Please complete this survey ONLY if you are

Marking Instructions
Please use a No. 2 pencil or black or blue ink only. Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters Correct Mark Incorrect Marks
1 2 3 A B C X ✓ □

1. What is your date of birth?
Month Day Year

What is your CURRENT:

2. Marital status (please mark one)
☐ Married, or living as married with a partner ☐ Separated or divorced ☐ Single, never been married ☐ Widowed

3. Employment status (please mark the one that best describes your situation)
☐ Work for pay, full time ☐ Work for pay, part time ☐ Unemployed ☐ On disability ☐ Retired

4. Total household income, per year (please mark one)
☐ <$15,000 ☐ $15,000 – $24,999 ☐ $25,000 – $49,999 ☐ $50,000 – $99,999 ☐ $100,000 or more

5. Health insurance coverage (please mark ALL that apply)
☐ None ☐ Medicaid ☐ Medicare ☐ Private insurance ☐ Military ☐ Other type

6. Cigarette smoking status:
☐ Smoker ☐ Non-smoker (skip to question 7)

How many cigarettes do you smoke per day?

What brand and type of cigarettes do you smoke (for example: Salem ultra-light 100s)?

Are the cigarettes you usually smoke MENTHOL?
☐ Yes ☐ No

How soon after you wake up do you smoke your first cigarette?
☐ Within 5 minutes ☐ 6 – 30 minutes ☐ 31 – 60 minutes ☐ After 60 minutes

7. How much do you currently weigh?
Pounds

8. What is the main source of your home water supply?
☐ A city, county, or town water system ☐ A small water system operated by a home association
☐ A private well serving your home ☐ Other source

9. Which of the following best describes the water that you drink at home most often?
☐ Unfiltered tap water ☐ Filtered tap water ☐ Bottled water ☐ Water from another source

10. How many years have you lived in your current home? [If less than one year, enter 00.]

11. Since you joined the study in , how many times have you moved to a different address...

in the same city?

in a different city but in the same state?

in a different state?
12. During your childhood, up to age 12, which of the following describes your living situation? I lived...
(please mark ALL that apply):
- [ ] with both my mother and my father
- [ ] with my father (but not my mother)
- [ ] with a grandparent, aunt, uncle, or other relative
- [ ] in an orphanage
- [ ] in a foster home
- [ ] on the streets
- [ ] none of the above

13. When you were growing up, during your first 18 years of life:
   a. Did a parent or other adult in the household often... swear at you, insult you, put you down, or humiliate you OR act in a way that made you afraid that you might be physically hurt? [No] [Yes]
   b. Did a parent or other adult in the household often... push, grab, slap, or throw something at you OR ever hit you so hard that you had marks or were injured? [No] [Yes]
   c. Did an adult or person at least 5 years older than you ever... touch or fondle you or have you touch their body in a sexual way OR try to or actually have oral, anal, or vaginal sex with you? [No] [Yes]
   d. Did you often feel that... no one in your family loved you or thought you were important or special OR your family didn't look out for each other, feel close to each other, or support each other? [No] [Yes]
   e. Did you often feel that... you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you OR your parents were too drunk or high to take care of you or take you to the doctor if you needed it? [No] [Yes]
   f. Were your parents ever separated or divorced? [No] [Yes]
   g. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her OR Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or a knife? [No] [Yes]
   h. Did you live with anyone who was a problem drinker or alcoholic OR who used street drugs? [No] [Yes]
   i. Was a household member depressed or mentally ill OR did a household member attempt suicide? [No] [Yes]
   j. Did a household member go to prison? [No] [Yes]

14. During your adult life, has your spouse, family member or close friend ever:
   a. Slapped, hit, punched, kicked, pushed, shoved, or otherwise physically hurt you? [No] [Yes]
   b. Shouted, yelled, screamed, scolded, made fun of, severely criticized, said you were stupid or worthless, threatened, or psychologically harmed you? [No] [Yes]
   c. Threatened you with a gun or weapon? [No] [Yes]

15. After joining this study in , have you been diagnosed with diabetes or high blood sugar?
   - [ ] No
   - [ ] Yes
   If yes, to the best of your memory, please tell us the month and year when this occurred.
   - Month: 
   - Year: 20_

16. After joining this study in , have the following events occurred?
   - Heart attack or myocardial infarction (MI)
     - [ ] No
     - [ ] Yes
   - Stroke (not a mini-stroke or TIA)
     - [ ] No
     - [ ] Yes
   - Hip fracture (broken hip)
     - [ ] No
     - [ ] Yes
   If yes, to the best of your memory, please tell us the month and year when this happened. If it happened more than once after you joined the study, tell us the first time it happened after
   - Month: 
   - Year: 20_
   - Month: 
   - Year: 20_

17. Have you EVER had a prostate biopsy? (where a doctor collects a small sample of prostate tissue or cells, using a needle or other method)
   - [ ] No
   - [ ] Yes
   How many prostate biopsies have you had in your lifetime?
   - Total: 
   What was your age at your first prostate biopsy?
   - Age: 
   What was your age at your most recent prostate biopsy?
   - Age: 
18. Have you EVER had a vasectomy? (where a doctor cuts or ties the tubes that carry sperm from the testicles as a form of permanent birth control)

☐ No  ☐ Yes → If yes, to the best of your memory, please tell us the month and year when this occurred.

Month  Year

19. After joining this study in , have you been diagnosed with any type of CANCER?

☐ No  ☐ Yes → What type of cancer?

☐ Colon/Rectum  ☐ Kidney  ☐ Lung  ☐ Prostate  ☐ Other (specify):

Please tell us when and where your cancer was diagnosed:

Date of Diagnosis:

Month  Year

Name of hospital:

City and State of hospital:

20. How often do you usually get the following screening tests:

Colonoscopy (a long tube inserted into the entire colon to look for colorectal polyps or cancer, while you are sedated)

Sigmoidoscopy (a tube inserted partway into the colon to look for colorectal polyps or cancer)

A test to check your stool/feaces for blood (to detect colorectal cancer)

PSA blood test (to check for prostate cancer)

Digital rectal exam (a doctor feeling your prostate with his/her finger)

Blood test to check for diabetes

21. Do you CURRENTLY take any of the following at least once per week?

Aspirin (regular or low-dose)

Multivitamin

Vitamin D supplement (with or without calcium)

If yes, how many pills/tablets per week?

22. Do you CURRENTLY take prescription medication to control diabetes?

☐ No  ☐ Yes → Insulin (any type)

Injectable medicine:  ☐ Symlin (Pramlintide)  ☐ Byetta (Exenatide)  ☐ Victoza (Liraglutide)

If yes, which medication(s) do you take? (mark ALL that apply)

Oral medicine:  ☐ Actos (Pioglitazone)  ☐ Amaryl (Glimepiride)  ☐ Avandia (Rosiglitazone)  ☐ Glucophage (Metformin)  ☐ Glucotrol (Glipizide)  ☐ Glynase (Glyburide)  ☐ Glyset (Miglitol)  ☐ Januvia (Sitagliptin)  ☐ Onglyza (Saxagliptin)  ☐ Prandin (Repaglinide)  ☐ Precose (Acarbose)  ☐ Starlix (Nateglinide)  ☐ Tradjenta (Linagliptin)  ☐ Other

23. Have you EVER TAKEN, or do you CURRENTLY TAKE, the following prescription medications?

Proscar (Finasteride)  No  ☐  ☐  ☐  ☐  [If less than one year, enter 00.]

Propecia (Finasteride)  No  ☐  ☐  ☐  [If less than one year, enter 00.]

Avodart (Dutasteride)  No  ☐  ☐  ☐  [If less than one year, enter 00.]
24. Do you **CURRENTLY** take prescription medication to lower your cholesterol?

- No  
- Yes  

**Which one(s):**

- [ ] Crestor (Rosuvastatin)
- [ ] Lopid (Gemfibrozil)
- [ ] Vytorin (Ezetimibe/Simvastatin)
- [ ] Lescol (Fluvastatin)
- [ ] Mevacor (Lovastatin)
- [ ] Zetia (Ezetimibe)
- [ ] Lipitor (Atorvastatin)
- [ ] Pravachol (Pravastatin)
- [ ] Zocor (Simvastatin)
- [ ] Other(s) (specify):

25. What is your **CURRENT** usual source of medical care (please mark one)

- [ ] Community health center or free clinic
- [ ] Private doctor's office
- [ ] Hospital (not in the emergency room)
- [ ] Emergency room
- [ ] You have no source

26. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

- [ ] No  
- [ ] Yes

27. In the past 12 months, how many times did you go to an emergency room to get care for yourself?

28. In the past 12 months, how many times did you go to a doctor's office or clinic to get care for yourself?

29. Have you ever experienced discrimination, been treated poorly, been prevented from doing something, or been hassled or made to feel inferior in any of the following five situations **because of your race or ethnicity**?

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>Yes</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>A Lot</th>
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30. Have you ever experienced discrimination, been treated poorly, been prevented from doing something, or been hassled or made to feel inferior in any of the following five situations **because of your social or economic situation** (because of how much money or education you have)?

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Please update YOUR information below for our records:

Name: ____________________________

Address: _________________________

City: ___________________________  State: _____  ZIP Code: _____

Please update YOUR telephone numbers for our records:

**YOUR HOME NUMBER** ___________  -  ___________

**YOUR CELL NUMBER** ___________  -  ___________

Can you please provide us with the name and telephone number of a close friend or family member (not living with you) who would know how to get in touch with you if you moved:

Name of friend/family member **NOT LIVING WITH YOU:** ___________________________

Telephone number of friend/family member: ___________  -  ___________