

CARET Cancer Prevention Study

Health Questionnaire #4

We would like to ask you some questions about your health.

Please read each question carefully and answer all questions. There are no right or wrong answers. Complete responses to all questions will improve the quality of this study, however, you may choose not to answer some questions. An interviewer will go over this booklet with you during your visit.

- Be certain to completely blacken in each of your answers, and erase completely if you make any changes.
- Do not make any other marks on this form.
- If you wish to make comments, please use the comments section on the last page.

Please print your name in the space provided

First Name _____

Last Name _____

ACROSTIC

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

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Local ID _____

DATE			INTERVIEWER NUMBER	STUDY CENTER	PARTICIPANT I.D. NUMBER					
MO	DAY	YR								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

AFFIX LABEL BETWEEN LINES ↓



* B L A N K *

EQ4 Version 03 Revised: 1-21-94

FORM 14



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HEALTH

These questions ask about your health since your last visit.

H1. Have you been seen by a doctor since your last visit?

- No
- Yes

H2. Has a doctor told you that you had any of the following conditions since your last visit? (*Please mark all that apply.*)

- | | |
|--|--|
| <input type="radio"/> Anemia or low blood count | <input type="radio"/> Liver disease, yellow jaundice, hepatitis, cirrhosis |
| <input type="radio"/> Angina (chest pains) | <input type="radio"/> Migraine headaches |
| <input type="radio"/> Arthritis or osteoporosis (thinning of bones) | <input type="radio"/> Nervous or emotional disorder |
| <input type="radio"/> Asbestosis | <input type="radio"/> Pneumonia |
| <input type="radio"/> Asthma | <input type="radio"/> Psoriasis |
| <input type="radio"/> Cancer | <input type="radio"/> Serious chest injury |
| <input type="radio"/> Chronic bronchitis or emphysema | <input type="radio"/> Stroke |
| <input type="radio"/> Dermatitis or eczema | <input type="radio"/> Thyroid trouble (over active, under active, goiter) |
| <input type="radio"/> Diabetes | <input type="radio"/> Tuberculosis (TB) |
| <input type="radio"/> Epilepsy (spells, fits or seizures) | <input type="radio"/> Ulcers of the stomach or duodenum |
| <input type="radio"/> Gallstones or gall bladder disease | <input type="radio"/> <i>Women only:</i> Problems with breast |
| <input type="radio"/> Glaucoma | <input type="radio"/> <i>Women only:</i> Problems of the female organs |
| <input type="radio"/> Gout | <input type="radio"/> <i>Men only:</i> Problems of the prostate (infection, enlargement) |
| <input type="radio"/> Heart attack | <input type="radio"/> Other conditions (specify): |
| <input type="radio"/> Heart failure | A. _____ |
| <input type="radio"/> Heart murmur | B. _____ |
| <input type="radio"/> High blood pressure (hypertension) | C. _____ |
| <input type="radio"/> Hives, hay fever, other allergies | |
| <input type="radio"/> Intestinal problems, for example colitis or diverticulosis | |
| <input type="radio"/> Kidney problems (nephritis, kidney infection, kidney stones, kidney failure) | |

Not told by a doctor of any of these conditions

These questions ask about your health over the past 3 months. Please mark the oval or fill in the answer that best describes how you have been.

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Use
Only

1. During the past 3 months, would you say your health in general was: (Mark one.)

- Excellent
- Very good
- Good
- Fair
- Poor



2. During the past 3 months, did you ever stay in bed because of an illness or injury?

- No
- Yes

2.1 How many days did you stay in bed at least half of the day because of illness or injury? _____ Days

Q.2.1

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9



3. During the past 3 months, did you cut down on things you usually do, such as going to work or working around the house, because of illness or injury?

- No
- Yes

3.1 How many days did you cut down on the things you usually do because of illness or injury? _____ Days

Q.3.1

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9



4. During the past 3 months, were you ever in the hospital or other health care facility overnight for physical health problems?

- No
- Yes

4.1 How many days were you in the hospital overnight for physical health problems? _____ Days

Q.4.1

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9



5. The scale below has a "0" for people who are **Not Worried** about their health and a "10" for people who are **Very Worried**. How much have you been worried about your overall health during the past 3 months? (Please mark one number.)

Not Worried 0 1 2 3 4 5 6 7 8 9 10 Very Worried





6. During the past 2 weeks, on how many days have you had headaches?

- 1 None
- 2 1-6 days
- 3 7-13 days
- 4 Every day

6.1 How long do your headaches usually last?

- 5 Less than 2 hours
- 6 2-12 hours
- 7 More than 12 hours

Listed below are feelings that people sometimes have. For each item, please mark the answer which best describes how often you felt this way in the past 2 weeks.

How often have you felt this way in the past 2 weeks?

Not At All	A Little	Enough To Bother Me	Quite A Bit	Very Much So	Extremely So
------------	----------	---------------------	-------------	--------------	--------------

- | | | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 7. I was bothered by nervousness or my "nerves" | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 8. I was under or felt I was under strain, stress or pressure | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| 9. I was anxious, worried or upset | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |

10. The scale below has a "0" for people who are **Very Relaxed** and a "10" for people who are **Extremely Tense**. In the past 2 weeks, how relaxed or tense have you been? (Mark one number.)

Very Relaxed	0	1	2	3	4	5	6	7	8	9	10	Extremely Tense
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

11. During the past 2 weeks, has the inside of your nose felt dry all the time?

- No
- Yes

12. On how many days have you had a nosebleed during the past 2 weeks?

- 1 None
- 2 1-3 days
- 3 4-6 days
- 4 7-13 days
- 5 Every day



PLEASE DO NOT MARK IN THIS AREA

13. In the past 2 weeks, on how many days have you felt nauseated or sick to your stomach?

- None
- 1-6 days
- 7-13 days
- Every day

14. On how many days in the past 2 weeks have you vomited, that is, thrown up liquid or food?

- 1 None
- 2 1-6 days
- 3 7-13 days
- 4 Every day, 1 time a day
- 5 Every day, more than 1 time a day

15. During the past 2 weeks, how often did you have bowel movements?

- 1 Less than 1 every 2 days
- 2 Every other day or every day
- 3 2-3 a day
- 4 4-5 a day
- 5 6 or more a day

Here is another list of the way people sometimes feel. For each item, please indicate how often you felt this way during the past 2 weeks. (Mark one answer for each question.)

How often have you felt this way in the past 2 weeks?				
	RARELY OR NONE OF THE TIME (LESS THAN 2 DAYS)	SOME OR A LITTLE OF THE TIME (2 - 5 DAYS)	OCCASIONALLY (6 - 9 DAYS)	MOST OR ALL OF THE TIME (10 - 14 DAYS)

- | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| 16. I was bothered by things that usually don't bother me | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 17. I had trouble keeping my mind on what I was doing | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 18. I felt depressed | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 19. I felt fearful | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 20. My sleep was restless | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 21. I felt lonely | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 22. I could not "get going" | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 23. I felt that everything I did was an effort | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

How often have you felt this way in the past 2 weeks?				
	MOST OR ALL OF THE TIME	OCCASIONALLY	SOME OR A LITTLE OF THE TIME	RARELY OR NONE OF THE TIME

- | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| 24. I felt hopeful about the future | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 25. I was happy | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

The following questions ask about your health during the past 3 months.

26. Have you lost any weight during the past 3 months?

- No
- Yes

26.1 How many pounds have you lost? (Mark one)

- 1 Lost 1-5 pounds
- 2 Lost 6-10 pounds
- 3 Lost 11-20 pounds
- 4 Lost 21-40 pounds
- 5 Lost more than 40 pounds
- 9 Don't know

26.2 Why do you think you lost this weight? (Mark all that apply)

- Diet
- Loss of appetite
- Exercising more
- Medications
- Medical problems
- Stress, anxiety or depression
- Other (please explain) _____
- Don't know

27. Have you smoked cigarettes at all during the past 3 months?

- No
- Yes

27.1 On the average, how many cigarettes did you usually smoke during the past 3 months?

- _____ cigarettes per (Mark one)
- day
 - week
 - month

27.2 Has the number of cigarettes you smoked per day changed during the past 3 months?

- No, I smoke **the same** as before
- Yes, I smoke **less** than before
- Yes, I smoke **more** than before

27.3 Have you tried to quit smoking during the past 3 months?

- No
- Yes

- 27.4 How many times did you try to quit?
- 1 time
 - 2 times
 - 3 or more times

27.5 For how many days, weeks or months did you quit?

- _____ (Mark one)
- days
 - weeks
 - months

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Q.27.1

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Q.27.5

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

28. Since your last visit, which of the following improvements have you noticed? (Mark all that apply.)

- | | |
|--|--|
| <input type="radio"/> I have fewer skin problems | <input type="radio"/> I have better night vision |
| <input type="radio"/> I have better skin quality | <input type="radio"/> I have new hair growth |
| <input type="radio"/> I tan better | <input type="radio"/> I have fewer headaches |
| <input type="radio"/> I have fewer wrinkles | <input type="radio"/> Other (please explain) _____ |
| <input type="radio"/> I have age spots that have faded | _____ |
| <input type="radio"/> I have better eyesight | <input type="radio"/> No improvements |

29. Did you miss taking your study vitamins more than 10 days during the past 3 months?

- No
 Yes

29.1 Here is a list of reasons why some people miss taking the study vitamins. Why did you miss taking the study vitamins? (Mark all that apply.)

- | | |
|---|--|
| <input type="radio"/> I just forgot | <input type="radio"/> I was ill |
| <input type="radio"/> I didn't have my study vitamins handy | <input type="radio"/> Study personnel told me to take less |
| <input type="radio"/> I ran out of my study vitamins | <input type="radio"/> My doctor told me to stop |
| <input type="radio"/> I lost my study vitamins | <input type="radio"/> Other reasons, specify: _____ |
| <input type="radio"/> I didn't want to take my study vitamins | _____ |

29.2 What did you usually do when you missed taking the study vitamins? (Mark one.)

- I took two study vitamins on another day
 I didn't do anything
 Other, specify: _____

30. Do you live by yourself or do you live with other people?

- I live alone
 I live with a relative (spouse, son, daughter, etc.)
 I live with a non-relative

31. Here is a list of reasons why some people may choose to be in this study. Why have you chosen to be in the study?
(Mark all that apply.)

- It may help others in the future.
- It may help me be more healthy.
- It may prevent lung cancer.
- My husband, wife or others in my family want me to participate.
- It allows me to keep smoking.
- It makes me feel proud to be part of a study like this.
- It gives me a chance to see someone about my health.
- Other (Please explain) _____

32. How has participating in this study affected you? (Mark all that apply.)

- I am more aware of my health.
- I have a more healthy diet.
- I see my doctor more often.
- I see my doctor less often.
- I have stopped or am trying to stop smoking.
- I have stopped or am trying to stop drinking.
- I have been able to get more information about my health.
- Other (Please explain) _____

- I have not been affected at all.

If there is anything else that you feel we should know about your health or personal events, please use this space to make additional comments.

Thank you for your help. Please take a few minutes to review any questions you may have missed.



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