you have an operation to have both of your ovaries removed? (If you had 2 separate operations to remove your ovaries, please answer yes if the second operation was since you joined the study.)**

Yes → At what age did you have both your ovaries removed? (If you had 2 separate operations to remove your ovaries, please indicate your age at the time of your last surgery.)

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Years of age

No

61. (WRH 5) **Since you joined the study, did you have a hysterectomy? (A hysterectomy is an operation to have your uterus, or womb, removed.)**

Yes → At what age did you have your uterus removed?

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Years of age

No



The next questions are about your health around the time of menopause.
Please continue even if you have not reached menopause.

62. (WRH 6) Did you have a menstrual period in the **past 12 months**?

- Yes → Go to Question 64, page 16
- No
- Don't know → Go to Question 64, page 16

63. (WRH 7) Why did your menstrual periods stop?

Natural menopause (Periods stopped by themselves)

→ How old were you when you had your last natural period? Years of age

Surgery

→ What type of surgery caused your periods to stop?
(Choose ALL that apply)

Hysterectomy (uterus or womb removed)

Ovaries removed

Other surgery (Please specify) _____

Medication that stopped your periods (Please specify) _____

Other reason for your periods to stop (Please specify) _____



Prescription medications for menopause contain one or more female hormones, commonly estrogen and progestin, to replace what your body does not produce, beginning around the time of menopause. Commonly called hormone replacement therapy (**HRT**), medications include pills, patches, skin gels, vaginal creams and injections.

64. (WRH 10) Have you **ever** used medications for menopause that were prescribed by a doctor?

- Yes
- No → Go to Question 70, page 18
- Don't know → Go to Question 70, page 18

65. (WRH 11) How old were you when you **first** started taking prescription menopause medication?

Years of age

66. (WRH 15) How long have you taken prescription menopause medication **in your life?** (Add all the years from when you started until now. If you stopped and restarted, add the years and months you took the medication and round to the nearest year.)

- Less than 1 month
- One month to 1 year
- 2-3 years
- 4-5 years
- 6-9 years
- 10 years or more → How many? Years

67. (WRH 16) **Since you joined the study,** have you used prescription menopause medication at any time? (Do not include birth control pills used to prevent pregnancy.)

- Yes
- No → Go to Question 70, page 18
- Don't know → Go to Question 70, page 18



68. (WRH 17) Are you currently using prescription menopause medication?
(within the past 30 days)

- Yes
- No

69. (WRH 20) Which type(s) of prescription menopause medication are you **currently** using, **or** if you stopped since you joined the study, what type(s) did you use the **longest**? (Choose ALL that apply)

PILLS

- Estrogen pills alone (e.g. Premarin, Estrace, Ogen, Congest)
- Progesterone pills alone (e.g. Provera, Prometrium)
- Estrogen pills plus progesterone pills (e.g. Premarin and Provera, Premarin and Prometrium)
- Combination estrogen and progesterone pills (e.g. FemHRT, Premplus)

PATCH

- Estrogen patch (e.g. Estraderm, Estradot, Climara, Vivelle, Oesclim, Estradiol reservoir patch)
- Estrogen and progesterone combination patch (e.g. Estalis, Estracomb)

OTHER TYPE OF MENOPAUSE MEDICATION (Please specify) _____



Finally, a few questions to update your personal information

70. (DGR 1) What is your current marital status? (Please choose the ONE that best describes you.)

- Married
- Divorced
- Not married, but living with someone
- Separated
- Widowed
- Single, never married

71. (DGR 2) What is your current employment status? (Please choose ONE)

If you are self-employed, have a home-based business or are involved in an occupation like farming or ranching, please choose full-time or part-time as appropriate.

- Working full-time (30 hours or more per week)
- Working part-time (Less than 30 hours per week)
- Not employed, but looking for work
- Homemaker
- Student
- Retired
- Other (Please specify) _____

72. (DGR 3) Please indicate which ethnic group or groups you belong to. (If you have more than one group in your ancestry, choose ALL that apply.)

- Aboriginal (e.g. Inuit, Metis, North American Indian)
- Black (e.g. Afro-American, Afro-Canadian, Afro-Caribbean)
- Caucasian (e.g. European, Middle Eastern, North African)
- Asian (e.g. Chinese, Japanese, Korean, Thai, Vietnamese)
- Pacific Asian (e.g. Filipino, Indonesian, Polynesian)
- East Indian
- Jewish
- Hutterite
- French Canadian
- Other (Please specify) _____

73. (DGR 4) What is your current age? Years Today's Date:

**Thanks for answering the health questions.
Please complete the next 2 important pages.**

