SCCS
Southern Community Cohort Study

Please complete this survey ONLY if you are

FU1 W2 M

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 ☐☐ 19 ☐☐

What is your CURRENT:

2. Cigarette smoking status: ☐ Non-smoker ☐ Smoker → How many cigarettes per day? ☐☐☐

3. 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

4. Health insurance coverage (please mark ALL that apply)

☐ None ☐ Medicaid ☐ Medicare ☐ Private insurance ☐ Military ☐ Other type

5. Usual source of medical care (please mark one)

☐ Community health center or free clinic ☐ Private doctor's office ☐ Emergency room ☐ Veterans Affairs (VA)
☐ Hospital (not in the emergency room) ☐ Other source ☐ You have no source

6. Marital status (please mark one)

☐ Married, or living as married with a partner ☐ Separated or divorced ☐ Widowed ☐ Single, never been married

7. 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

8. About how many HOURS PER DAY, on average, do you spend OUTDOORS on weekdays and weekends?

Weekdays:	☐ None	☐ less than 1	☐ 1 to 2	☐ 3 to 4	☐ 5 to 6	☐ 7 to 8	☐ more than 8
Weekends:	☐ None	☐ less than 1	☐ 1 to 2	☐ 3 to 4	☐ 5 to 6	☐ 7 to 8	☐ more than 8

9. In a 24-hour period, how many HOURS do you typically spend:

Sitting: Hours ☐☐ | **Sleeping:** Hours ☐☐

10. After joining this study in , have you been diagnosed with any of the following conditions?

To the best of your memory, please tell us the month and year when a doctor diagnosed this condition.

	Yes	No	Month	Year
Diabetes/high blood sugar	☐	☐	☐☐	200☐
Polyps in your colon or rectum (benign, not cancer)	☐	☐	☐☐	200☐
Enlarged prostate (BPH or benign prostatic hyperplasia, not cancer)	☐	☐	☐☐	200☐

→ If yes, are you currently taking medication to control your diabetes: ☐ Yes ☐ No

→ If yes, how was this treated: (mark ALL that apply)

☐ Surgery ☐ Prescription drugs ☐ Changes in diet/fluids ☐ Other treatment ☐ No treatment

11. After joining this study in , have the following events occurred?

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 .

	Yes	No	Month	Year
Heart attack or myocardial infarction (MI)	☐	☐	☐☐	200☐
Stroke (not a mini-stroke or TIA)	☐	☐	☐☐	200☐
Hip fracture (broken hip)	☐	☐	☐☐	200☐
Back or spinal fracture (include compression fracture)	☐	☐	☐☐	200☐

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

☐ No ☐ Yes → **What type of cancer?**

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☐ Bladder ☐ Kidney ☐ Melanoma ☐ Pancreas ☐ Thyroid ☐ Other (Describe below)
☐ Brain ☐ Leukemia ☐ Mouth or throat ☐ Prostate ☐ Testis
☐ Colon ☐ Liver ☐ Multiple myeloma ☐ Rectum
☐ Esophagus ☐ Lung ☐ Non-Hodgkin lymphoma ☐ Stomach

13. Please tell us when and where your cancer was treated:

Date of Diagnosis: Month ☐☐ Year 200☐

Name of hospital: _____

City and State of hospital: _____

14. How much do you currently weigh? Pounds ☐☐☐

15. How much did you weigh *when you were BORN? (Example: 8 pounds 2 ounces)* Pounds ☐☐ Ounces ☐☐ or ☐ Don't know

16. Have you EVER had a prostate biopsy? (where a doctor collects a small sample of prostate tissue or cells using a needle)

☐ 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 ☐☐

17. About how many adult teeth have you lost in your lifetime due to tooth decay or gum disease?

☐ None ☐ 1 to 4 ☐ 5 to 10 ☐ more than 10 but not all of them ☐ all of them

18. How many decayed teeth or cavities do you currently have that have not been treated?

☐ None ☐ 1 or 2 ☐ 3 to 5 ☐ 6 or more ☐ not applicable because all your teeth are dentures or you have no teeth

19. Has a dentist or doctor ever told you that you have had gum disease (gingivitis or periodontitis)?

☐ No ☐ Yes

→ If yes, how old were you at the time of first diagnosis? Age ☐☐

20. Over the past month, how often have you ...

	Not at all	Less than one time in 5	Less than half the time	About half the time	More than half the time	Almost always
a. ...had a sensation of not emptying your bladder completely after you finish urinating?	☐	☐	☐	☐	☐	☐
b. ...had to urinate again less than two hours after you finished urinating?	☐	☐	☐	☐	☐	☐
c. ...found you stopped and started again several times when you urinated?	☐	☐	☐	☐	☐	☐
d. ...found it difficult to postpone urination?	☐	☐	☐	☐	☐	☐
e. ...had a weak urinary stream?	☐	☐	☐	☐	☐	☐
f. ...had to push or strain to begin urination?	☐	☐	☐	☐	☐	☐

21. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

None	1 Time	2 Times	3 Times	4 Times	5 times or more
☐	☐	☐	☐	☐	☐

22. If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?

Delighted	Pleased	Mostly satisfied	Mixed– about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
☐	☐	☐	☐	☐	☐	☐

23. Do you currently take any of the following at least once per week?

	Yes	No	If yes, how many pills/tablets per week?
Baby aspirin	☐	☐	☐☐☐
Regular aspirin	☐	☐	☐☐☐
Multivitamin	☐	☐	☐☐☐
Vitamin D supplement (with or without calcium)	☐	☐	☐☐☐

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

	No	Currently take	Took in the past	Length of time taken (years)	Age when first started taking
Finasteride (Proscar)	☐	☐	☐	(enter 00 years if less than one year) ☐☐	☐☐
Dutasteride (Avodart)	☐	☐	☐	(enter 00 years if less than one year) ☐☐	☐☐

25. Do you currently take prescription medication to lower your cholesterol?

☐ Yes ☐ No

→ **Which one(s):** (mark **ALL** that apply)

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

26. After joining this study in , have you had a:

	Don't know	No	Yes
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/feces 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	☐	☐	☐

27. Please tell us if your FAMILY MEMBERS have ever been diagnosed with these cancers (mark **ALL** that apply):

(Note: **full** sister and **full** brother means that you have the same biological mother **and** biological father.)

Breast cancer:	☐ No	☐ Birth mother	☐ 1 full sister	☐ More than 1 full sister	
Prostate cancer:	☐ No	☐ Birth father	☐ 1 full brother	☐ More than 1 full brother	
Lung cancer:	☐ No	☐ Birth mother	☐ Birth father	☐ 1 full brother or sister	☐ More than 1 full brother or sister
Colorectal cancer:	☐ No	☐ Birth mother	☐ Birth father	☐ 1 full brother or sister	☐ More than 1 full brother or sister

28. In general, would you say your health is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

29. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	**Yes, limited a lot**	**Yes, limited a little**	**No, not limited at all**
a. Moderate activities, such as moving a table , pushing a vacuum cleaner, bowling, or playing golf.	☐	☐	☐
b. Climbing several flights of stairs	☐	☐	☐

30. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Were limited in the kind of work or other activities	☐	☐	☐	☐	☐

31. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Did work or activities less carefully than usual	☐	☐	☐	☐	☐

32. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	**Not at all**	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
	☐	☐	☐	☐	☐

33. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a. Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐
c. Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

34. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?	**All of the time**	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
	☐	☐	☐	☐	☐

Please update YOUR information below:

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: (☐☐☐) ☐☐☐ - ☐☐☐☐