A5

Radiation Therapy Oncology Group
Phase III Randomized Study of Localized, High-Risk Prostate Cancer
Demographic Data Form - Version 2

RTOG Study No. 0521 **Case #**

PLACE LABEL HERE

Institution Name **Institution No.**
Patient Initials **RTOG Patient ID**

Date Completed _____-_____-_____mm-dd-yyyy

INSTRUCTIONS: Submit this form at patient's entry on study. Complete the information by filling in boxes or blanks as requested. See separate page for instructions

If this is a revised or corrected form, indicate by checking box. ☐

1. Who completed this form? (Check one box)
- ☐ 1 Self
- ☐ 2 Staff
- ☐ 3 Other person
- ☐ 4 Not applicable, no items completed

2A. Race (Check one box only)
- ☐ 01 White, not Hispanic origin
- ☐ 02 Hispanic
- ☐ 03 Black, not Hispanic origin
- ☐ 04 Native Hawaiian or other Pacific Islander
- ☐ 05 Asian
- ☐ 06 Native American / Alaskan Nation
- ☐ 08 Other, specify _____
- ☐ 98 Unknown / I prefer not to answer

2B. Additional Race/Ethnicity (If you consider yourself multiracial, check all additional categories that apply in this question) Do not include what you reported in 2A.
- ☐ White, not Hispanic origin
- ☐ Hispanic
- ☐ Black, not Hispanic origin
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ Native American / Alaskan Nation
- ☐ Unknown / I prefer not to answer

3. Highest school grade completed (Check one box)
- ☐ 1 8th or less
- ☐ 2 9 - 11th Grade
- ☐ 3 High school graduate / GED
- ☐ 4 Vocational / technical school
- ☐ 5 Associate degree / some college
- ☐ 6 Bachelor's degree
- ☐ 7 Advanced degree
- ☐ 8 Other, specify _____
- ☐ 9 I prefer not to answer

4. Religion during childhood (Check one box)
- ☐ 1 Protestant
- ☐ 2 Catholic
- ☐ 3 Jewish
- ☐ 4 Mormon/Latter Day Saints
- ☐ 5 Muslim / Islam
- ☐ 6 None
- ☐ 7 Other, specify _____
- ☐ 9 I prefer not to answer

5. Marital status (Check one box)
- ☐ 1 Married
- ☐ 2 Widowed
- ☐ 3 Single
- ☐ 4 Divorced/Separated
- ☐ 5 Living as married
- ☐ 9 I prefer not to answer

6. Where were you born? (Check one box)
Check the box of the country where you were born.
- ☐ 1 USA, specify the 2 letter State code, eg NY ☐☐
- ☐ 2 Other country, specify _____

7. Where did you live the longest (Check one box)
- ☐ 1 USA, specify the 2 letter State code, eg NY ☐☐
- ☐ 2 Other country, specify _____

8. Cigarette History?

A. Smoked at least 100 cigarette (5 packs) during lifetime
- ☐ 1 No (Skip to #9)
- ☐ 2 Yes, but quit (Answer B, C, D, E)
- ☐ 3 Yes, currently smoke (Answer B, C, D, E)

B. ☐☐ Age began smoking cigarettes
C. ☐☐ Number of years smoked cigarettes
D. ☐☐ Average number of cigarettes smoked per day
E. ☐☐ If quit, age stopped smoking completely

9. If you have had any of the illnesses listed below, please check yes for those that apply.
✓ = Yes (2)
- ☐ Heart problems
- ☐ Lung problems
- ☐ High blood pressure
- ☐ Bleeding problems
- ☐ Circulation problems
- ☐ Liver problems
- ☐ Diabetes or sugar in urine
- ☐ Kidney/urine problems
- ☐ Stroke
- ☐ Thyroid problems
- ☐ Seizure
- ☐ HIV/AIDS
- ☐ Frequent infections
- ☐ Psychological problems
- ☐ Other

Specify other_____

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10. Family History

A. How many of the following family members (living and dead) do you have? Include only those who are blood-related.

☐☐ Brothers ☐☐ Sons
☐☐ Sisters ☐☐ Daughters

B. Are you adopted? (Check one)

☐ 1 No
☐ 2 Yes (In 10C, complete the question only for your children; omit mother, father, sisters, brothers)

C. Check the box under blood relatives for each family member who developed cancer and give an estimate of the age that the first cancer was diagnosed. For each relative with cancer, check off all types of cancer that apply.

Blood relative with cancer ✓ = yes (2)	Age when first cancer diagnosed	Type of Cancer (✓ = yes (2))						
		Lung	Breast	Colon	Prostate	Head & Neck	Non Melanoma Skin	Other (If other cancers, check box and specify)
☐ Father		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Mother		☐	☐	☐		☐	☐	☐ specify_____
☐ Brother #1		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Brother #2		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Brother #3		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Brother #4		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Sister #1		☐	☐	☐		☐	☐	☐ specify_____
☐ Sister #2		☐	☐	☐		☐	☐	☐ specify_____
☐ Sister #3		☐	☐	☐		☐	☐	☐ specify_____
☐ Sister #4		☐	☐	☐		☐	☐	☐ specify_____
☐ Child #1		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Child #2		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Child #3		☐	☐	☐	☐	☐	☐	☐ specify_____
☐ Child #4		☐	☐	☐	☐	☐	☐	☐ specify_____

11A. Have you ever heard of Cancer Prevention Trials? (Check one box) ☐ 1 No ☐ 2 Yes

By Cancer Prevention Trials we mean studies in which healthy people, including cured cancer patients, volunteer to take part in experimental cancer prevention, such as the use of special diets and new drugs. People volunteer in order to obtain the newest prevention for themselves and to help scientists learn how well the new prevention methods work.

B. How likely would you be to volunteer to participate in Cancer Prevention Trials? (The numbers below allow you to rate your answer between 1 - never and 10 - extremely likely. Circle the number below that best describes your choice.)

1 ..... 2 .....3 .....4 .....5 .....6 .....7 .....8 .....9 10

Never would consider — Extremely likely