RTOG 1016

COMPILED COMPUTER-ASSISTED SELF INTERVIEW (CASI)

SYSTEM QUESTIONNAIRES

FINAL v2.0 (5/30/12)
QUESTIONNAIRE INDEX

Baseline (Visit 1)

Mandatory Questionnaire:

Practice Questions ................................................................. pg. 4
Demographic ............................................................................... pg. 7
Tobacco (BRASS (MODIFIED)) ............................................... pg. 13

Optional Questionnaire (depending on participant consent):

BRASS:
Alcohol (BRASS (MODIFIED)) ................................ pg. 33
Marijuana (BRASS) .............................................................. pg. 41
Sexual Behavior/History (BRASS (MODIFIED)) ...................... pg. 49
Diet (BRASS) ......................................................................... pg. 51
Family Cancer History (BRASS) ............................................. pg. 61
Oral Health (BRASS (MODIFIED)) ....................................... pg. 74

Quality of Life:
Quality of Life/Functional Assessment: QLQ-C30 (EORTC) .... pg. 79
QLQ-H&N35 (EORTC) .............................................................. pg. 85
PRO-CTCAE H&N ................................................................. pg. 91
Hearing Handicap Inventory for Adults Screening Questionnaire .. pg. 100

Follow-Up (end of treatment: 3, 6, 12, and 24 months)

Mandatory Questionnaire:

Tobacco (paper-based) .............................................................. pg. 32

Optional Questionnaire (depending on participant consent):

QLQ-C30 (EORTC) ................................................................. pg. 79
QLQ-H&N35 (EORTC) .............................................................. pg. 85
PRO-CTCAE H&N ................................................................. pg. 91
Hearing Handicap Inventory for Adults Screening Questionnaire .. pg. 100
Work Status Questionnaire H&N – Follow-up ......................... pg. 102


**CALENDAR OF QUESTIONNAIRE ADMINISTRATION**

<table>
<thead>
<tr>
<th>Section</th>
<th>Baseline</th>
<th>Month 3</th>
<th>Month 6</th>
<th>Month 12</th>
<th>Month 24</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mandatory</strong></td>
<td></td>
<td></td>
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<tr>
<td>PRO-CTCAE H&amp;N</td>
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†Baseline version of Tobacco is different from subsequent follow-up version. The follow-up version contains a fewer number of questions compared to baseline. The follow-up tobacco questionnaire is paper-based and not administered in the CASI.
RTOG 1016
Mandatory Questionnaire
(In the protocol, this section is referred to as the Head and Neck Risk Factor Survey Section and BRASS.)

Practice Questions

The following questions are practice questions, to help you become familiar with selecting answers on the computer. These questions are only for practice, it does not matter if you choose the right or wrong answer.

0.0. [Practice question for selecting one answer from a vertical list]

Who was the first president of the United States?

1. George Washington
2. John F. Kennedy
3. Ronald Reagan
4. Bill Clinton

0.1. [Practice question for entering a numeric value on a touch pad]

How many eggs are in a dozen?

[Enter numeric value]

0.2. [Practice question for selecting one answer from a horizontal list]

What color is the sky?

1. Black
2. Yellow
3. Blue
4. Green

0.3. [Practice question for selecting more than one answer from a vertical list]

Which of the follow are animals?

(Check all that apply)

1. Dog
2. Bus
3. Lion
4. Stairs
5. Cat

0.4. [Practice question for using spinner function]

How long ago was New Year’s Day? Please make your best estimate.

[Enter numeric value]

With:

Select one:

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)

0.5. [Practice question for the use of scrolling through a list of answer options that continue past the bottom of the screen]

Please select the number 20.

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10
11. 11
12. 12
13. 13
14. 14
15. 15
16. 16
17. 17
18. 18
19. 19
20. 20
0.6. [Practice question for using the pull-down/look up list containing multiple brands of a product (used with cereal and mouthwash in survey)]

Please select your favorite cereal.

To look up a cereal, tap in the search bar at the top of the list and type the cereal name. If you do not eat cereal, please select “Other” or “Don’t know.”

[Select from pull-down list]

0.7. [Practice using the slider scale]

On a scale of 1 to 7, with one being terrible and 7 being perfect, how would you rate today’s weather?

[Help box: To select a number, tap the circle at the end of the scale and drag it to that number.]

1. Terrible
2.
3.
4.
5.
6.
7. Perfect

0.8. [Practice entering family cancer history, from Family Cancer History survey section]

In this survey, we will ask you questions about any cancer that members of your family have or have had. In the following screen, we would like to you practice entering information for that section of the survey.

This is ONLY for practice. In the next screen, please indicate that your mother’s mother (maternal grandmother) had breast cancer, and was diagnosed at age 60.

[Display question FCH.8.4 from the Family Cancer History section; At the top of the screen display a help box: “FOR PRACTICE, please indicate that your mother’s mother (maternal grandmother) had breast cancer, and was diagnosed at age 60.”]

Thank you for answering these practice questions.

<End of section>
This survey will ask you about your background and tobacco use. Some of the questions are very personal. Some of the questions may be difficult for you to answer or may be hard to remember. If you cannot remember exactly, please make your best estimate. Please take as much time as you need and answer all questions honestly.

All of your answers are strictly confidential. Your responses to the survey will not be linked to your name or your medical record, and will only be identified by your study ID number. Only the principal researchers involved in the research (no local providers) will have access to this information. This information will not be released to anyone else at any time for any purpose.

**DEMOGRAPHIC SECTION**

*(Baseline Visit)*

The following set of questions asks general information about your background.

DMG.1.0. Are you male or female?

1. Male
2. Female

DMG.2.0. What is your age in years?

[Enter numeric value]

DMG.3.0. Do you consider yourself to be Hispanic or Latino?

1. Hispanic or Latino
2. Not Hispanic or Latino

DMG.4.0. Which race do you consider yourself to be?

Please select all that apply:

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Not reported
7. Unknown

---

1 Questions derived from NHANES 2009-10 and BRFSS 2010
[If more than one race indicated, ask:]

DMG.4.1. Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Not reported
7. Unknown

DMG.5.0. Which of the following best represents your father’s race?

[Can only select one response]

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Not reported
7. Unknown

DMG.5.1. Which of the following best represents your mother’s race?

[Can only select one response]

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Not reported
7. Unknown

DMG.6.0. What is your current marital status?

1. Married
2. Domestic partnership
3. Divorced
4. Widowed
5. Separated
6. Never married
DMG.7.0. Where do you live now?

1. In a condominium or house that you own
2. In a rented apartment or house where you pay all of the bills
3. In a rented apartment or house where you pay some of the bills
4. Living with relatives or friends who pay all of the bills
5. In public assistance housing
6. Homeless or homeless shelter
7. Other

DMG.8.0. Which of the following best describes your current work status?

Please select all that apply:

1. Currently working in at least one FULL time job
2. Currently working in at least one PART time job
3. Not working outside of the home
4. Student, full-time
5. Student, part-time
6. Not employed
7. On disability
8. On sick leave
9. Retired
10. Other, please specify:
11. Don’t know

DMG.9.0. What is the highest grade or level of school you have completed?

1. Grade school
2. Not high school graduate
3. High school graduate (including equivalency)
4. Went to vocational/technical school
5. Some college or associates degree
6. Bachelor’s degree
7. Advanced degree
8. No formal education

DMG.10.0 In the year before you were diagnosed with ORAL/OROPHARYNX cancer, about how many months did you work? (Include paid vacation and sick leave as work. Include part-time and full-time work.)
1. I did not do paid work (0 months)
2. 1 month
3. 2 months
4. 3 months
5. 4 months
6. 5 months
7. 6 months
8. 7 months
9. 8 months
10. 9 months
11. 10 months
12. 11 months
13. 12 months

DMG.11.0 How many hours per week do you work? If you are not working, please enter 0.

[Enter numeric value]

DMG.12.0 Which industry would you say best describes your workplace? (If you have more than one job, please tell us about your primary job.)

1. Service (for example, restaurant, hotel, housekeeping, homecare provider)
2. Retail trade (for example, a shop or store)
3. Government (for example, post-office, courts, police or fire department)
4. Manufacturing
5. Finance, insurance, or real estate
6. Wholesale trade
7. Transportation and public utilities (for example, MTA, ConEd)
8. Construction
9. Medical
10. Legal
11. Education
12. Other (please specify):

DMG.13.0 Which occupational category best describes your work? (If you have more than one job, please tell us about your primary job.)

1. Managerial or professional specialty (for example, accountant, computer specialist, attorney, teacher, health practitioner)

2. Sales, technical, or administrative support (for example, medical assistant, real estate agent, administrative assistant, sales associate)
3. Service (for example, housekeeper, home attendant, police officer, food server, janitor, hair-dresser)

4. Operator, fabricator, or laborer (for example, utility worker, driver, tailor, factory worker)

5. Arts, media or athletics (for example, artist, entertainer, journalist)

6. Other (please specify):

DMG.14.0 Are you covered by a health plan provided through your current or former employer or union?

1. Yes
2. No <skip to DMG.15.0>
3. Don’t know <skip to DMG.15.0>

DMG.14.1. In addition to you, who else in your household is covered by your insurance plan?

1. Myself only
2. Myself and child(ren)
3. Myself and spouse and child(ren)
4. Myself and spouse only
5. Don’t know

DMG.15.0 Which category is closest to your INDIVIDUAL total income during the year before your oral/oropharynx cancer diagnosis? This includes money from jobs, tips, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by you. This may or may not be the same as your total annual HOUSEHOLD income.

1. Less than $10,000
2. $10,000 to $19,999
3. $20,000 to $29,999
4. $30,000 to $39,999
5. $40,000 to $49,999
6. $50,000 to $59,999
7. $60,000 to $69,999
8. $70,000 to $79,999
9. $80,000 to $89,999
10. $90,000 to $99,999
11. $100,000 to $149,999
12. $150,000 to $199,999
13. $200,000 or more
DMG.16.0 Which category is closest to your household’s total \textit{COMBINED} income during the year before your oral/oropharynx cancer diagnosis? This includes money from jobs, tips, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your \textit{HOUSEHOLD} who are 15 years of age or older.

1. Less than $10,000
2. $10,000 to $19,999
3. $20,000 to $29,999
4. $30,000 to $39,999
5. $40,000 to $49,999
6. $50,000 to $59,999
7. $60,000 to $69,999
8. $70,000 to $79,999
9. $80,000 to $89,999
10. $90,000 to $99,999
11. $100,000 to $149,999
12. $150,000 to $199,999
13. $200,000 or more

<end of section>
Tobacco Section 2

(Baseline Visit)

The following questions are about using tobacco. Some of the questions may be difficult for you to answer or may be hard to remember. If you cannot remember the exact answer, please make your best estimate. Please take as much time as you need and answer all questions honestly.

TBC.1.0. In your lifetime, have you EVER used any kind of tobacco (for example, cigarettes, pipe, chewing tobacco, cigars, snuff)?

0. No <End of section>
1. Yes

TBC.2.0. What type(s) of tobacco have you used in your lifetime? Please select all that apply:

1. Cigarettes
2. Cigars
3. Pipe tobacco
4. Smokeless tobacco (chew, moist snuff)
5. Other

<For each type picked, ask sub-section questions relevant to that type>

Cigarettes <Proceed with sub-section if TBC.2.0 has cigarettes, 1, checked>

The following questions are about smoking cigarettes.

TBC.3.0. Have you smoked at least 100 cigarettes in your lifetime?

(Help box: 100 cigarettes = 5 packs)

0. No <Skip to next sub-section, as appropriate>
1. Yes

TBC.3.1. Have you ever smoked cigarettes daily for at least one month or more?

0. No <Skip to other tobacco sections, as appropriate>
1. Yes

As you answer questions about your use of cigarettes, a timeline will be created, showing your use of them. For any quit attempts, the timeline will show how long you quit using cigarettes. The timeline reappears after you enter more information about your use of cigarettes.

You may need to scroll to see the entire timeline. Please check the timeline to make sure the events noted are listed at the correct age. If any are incorrect, please use the “Previous” button to go back and correct the age.

TBC.3.1.1. How old were you when you started smoking cigarettes daily? Enter age in years.

[Enter numeric value]

<Begin timeline for regular use, starting with selected age>

TBC.3.2. Do you still smoke cigarettes daily?

0. No
1. Yes <Skip to TBC.3.3>

TBC.3.2.1. How old were you when you stopped smoking cigarettes daily? Enter age in years.

[Enter numeric value]

<Update timeline with end of regular use>
<If answer (x) < (age-1), skip to TBC.3.3>

TBC.3.2.2. When did you have your last cigarette?

1. Less than 6 months ago
2. 6 to less than 12 months ago
3. 1 year ago or more <option only available if quitAge = currentAge-1>

<For TBC.3.2=0: If TBC.3.2.1 minus TBC.3.1.1≤2, skip to TBC.3.4>
<For TBC.3.2=1: If current age minus TBC.3.1.1≤2, skip to TBC.3.4>

TBC.3.3. When you smoked cigarettes from age <regular start age from TBC.3.1.1> to <[If TBC.3.2=0, No: quit age from TBC.3.2.1] [If TBC.3.2=1, Yes: “now”]>, was there ever a period when you quit smoking cigarettes for a year or more?

(Help box: To quit means not smoking cigarettes for a year or more, except for a temporary slip of a day or two)

0. No <Skip to TBC.3.4>
1. Yes

TBC.3.3.1. When you smoked cigarettes from age <regular start age from TBC.3.1.1> to <[If TBC.3.2=0, No: quit age from TBC.3.2.1] [If TBC.3.2=1, Yes: “now”]>, how many different times did you quit smoking cigarettes for a year or more?

(Help box: To quit means not smoking cigarettes for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

[If TBC.3.3.1>2, display screen:

The following questions ask about the first two periods of time when you quit for a year or more.

Otherwise, skip to TBC.3.3.2.1]

TBC.3.3.2.1. After you started smoking cigarettes at age <regular start age from TBC.3.1.1>, how old were you the first time you quit smoking cigarettes? Enter age in years.

(Help box: To quit means not smoking cigarettes for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.3.3.2.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]

<Update timeline with 1st quit period>

<If TBC.3.3.1=1, SKIP TO TBC.3.4.1>

TBC.3.3.3.1. How old were you the second time you quit smoking cigarettes? Enter age in years.

(Help box: To quit means not smoking cigarettes for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.3.3.3.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]
<Update timeline with 2nd quit period>

<Frequency questions>

[Ask TBC.3.4 for current or former smokers with NO quit periods during the time of their daily smoking (Ask TBC.3.4 if TBC.3.3=0)];
[Ask TBC.3.4 for smoker with ≤2 years of regular smoking (For TBC.3.2=0: If TBC.3.2.1 minus TBC.3.1.1≤2) (For TBC.3.2=1: If current age minus TBC.3.1.1≤2)];
[Otherwise, skip to TBC.3.4.1]

TBC.3.4. When you smoked cigarettes from age <regular start age from TBC.3.1.1> to <[If TBC.3.2=0, No: quit age from TBC.3.2.1] [If TBC.3.2=1, Yes: “now”]>, how many cigarettes did you usually smoke per day?

[Enter numeric value]

(Help box: There are 20 cigarettes in one pack)

<If (TBC.3.3=0) or (For TBC.3.2=0: If TBC.3.2.1 minus TBC.3.1.1≤2) or (For TBC.3.2=1: If current age minus TBC.3.1.1≤2), skip to next tobacco sub-sections, as appropriate>

TBC.3.4.1. When you smoked cigarettes from age <regular start age from TBC.3.1.1> to <1st quit age from TBC.3.3.2.1>, how many cigarettes did you usually smoke per day?

[Enter numeric value]

(Help box: There are 20 cigarettes in one pack)

TBC.3.4.2. When you smoked cigarettes from age <re-start age after first quit from TBC.3.3.2.2> to <[If TBC.3.3.1=1 & TBC.3.2=0, No: quit age from TBC.3.2.1] [If TBC.3.3.1=1 & TBC.3.2=1, Yes: “now”] [If TBC.3.3.1>1, 2nd quit age from TBC.3.3.3.1]>, how many cigarettes did you usually smoke per day?

[Enter numeric value]

(Help box: There are 20 cigarettes in one pack)

<If TBC.3.3.1=1, skip to next tobacco sub-section, as appropriate>

TBC.3.4.3. When you smoked cigarettes from age <re-start age after second quit from TBC.3.3.3.2> to <[If TBC.3.2=0, No: quit age from TBC.3.2.1] [If TBC.3.2=1, Yes: “now”]>, how many cigarettes did you usually smoke per day?

[Enter numeric value]
Cigars <Proceed with sub-section if TBC.2.0 has cigars, 2, checked>

The following questions are about smoking cigars

TBC.4.0. Have you ever smoked cigars regularly? By regularly, we mean at least once a week for six months or more.

0. No <skip to other tobacco sections, as appropriate>
1. Yes

As you answer questions about your use of cigars, a timeline will be created, showing your use of them. For any quit attempts, the timeline will show how long you quit using cigars. The timeline reappears after you enter more information about your use of cigars.

You may need to scroll to see the entire timeline. Please check the timeline to make sure the events noted are listed at the correct age. If any are incorrect, please use the “Previous” button to go back and correct the age.

TBC.4.0.1. How old were you when you started smoking cigars regularly? Enter age in years.

(Help box: Regularly means at least once a week for six months or more)

[Enter numeric value]

<Begin timeline for regular use, starting with selected age>

TBC.4.1. Do you still smoke cigars regularly?

(Help box: Regularly means at least once a week)

0. No
1. Yes <Skip to TBC.4.2>

TBC.4.1.1. How old were you when you stopped smoking cigars regularly? Enter age in years.

(Help box: Regularly means at least once a week)

[Enter numeric value]

<Update timeline with end of regular use>
<If answer (x) < (age-1), skip to TBC.4.2>
TBC.4.1.2. When did you have your last cigar?

1. Less than 6 months ago
2. 6 to less than 12 months ago
3. 1 year ago or more <option only available if quitAge = currentAge-1>

TBC.4.2. When you smoked cigars from age <regular start age from TBC.4.0.1> to <[If TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.1=1, Yes: “now”]> , what kind did you usually smoke? [Select only one]

1. Slim ring cigars (cigarillos)
2. Standard ring cigars
3. Heavy ring cigars
4. Other
5. Don’t know/unsure

<For TBC.4.1=0: If TBC.4.1.1 minus TBC.4.0.1 ≤ 2, skip to TBC.4.4>
<For TBC.4.1=1: If current age minus TBC.4.0.1 ≤ 2, skip to TBC.4.4>

TBC.4.3. When you smoked cigars from age <regular start age from TBC.4.0.1> to <[If TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.1=1, Yes: “now”]> , was there ever a period when you quit smoking cigars for a year or more?

(Help box: To quit means not smoking cigars for a year or more, except for a temporary slip of a day or two)

0. No <Skip to TBC.4.4>
1. Yes

TBC.4.3.1. When you smoked cigars from age <regular start age from TBC.4.0.1> to <[If TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.1=1, Yes: “now”]> , how many different times did you quit smoking cigars for a year or more?

(Help box: To quit means not smoking cigars for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

[If TBC.4.3.1>2, display screen:

The following questions ask about the first two periods of time when you quit for a year or more.
Otherwise, skip to TBC.4.3.2.1]

TBC.4.3.2.1. After you started smoking cigars at age <regular start age from TBC.4.0.1>, how old were you the first time you quit smoking cigars? Enter age in years.

(Help box: **To quit** means not smoking cigars for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.4.3.2.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]

<Update timeline with 1st quit period>

<If TBC.4.3.1=1, SKIP TO TBC.4.4.2>

TBC.4.3.3.1. How old were you the second time you quit smoking cigars? Enter age in years.

(Help box: **To quit** means not smoking cigars for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.4.3.3.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]

<Update timeline with 2nd quit period>

<Frequency questions>

[Ask TBC.4.4 for current or former smokers with NO quit periods during the time of their regular cigar smoking (Ask TBC.4.4 if TBC.4.3=0)]

[Ask TBC.4.4 for smoker with ≤2 years of regular smoking (For TBC.4.1=0: If TBC.4.1.1 minus TBC.4.0.1≤2) (For TBC.4.1=1: If current age minus TBC.4.0.1≤2)];

[Otherwise, skip to TBC.4.4.2]

TBC.4.4. When you smoked cigars from age <regular start age from TBC.4.0.1> to <[If TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.1=1, Yes: “now”]>, how many days per week did you usually smoke cigars?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.4.4.1 When you smoked cigars from age <regular start age from TBC.4.0.1> to <If TBC.4.1=0, No: quit age from TBC.4.1.1> [If TBC.4.1=1, Yes: “now”>], how many cigars did you usually smoke on the days you smoked cigars?

[Enter numeric value]

<If (TBC.4.3=0) or (For TBC.4.1=0: If TBC.4.1.1 minus TBC.4.0.1≤2) or (For TBC.4.1=1: If current age minus TBC.4.0.1≤2), skip to next tobacco sub-sections, as appropriate>

TBC.4.4.2. When you smoked cigars from age <regular start age from TBC.4.0.1> to <1st quit age from TBC.4.3.2.1>, how many days per week did you usually smoke cigars?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.4.4.3. When you smoked cigars from age <regular start age from TBC.4.0.1> to <1st quit age from TBC.4.3.2.1>, how many cigars did you usually smoke on the days you smoked cigars?

[Enter numeric value]

TBC.4.4.4. When you smoked cigars from age <re-start age after first quit from TBC.4.3.2.2> to <If TBC.4.3.1=1 & TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.3.1=1 & TBC.4.1=1, Yes: “now”] [If TBC.4.3.1>1, 2nd quit age from TBC.4.3.3.1>], how many days per week did you usually smoke cigars?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
TBC.4.4.5. When you smoked cigars from age <re-start age after first quit from TBC.4.3.2.2> to <[If TBC.4.3.1=1 & TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.3.1=1 & TBC.4.1=1, Yes: “now”] [If TBC.4.3.1>1, 2nd quit age from TBC.4.3.3.1]>, how many cigars did you usually smoke on the days you smoked cigars?

[Enter numeric value]

<If TBC.4.3.1=1, skip to next tobacco sub-section, as appropriate>

TBC.4.4.6. When you smoked cigars from age <re-start age after second quit from TBC.4.3.3.2> to <[If TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.1=1, Yes: “now”]>, how many days per week did you usually smoke cigars?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.4.4.7. When you smoked cigars from age <re-start age after second quit from TBC.4.3.3.2> to <[If TBC.4.1=0, No: quit age from TBC.4.1.1] [If TBC.4.1=1, Yes: “now”]>, how many cigars did you usually smoke on the days you smoked cigars?

[Enter numeric value]

Pipe tobacco  <Proceed with sub-section if TBC.2.0 has pipe tobacco, 3, checked>

The following questions are about smoking pipes.

TBC.5.0. Have you ever smoked a pipe regularly? By regularly, we mean at least once a week for six months or more.

0. No <skip to other tobacco sections, as appropriate>
1. Yes

As you answer questions about your use of pipes, a timeline will be created, showing your use of them. For any quit attempts, the timeline will show how long you quit using pipes. The timeline reappears after you enter more information about your use of pipes.
You may need to scroll to see the entire timeline. Please check the timeline to make sure the events noted are listed at the correct age. If any are incorrect, please use the “Previous” button to go back and correct the age.

TBC.5.0.1. How old were you when you started smoking a pipe regularly? Enter age in years.

(Help box: Regularly means at least once a week for six months or more)

[Enter numeric value]

<Begin timeline for regular use, starting with selected age>

TBC.5.1. Do you still smoke a pipe regularly?

(Help box: Regularly means at least once a week)

0. No
1. Yes <Skip to TBC.5.2>

TBC.5.1.1. How old were you when you stopped smoking a pipe regularly? Enter age in years.

(Help box: Regularly means at least once a week)

[Enter numeric value]

<Update timeline with end of regular use>
<If answer (x) < (age-1), skip to TBC.5.2>

TBC.5.1.2. When did you have your last pipe?

1. Less than 6 months ago
2. 6 to less than 12 months ago
3. 1 year ago or more <option only available if quitAge = currentAge-1>

<For TBC.5.1=0: If TBC.5.1.1 minus TBC.5.0.1<2, skip to TBC.5.3>
<For TBC.5.1=1: If current age minus TBC.5.0.1<2, skip to TBC.5.3>

TBC.5.2. When you smoked pipes from age <regular start age from TBC.5.0.1> to <If TBC.5.1=0, No: quit age from TBC.5.1.1> [If TBC.5.1=1, Yes: “now”], was there ever a period when you quit smoking pipes for a year or more?

(Help box: To quit means not smoking pipes for a year or more, except for a temporary slip of a day or two)
0. No <Skip to TBC.5.3>
1. Yes

TBC.5.2.1. When you smoked pipes from age <regular start age from TBC.5.0.1> to <[If TBC.5.1=0, No: quit age from TBC.5.1.1] [If TBC.5.1=1, Yes: “now”]>, how many different times did you quit smoking pipes for a year or more?

(Help box: To quit means not smoking pipes for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

[If TBC.5.2.1>2, display screen:

The following questions ask about the first two periods of time when you quit for a year or more.

Otherwise, skip to TBC.5.2.2.1]

TBC.5.2.2.1. After you started smoking pipes at age <regular start age from TBC.5.0.1>, how old were you the first time you quit smoking pipes? Enter age in years.

(Help box: To quit means not smoking pipes for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.5.2.2.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]

<Update timeline with 1st quit period>

<If TBC.5.2.1=1, SKIP TO TBC.5.3.2>

TBC.5.2.3.1. How old were you the second time you quit smoking pipes? Enter age in years.

(Help box: To quit means not smoking pipes for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.5.2.3.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]
<Update timeline with 2nd quit period>

<Frequency questions>

[Ask TBC.5.3 for current or former smokers with NO quit periods during the time of their regular cigar smoking (Ask TBC.5.3 if TBC.5.2=0)]
[Ask TBC.5.3 for smoker with ≤2 years of regular smoking (For TBC.5.1=0: If TBC.5.1.1 minus TBC.5.0.1≤2) (For TBC.5.1=1: If current age minus TBC.5.0.1≤2)]; [Otherwise, skip to TBC.5.3.2]

TBC.5.3. When you smoked pipes from age <regular start age from TBC.5.0.1> to <If TBC.5.1=0, No: quit age from TBC.5.1.1] [If TBC.5.1=1, Yes: “now”]>, how many days per week did you usually smoke pipes?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.5.3.1 When you smoked pipes from age <regular start age from TBC.5.0.1> to <If TBC.5.1=0, No: quit age from TBC.5.1.1] [If TBC.5.1=1, Yes: “now”]>, how many bowls (or pipes full) did you usually smoke on the days you smoked pipes?

[Enter numeric value]

<If (TBC.5.2=0) or (For TBC.5.1=0: If TBC.5.1.1 minus TBC.5.0.1≤2) or (For TBC.5.1=1: If current age minus TBC.5.0.1≤2), skip to next tobacco sub-sections, as appropriate>

TBC.5.3.2. When you smoked pipes from age <regular start age from TBC.5.0.1> to <1st quit age from TBC.5.2.2.1>, how many days per week did you usually smoke pipes?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
TBC.5.3.3. When you smoked pipes from age <regular start age from TBC.5.0.1> to <1st quit age from TBC.5.2.2.1>, how many bowls (or pipes full) did you usually smoke on the days you smoked pipes?

[Enter numeric value]

TBC.5.3.4. When you smoked pipes from age <re-start age after first quit from TBC.5.2.2.2> to <[If TBC.5.2.1=1 & TBC.5.1=0, No: quit age from TBC.5.1.1] [If TBC.5.2.1=1 & TBC.5.1=1, Yes: “now”] [If TBC.5.2.1>1, 2nd quit age from TBC.5.2.3.1]>, how many days per week did you usually smoke pipes?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.5.3.5. When you smoked pipes from age <re-start age after first quit from TBC.5.2.2.2> to <[If TBC.5.2.1=1 & TBC.5.1=0, No: quit age from TBC.5.1.1] [If TBC.5.2.1=1 & TBC.5.1=1, Yes: “now”] [If TBC.5.2.1>1, 2nd quit age from TBC.5.2.3.1]>, how many bowls (or pipes full) did you usually smoke on the days you smoked pipes?

[Enter numeric value]

<If TBC.5.2.1=1, skip to next tobacco sub-section, as appropriate>

TBC.5.3.6. When you smoked pipes from age <re-start age after second quit from TBC.5.2.3.2> to <[If TBC.5.1=0, No: quit age from TBC.5.1.1] [If TBC.5.1=1, Yes: “now”]>, how many days per week did you usually smoke pipes?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.5.3.7. When you smoked pipes from age <re-start age after second quit from TBC.5.2.3.2> to <[If TBC.5.1=0, No: quit age from TBC.5.1.1] [If TBC.5.1=1, Yes: “now”]>, how many bowls (or pipes full) did you usually smoke on the days you smoked pipes?
Smokeless Tobacco  <Proceed with section if TBC.2.0 has smokeless tobacco, 4, checked>

The following questions are about using smokeless tobacco (chew, moist snuff).

TBC.6.0. Have you ever used smokeless tobacco regularly? By regularly, we mean at least once a week for six months or more.

0. No  <end of section>
1. Yes

As you answer questions about your use of smokeless tobacco, a timeline will be created, showing your use of it. For any quit attempts, the timeline will show how long you quit using smokeless tobacco. The timeline reappears after you enter more information about your use of smokeless tobacco.

You may need to scroll to see the entire timeline. Please check the timeline to make sure the events noted are listed at the correct age. If any are incorrect, please use the “Previous” button to go back and correct the age.

TBC.6.0.1. How old were you when you started using smokeless tobacco regularly? Enter age in years.

(Help box: Regularly means at least once a week for six months or more)

[Enter numeric value]

<Begin timeline for regular use, starting with selected age>

TBC.6.1. Do you still use smokeless tobacco regularly?

(Help box: Regularly means at least once a week)

0. No
1. Yes <Skip to TBC.6.2>

TBC.6.1.1. How old were you when you stopped using smokeless tobacco regularly? Enter age in years.

(Help box: Regularly means at least once a week)
<Update timeline with end of regular use>
<If answer (x) < (age-1), skip to TBC.6.2>

TBC.6.1.2. When did you last use smokeless tobacco?

1. Less than 6 months ago
2. 6 to less than 12 months ago
3. 1 year ago or more <option only available if quitAge = currentAge-1>

TBC.6.2. From age <regular start age from TBC.6.0.1> to <[If TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.1=1, Yes: “now”]>, what type(s) of smokeless tobacco did you usually use?

Please select all that apply:

1. Chewing tobacco
2. Snuff (moist snuff)
3. Other

<For TBC.6.1=0: If TBC.6.1.1 minus TBC.6.0.1 ≤ 2, skip to TBC.6.4>
<For TBC.6.1=1: If current age minus TBC.6.0.1 ≤ 2, skip to TBC.6.4>

TBC.6.3. When you used smokeless tobacco from age <regular start age from TBC.6.0.1> to <[If TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.1=1, Yes: “now”]>, was there ever a period when you quit using it for a year or more?

(Help box: To quit means not using smokeless tobacco for a year or more, except for a temporary slip of a day or two)

0. No <Skip to TBC.6.4>
1. Yes

TBC.6.3.1. When you used smokeless tobacco from age <regular start age from TBC.6.0.1> to <[If TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.1=1, Yes: “now”]>, how many different times did you quit using it for a year or more?

(Help box: To quit means not using smokeless tobacco for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]
The following questions ask about the first two periods of time when you quit for a year or more. Otherwise, skip to TBC.6.3.2.1]

TBC.6.3.2.1. After you started using smokeless tobacco at age <regular start age from TBC.6.0.1>, how old were you the first time you quit using it? Enter age in years.

(Help box: To quit means not using smokeless tobacco for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.6.3.2.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]

<Update timeline with 1st quit period>

<If TBC.6.3.1=1, SKIP TO TBC.6.4.2>

TBC.6.3.3.1. How old were you the second time you quit using smokeless tobacco? Enter age in years.

(Help box: To quit means not using smokeless tobacco for a year or more, except for a temporary slip of a day or two)

[Enter numeric value]

TBC.6.3.3.2. How old were you when you re-started? Enter age in years.

[Enter numeric value]

<Update timeline with 2nd quit period>

<Frequency questions>

[Ask TBC.6.4 for current or former users with NO quit periods during the time of their regular smokeless tobacco use (Ask TBC.6.4 if TBC.6.3=0]
[Ask TBC.6.4 for smoker with \( \leq 2 \) years of regular smoking (For TBC.6.1=0: If TBC.6.1.1 minus TBC.6.0.1\( \leq 2 \)) (For TBC.6.1=1: If current age minus TBC.6.0.1\( \leq 2 \)); [Otherwise, skip to TBC.6.4.2]
TBC.6.4. When you used smokeless tobacco from age <regular start age from TBC.6.0.1> to <[If TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.1=1, Yes: “now”]>, how many days per week did you usually use smokeless tobacco?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.6.4.1 When you used smokeless tobacco from age <regular start age from TBC.6.0.1> to <[If TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.1=1, Yes: “now”]>, how many times per day did you usually use smokeless tobacco on the days that you used it?

[Enter numeric value]

<If (TBC.6.3=0) or (For TBC.6.1=0: If TBC.6.1.1 minus TBC.6.0.1≤2) or (For TBC.6.1=1: If current age minus TBC.6.0.1≤2), end of section>

TBC.6.4.2. When you used smokeless tobacco from age <regular start age from TBC.6.0.1> to <1st quit age from TBC.6.3.2.1>, how many days per week did you usually use smokeless tobacco?

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TBC.6.4.3. When you used smokeless tobacco from age <regular start age from TBC.6.0.1> to <1st quit age from TBC.6.3.2.1>, how many times per day did you usually use smokeless tobacco on the days that you used it?

[Enter numeric value]

TBC.6.4.4. When you used smokeless tobacco from age <re-start age after first quit from TBC.6.3.2.2> to <[If TBC.6.3.1=1 & TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.3.1=1
& TBC.6.1=1, Yes: “now”) [If TBC.6.3.1>1, 2nd quit age from TBC.6.3.3.1]>, how many days per week did you usually use smokeless tobacco?

1. 1  
2. 2  
3. 3  
4. 4  
5. 5  
6. 6  
7. 7

TBC.6.4.5. When you used smokeless tobacco from age <re-start age after first quit from TBC.6.3.2.2> to <[If TBC.6.3.1=1 & TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.3.1=1 & TBC.6.1=1, Yes: “now”] [If TBC.6.3.1>1, 2nd quit age from TBC.6.3.3.1]>, how many times per day did you usually use smokeless tobacco on the days that you used it?

[Enter numeric value]

<If TBC.6.3.1=1, end of section>

TBC.6.4.6. When you used smokeless tobacco from age <re-start age after second quit from TBC.6.3.3.2> to <[If TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.1=1, Yes: “now”]>, how many days per week did you usually use smokeless tobacco?

1. 1  
2. 2  
3. 3  
4. 4  
5. 5  
6. 6  
7. 7

TBC.6.4.7. When you used smokeless tobacco from age <re-start age after second quit from TBC.6.3.3.2> to <[If TBC.6.1=0, No: quit age from TBC.6.1.1] [If TBC.6.1=1, Yes: “now”]>, how many times per day did you usually use smokeless tobacco on the days that you used it?

[Enter numeric value]

<End of section (baseline)>
<End of mandatory survey (baseline)>

SUPPLEMENT TO TOBACCO SECTION (Baseline)

PACK-YEARS CALCULATION, CIGARETTES:
Numbers (e.g., “3.4”) refer to TBC question number (except 20, for cig/pack)

Former smokers:

0 quit periods during daily use (or 2 years or less regular use):

\[ PY = (3.4/20) \times (3.2.1-3.1.1) \]

1 quit period during daily use:

\[ PY = [(3.4.1/20) \times (3.3.2.1-3.1.1)] + [(3.4.2/20) \times (3.2.1-3.3.2.2)] \]

2 (or more) quit periods during daily use:

\[ PY = [(3.4.1/20) \times (3.3.2.1-3.1.1)] + [(3.4.2/20) \times (3.3.3.1-3.3.2.2)] + [(3.4.3/20) \times (3.2.1-3.3.3.2)] \]

Current smokers:

0 quit periods during daily use (or 2 years or less regular use):

\[ PY = (3.4/20) \times \text{(current age}-3.1.1) \]

1 quit period during daily use:

\[ PY = [(3.4.1/20) \times (3.3.2.1-3.1.1)] + [(3.4.2/20) \times \text{(curr age}-3.3.2.2)] \]

2 (or more) quit periods during daily use:

\[ PY = [(3.4.1/20) \times (3.3.2.1-3.1.1)] + [(3.4.2/20) \times (3.3.3.1-3.3.2.2)] + [(3.4.3/20) \times \text{(curr age}-3.3.3.2)] \]
Tobacco Section

(Follow-Up Visits)

(Follow-up tobacco questionnaire is paper-based, and not administered in CASI)

The following questions are about smoking cigarettes.

TFU.1.0. Do you currently smoke cigarettes?

0. No <End of section>
1. Yes

TFU.1.1. On average, how many days per week do you usually smoke cigarettes?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

TFU.1.1.1. <Ask if TFU.1.1=0; otherwise, skip to TFU.1.2>

On average, how many days per month do you usually smoke cigarettes?

0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

TFU.1.2. On average, how many cigarettes do you usually smoke per day?

[Enter numeric value]

(Help box: There are 20 cigarettes in one pack)

<End of section (follow-up)>
<End of mandatory survey (follow-up)>
RTOG 1016
Optional Questionnaire

This survey will ask you about your background, including health, alcohol and drug use and sexual behaviors. Some of the questions are very personal. Some of the questions may be difficult for you to answer or may be hard to remember. If you cannot remember the exact answer, please make your best estimate. Please take as much time as you need and answer all questions honestly.

All of your answers are strictly confidential. Your responses to the survey will not be linked to your name or your medical record, and will only be identified by your study ID number. Only the principal researchers involved in the research (no local providers) will have access to this information. This information will not be released to anyone else at any time for any purpose.

DMG.1.0. Are you male or female?

1. Male
2. Female

DMG.2.0. What is your age in years?

[Enter numeric value]

Alcohol Use Section

(Baseline Visit)

The following questions are about drinking alcohol. Some of the questions may be difficult for you to answer or may be hard to remember. If you cannot remember the exact answer, please make your best estimate. Please take as much time as you need and answer all questions honestly.

ALC.1.0. Have you ever had a drink containing alcohol?

0. No <End of section>
1. Yes

---

ALC.1.1. How old were you when you first tried drinking alcohol? Enter age in years.

[Enter numeric value]

ALC.2.0. Did you ever drink alcohol regularly? By regularly, we mean at least once a month for six months or more.

  0. No <End of section>
  1. Yes

As you answer questions about your use of alcohol, a timeline will be created, showing your use of it. The timeline reappears after you enter more information about your use of alcohol.

You may need to scroll to see the entire timeline. Please check the timeline to make sure the events noted are listed at the correct age. If any are incorrect, please use the “Previous” button to go back and correct the age.

ALC.2.1. How old were you when you first started drinking alcohol regularly? Enter age in years.

(Help box: Regularly means at least once a month for six months or more)

[Enter numeric value]

<Begin timeline for regular use, starting with selected age>

ALC.2.2. Do you still drink alcohol regularly?

(Help box: Regularly means at least once a month)

  0. No
  1. Yes <Skip to ALC.3.0>

ALC.2.2.1. How old were you when you stopped drinking alcohol regularly? Enter age in years.

(Help box: Regularly means at least once a month)

[Enter numeric value]

<Update timeline with end of regular use>
<If answer (x) < (age-1), skip to ALC.3.0>
ALC.2.2.2. When did you have your last alcohol beverage?

1. Less than 6 months ago
2. 6 to less than 12 months ago
3. 1 year or more ago <option only available if quitAge = currentAge-1>

ALC.3.0. From age <regular start age from ALC.2.1> to <[If ALC.2.2=0, No: stop reg. use age from 2.2.1] [If ALC.2.2=1, Yes: “now”]>, what type(s) of alcohol beverage(s) would you usually drink? Please select all that apply:

1. Beer
2. Wine
3. Liquor or mixed drink
4. Other

ALC.4.0. We understand that drinking habits, such as how often and how much a person drinks, may change over time.

From age <regular start age from ALC.2.1> to <[If ALC.2.2=0, No: stop reg. use age from 2.2.1] [If ALC.2.2=1, Yes: “now”]>, would you say that your drinking habits (how often and/or how much you drank) changed significantly over time?

0. No
1. Yes <skip to ALC.6.0>

ALC.5.0. From age <regular start age from ALC.2.1> to <[If ALC.2.2=0, No: stop reg. use age from 2.2.1] [If ALC.2.2=1, Yes: “now”]>, how many days per week did you usually drink alcohol?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

ALC.5.0.1. <Ask if ALC.5.0=0; otherwise, skip to ALC.5.1>

From age <regular start age from ALC.2.1> to <[If ALC.2.2=0, No: stop reg. use age from 2.2.1] [If ALC.2.2=1, Yes: “now”]>, how many days per month did you usually drink alcohol?
0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

ALC.5.1. From age <regular start age from ALC.2.1> to <If ALC.2.2=0, No: stop reg. use age from 2.2.1] [If ALC.2.2=1, Yes: “now”], how many drinks did you USUALLY have on days that you drank alcohol?

(Help box: One drink equals a 12-ounce bottle of beer, a 5-ounce glass or wine, or a 1.5-ounce shot of liquor or a mixed drink containing a shot of liquor)

[Enter numeric value]

<For ALC.2.2=0: If ALC.2.2.1 minus ALC.2.1≤2, end of section; otherwise, ask ALC.5.2>
<For ALC.2.2=1: If current age minus ALC.2.1≤2, end of section; otherwise, ask ALC.5.2>

ALC.5.2. From age <regular start age from ALC.2.1> to <If ALC.2.2=0, No: stop reg. use age from ALC.2.2.1] [If ALC.2.2=1, Yes: “now”>, was there ever a period when you quit drinking alcohol for a year or more?

0. No <end of section>
1. Yes <Ask ALC.5.2.1>

ALC.5.2.1. From age <regular start age from ALC.2.1> to <If ALC.2.2=0, No: stop reg. use age from ALC.2.2.1] [If ALC.2.2=1, Yes: “now”>, for how many years did you quit drinking alcohol?

[Enter numeric value]

<If ALC.4.0=0, end of section>

The following questions ask you about the period of time when you used alcohol the most. For these questions, please think about the longest continuous period of time in your life when you drank the most.

ALC.6.0. Considering the entire time you drank alcohol in your life, think about the period of time when you used alcohol the most…

How many days per week did you usually drink alcohol?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

ALC.6.0.1. <Ask if ALC.6.0=0; otherwise, skip to ALC.6.0.2>

Considering the entire time you drank alcohol in your life, think about the period of time when you used alcohol the most…

How many days per month did you usually drink alcohol?

0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

ALC.6.0.2. Considering the entire time you drank alcohol in your life, think about the period of time when you used alcohol the most…

How many drinks did you USUALLY have on days that you drank alcohol?

(Help box: One drink equals a 12-ounce bottle of beer, a 5-ounce glass or wine, or a 1.5-ounce shot of liquor or a mixed drink containing a shot of liquor)

[Enter numeric value]

ALC.6.0.3. Considering the entire time you drank alcohol in your life, think about the period of time when you used alcohol the most.

At what age did you start drinking this amount? Enter age in years.

[Enter numeric value]

ALC.6.0.4. Considering the entire time you drank alcohol in your life, think about the period of time when you used alcohol the most.

At what age did you stop drinking this amount? Enter age in years.

(Help box: If you still drink this amount, enter your current age)
<Enter numeric value>

<Update timeline with “used the most”>

<If ALC.6.0.4 minus ALC.6.0.3 ≤ 2, skip to ALC.7.0; otherwise, ask ALC.6.0.5>

ALC.6.0.5. When you used alcohol the most, from age ALC.6.0.3 to ALC.6.0.4, was there ever a period when you quit drinking for a year or more?

0. No <Skip to ALC.7.0>
1. Yes <Ask ALC.6.0.5.1>

ALC.6.0.5.1. From age ALC.6.0.3 to ALC.6.0.4, for how many years did you quit drinking alcohol?

<Enter numeric value>

<If ALC.6.0.3 is greater than ALC.2.1, ask ALC.7.0; otherwise, skip to ALC.8.0>

ALC.7.0. From age <regular start age from ALC.2.1> to <start age of heaviest drinking from ALC.6.0.3>, how many days per week did you usually drink alcohol?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

ALC.7.0.1. <Ask if ALC.7.0 = 0; otherwise, skip to ALC.7.1>

From age <regular start age from ALC.2.1> to <start age of heaviest drinking from ALC.6.0.3>, how many days per month did you usually drink alcohol?

0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

ALC.7.1. From age <regular start age from ALC.2.1> to <start age of heaviest drinking from ALC.6.0.3>, how many drinks did you USUALLY have on days that you drank alcohol?
(Help box: One drink equals a 12-ounce bottle of beer, a 5-ounce glass or wine, or a 1.5-ounce shot of liquor or a mixed drink containing a shot of liquor)

[Enter numeric value]

< If ALC.6.0.3 minus ALC.2.1 ≤ 2, skip to ALC.8.0; otherwise, ask ALC.7.2>

ALC.7.2. From age <regular start age from ALC.2.1> to <start age of heaviest use from ALC.6.0.3>, was there ever a period when you quit drinking alcohol for a year or more?

0. No <Skip to ALC.8.0>
1. Yes <Ask ALC.7.2.1>

ALC.7.2.1. From age <regular start age from ALC.2.1> to <start age of heaviest use from ALC.6.0.3>, for how many years did you quit drinking alcohol?

[Enter numeric value]

<If ALC.2.2=1, “Yes,” & ALC.6.0.4 is less than current age, ask ALC.8.0; If ALC.2.2=0, “No” & ALC.6.0.4 is less than quit age ALC.2.2.1, ask ALC.8.0; otherwise, end of section>

ALC.8.0. From age <end age of heaviest drinking from ALC.6.0.4> to <[If ALC.2.2=0, No: stop reg. use age from ALC.2.2.1] [If ALC.2.2=1, Yes: “now”]>, how many days per week did you usually drink alcohol?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

ALC.8.0.1. <Ask if ALC.8.0=0; otherwise, skip to ALC.8.1>

From age <end age of heaviest drinking from ALC.6.0.4> to <[If ALC.2.2=0, No: stop reg. use age from ALC.2.2.1] [If ALC.2.2=1, Yes: “now”]>, how many days per month did you usually drink alcohol?

0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

ALC.8.1. From age <end age of heaviest drinking from ALC.6.0.4> to <[If ALC.2.2=0, No: stop reg. use age from ALC.2.2.1] [If ALC.2.2=1, Yes: “now”]>, how many drinks did you USUALLY have on days that you drank alcohol?

(Help box: One drink equals a 12-ounce bottle of beer, a 5-ounce glass or wine, or a 1.5-ounce shot of liquor or a mixed drink containing a shot of liquor)

[Enter numeric value]

<For ALC.2.2=0: If ALC.2.2.1 minus ALC.6.0.4≤2, end of section; otherwise, ask ALC.8.2>
<For ALC.2.2=1: If current age minus ALC.6.0.4≤2, end of section; otherwise, ask ALC.8.2>

ALC.8.2. From age <end age of heaviest use from ALC.6.0.4> to <[If ALC.2.2=0, No: stop reg. use age from ALC.2.2.1] [If ALC.2.2=1, Yes: “now”]>, was there ever a period when you quit drinking alcohol for a year or more?

0. No <end of section>
1. Yes <Ask ALC.8.2.1>

ALC.8.2.1. From age <end age of heaviest use from ALC.6.0.4> to <[If ALC.2.2=0, No: stop reg. use age from ALC.2.2.1] [If ALC.2.2=1, Yes: “now”]>, for how many years did you quit drinking alcohol?

[Enter numeric value]

<end of section>
Marijuana Use Section

(Baseline Visit)

The following questions are about smoking marijuana (pot). Some of the questions may be difficult for you to answer or may be hard to remember. If you cannot remember the exact answer, please make your best estimate. Please take as much time as you need and answer all questions honestly.

MRJ.1.0. Have you ever smoked marijuana or hashish?

0. No <End of section>
1. Yes

MRJ.1.1. How old were you when you first tried smoking marijuana or hashish? Enter age in years.

[Enter numeric value]

MRJ.2.0. Did you ever smoke marijuana or hashish regularly? By regularly, we mean at least once a month for six months or more.

0. No < End of section>
1. Yes

As you answer questions about your use of marijuana, a timeline will be created, showing your use of it. The timeline reappears after you enter more information about your use of marijuana.

You may need to scroll to see the entire timeline. Please check the timeline to make sure the events noted are listed at the correct age. If any are incorrect, please use the “Previous” button to go back and correct the age.

MRJ.2.1. How old were you when you first started smoking marijuana or hashish regularly? Enter age in years.

(Help box: Regularly means at least once a month for six months or more)

[Enter numeric value]

---

<Begin timeline for regular use, starting with selected age>

MRJ.2.2. Do you still smoke marijuana or hashish regularly?

(Help box: Regularly means at least once a month)

0. No
1. Yes <Skip to MRJ.3.0>

MRJ.2.2.1. How old were you when you stopped smoking marijuana or hashish regularly? Enter age in years.

(Help box: Regularly means at least once a month)

[Enter numeric value]

<Update timeline with end of regular use>
<If answer (x) < (age-1), skip to MRJ.3.0>

MRJ.2.2.2. When did you last smoke marijuana or hashish?

1. Less than 6 months ago
2. 6 to less than 12 months ago
3. 1 year or more ago <option only available if quitAge = currentAge-1>

MRJ.3.0. From age <regular start age from MRJ.2.1> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>, how would you usually smoke marijuana or hashish?

Please select all that apply:

1. Pipes or bowls
2. Joints
3. Bong or water pipe
4. Vaporizer
5. Other

MRJ.4.0. We understand that marijuana smoking habits, such as how often and how much a person smokes, may change over time.

From age <regular start age from MRJ.2.1> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>, would you say that your marijuana smoking habits (how often and/or how much you smoked) changed significantly over time?
MRJ.5.0. From age <regular start age from MRJ.2.1> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>; how many days per week did you usually smoke marijuana?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

MRJ.5.0.1. <Ask if MRJ.5.0=0; otherwise, skip to MRJ.5.1>

From age <regular start age from MRJ.2.1> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>; how many days per month did you usually smoke marijuana?

0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

MRJ.5.1. From age <regular start age from MRJ.2.1> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>; how many “hits” (inhalations or lungfuls) did you USUALLY smoke on days that you smoked marijuana?

[Enter numeric value]

<For MRJ.2.2=0: If MRJ.2.2.1 minus MRJ.2.1≤2, end of section; otherwise, ask MRJ.5.2>
<For MRJ.2.2=1: If current age minus MRJ.2.1≤2, end of section; otherwise, ask MRJ.5.2>

MRJ.5.2. From age <regular start age from MRJ.2.1> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>; was there ever a period when you quit smoking marijuana or hashish for a year or more?

0. No <end of section>
1. Yes <Ask MRJ.5.2.1>
MRJ.5.2.1. From age <regular start age from MRJ.2.1> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]> , for how many years did you quit smoking marijuana or hashish?

[Enter numeric value]

<If MRJ.4.0=0, end of section>

The following questions ask you about the period of time when you smoked marijuana the most. For these questions, please think about the longest continuous period of time in your life when you smoked the most.

MRJ.6.0. Considering the entire time you smoked marijuana in your life, think about the period of time when you smoked the most…

How many days per week did you usually smoke marijuana?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

MRJ.6.0.1. <Ask if MRJ.6.0=0; otherwise, skip to MRJ.6.0.2>

Considering the entire time you smoked marijuana in your life, think about the period of time when you smoked the most…

How many days per month did you usually smoke marijuana?

0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

MRJ.6.0.2. Considering the entire time you smoked marijuana in your life, think about the period of time when you smoked the most…
How many “hits” (inhalations or lungfuls) did you USUALLY smoke on days that you smoked marijuana?

[Enter numeric value]

MRJ.6.0.3. Considering the entire time you smoked marijuana in your life, think about the period of time when you smoked the most…

At what age did you start smoking this amount? Enter age in years.

[Enter numeric value]

MRJ.6.0.4. Considering the entire time you smoked marijuana in your life, think about the period of time when you smoked the most…

At what age did you stop smoking this amount? Enter age in years.

(Help box: If you still smoke this amount, enter your current age)

[Enter numeric value]

<Update timeline period MRJ.6.0.3 to MRJ.6.0.4 with “used the most”>

<If MRJ.6.0.4 minus MRJ.6.0.3 ≤ 2, skip to MRJ.7.0; otherwise, ask MRJ.6.0.5>

MRJ.6.0.5. When you smoked marijuana or hashish the most, from age <MRJ.6.0.3> to <MRJ.6.0.4>, was there ever a period when you quit smoking it for a year or more?

0. No <Skip to MRJ.7.0>
1. Yes <Ask TBC.6.0.5.1>

MRJ.6.0.5.1. From age <MRJ.6.0.3> to <MRJ.6.0.4>, for how many years did you quit smoking marijuana or hashish?

[Enter numeric value]

<If MRJ.6.0.3 is greater than MRJ.2.1, ask MRJ.7.0; otherwise, skip to MRJ.8.0>

MRJ.7.0. From age <regular start age from MRJ.2.1> to <start age of heaviest use from MRJ.6.0.3>, how many days per week did you usually smoke marijuana?
0. Less than 1 day per week  
1. 1  
2. 2  
3. 3  
4. 4  
5. 5  
6. 6  
7. 7  

MRJ.7.0.1. <Ask if MRJ.7.0=0; otherwise, skip to MRJ.7.1>  
From age <regular start age from MRJ.2.1> to <start age of heaviest use from MRJ.6.0.3>, how many days per month did you usually smoke marijuana?  
   0. Less than 1 time per month  
   1. Once a month  
   2. Twice a month  
   3. Three times per month  

MRJ.7.1. From age <regular start age from MRJ.2.1> to <start age of heaviest use from MRJ.6.0.3>, how many “hits” (inhalations or lungfuls) did you USUALLY smoke on days that you smoked marijuana?  
[Enter numeric value]  
< If MRJ.6.0.3 minus MRJ.2.1 < 2, skip to MRJ.8.0; otherwise, ask MRJ.7.2>  

MRJ.7.2. From age <regular start age from MRJ.2.1> to <start age of heaviest use from MRJ.6.0.3>, was there ever a period when you quit smoking marijuana or hashish for a year or more?  
   0. No <Skip to MRJ.8.0>  
   1. Yes <Ask MRJ.7.2.1>  

MRJ.7.2.1. From age <regular start age from MRJ.2.1> to <start age of heaviest use from MRJ.6.0.3>, for how many years did you quit smoking marijuana or hashish?  
[Enter numeric value]  
<For MRJ.2.2=0: If MRJ.6.0.4 is less than quit age MRJ.2.2.1, ask MRJ.8.0; otherwise, end of section>  
<For MRJ.2.2=1: If MRJ.6.0.4 is less than current age, ask MRJ.8.0; otherwise, end of section>
MRJ.8.0. From age <end age of heaviest use from MRJ.6.0.4> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>, how many days per week did you usually smoke marijuana?

0. Less than 1 day per week
1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7

MRJ.8.0.1. <Ask if MRJ.8.0=0; otherwise, skip to MRJ.8.1>

From age <end age of heaviest use from MRJ.6.0.4> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>, how many days per month did you usually smoke marijuana?

0. Less than 1 time per month
1. Once a month
2. Twice a month
3. Three times per month

MRJ.8.1. From age <end age of heaviest smoking from MRJ.6.0.4> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>, how many “hits” (inhalations or lungfuls) did you USUALLY smoke on days that you smoked marijuana?

[Enter numeric value]

<For MRJ.2.2=0: If MRJ.2.2.1 minus MRJ.6.0.4≤2, end of section; otherwise, ask MRJ.8.2>
<For MRJ.2.2=1: If current age minus MRJ.6.0.4≤2, end of section; otherwise, ask MRJ.8.2>

MRJ.8.2. From age <end age of heaviest use from MRJ.6.0.4> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>, was there ever a period when you quit smoking marijuana or hashish for a year or more?

0. No <skip to MRJ.8.0>
1. Yes <Ask MRJ.8.2.1>
MRJ.8.2.1. From age <end age of heaviest use from MRJ.6.0.4> to <[If MRJ.2.2=0, No: stop reg. use age from MRJ.2.2.1] [If MRJ.2.2=1, Yes: “now”]>, for how many years did you quit smoking marijuana or hashish?

[Enter numeric value]

<end of section>
Sexual Behavior/History Section

(Baseline Visit)

The following questions ask about your sexual history. We know this is very private information. Please do your best to answer the questions. We will ask you about your sexual history with both men and women. Some of the questions may be difficult for you to answer or may be hard to remember. If you cannot remember exactly, please make your best estimate. Please take as much time as you need and answer all questions honestly.

All of your answers are strictly confidential. Your responses to the survey will not be linked to your name, and will only be identified by your study ID number. Only the principal researchers involved in the research (no local providers) will have access to this information. This information will not be released to anyone else at any time for any purpose.

SXH.1.0. Have you ever had vaginal sex, also called sexual intercourse? [If male, display: “This means your penis in a woman’s vagina.”; If female, display: “This means a man’s penis in your vagina.”]

0. No <Skip to SXH.2.0>
1. Yes

SXH.1.1. With how many different people have you had vaginal sex in your life?

[Enter numeric value]

SXH.1.2. How long has it been since the last time you had vaginal sex with a new partner? A new sexual partner is someone that you had never had sex with before.

[Enter numeric value]

With:

Select one:

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)
SXH.2.0. Have you ever performed oral sex? This means putting your mouth or tongue on a sexual partner’s genitals.

0. No <Skip to SXH.3.0>
1. Yes

SXH.2.1. On how many different people have you performed oral sex in your life?

[Enter numeric value]

SXH.2.2. How long has it been since the last time you performed oral sex on a new partner? A new sexual partner is someone that you had never had sex with before.

[Enter numeric value]

With:

Select one:

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)

SXH.3.0.

In your lifetime, with how many people have you had any kind of sex?

[Enter numeric value]

<end of section>
Diet Section⁶

(Baseline Visit)

These questions are about the different kinds of foods you ate or drank during the past month, that is, the past 30 days. When answering, please include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else. Some of the questions may be difficult for you to answer or may be hard to remember. If you cannot remember the exact answer, please make your best estimate. Please take as much time as you need and answer all questions honestly.

DIT.1.0. During the past month, how often did you eat hot or cold cereals?

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

<Skip to DIT.2.0 if DIT.1.0=0>

DIT.1.1. During the past month, what kind of cereal did you usually eat?

[Select from pull-down list]

DIT.1.2. Was there an additional kind of cereal that you usually ate during the past month?

0. No <Skip to DIT.2.0>
1. Yes

DIT.1.3. If there was another kind of cereal that you usually ate during the past month, what kind was it:

[Select from pull-down list; at top “Only ate one kind of cereal”]

DIT.2.0. During the past month, how often did you have any milk (either to drink or on cereal)? Include regular milks, chocolate or other flavored milks, lactose-free milk, buttermilks. Please do not include soy milk or small amounts of milk in coffee or tea.

0. Never
1. 1 time last month

⁶ National Cancer Institute, Dietary Screener Questionnaire (DSQ). BRASS v2.0.
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2-3 times per day
9. 4-5 times per day
10. 6 or more times per day.

<Skip to DIT.3.0 if DIT.2.0=0>

DIT.2.1. During the past month, what kind of milk did you usually drink?

0. Whole or regular milk
1. 2% fat or reduced-fat milk
2. 1%, ½%, or low-fat milk
3. Fat-free, skim or nonfat milk
4. Other (Please specify)

DIT.3.0. During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2-3 times per day
9. 4-5 times per day
10. 6 or more times per day

DIT.4.0. During the past month, how often did you drink 100% pure fruit juices such as orange, mango, apple, grape and pineapple juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2-3 times per day
9. 4-5 times per day
10. 6 or more times per day

DIT.5.0. During the past month, how often did you drink coffee or tea that had sugar or honey added to it? Include coffee and tea you sweetened yourself and presweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino. Do not include artificially sweetened coffee or diet tea.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2-3 times per day
9. 4-5 times per day
10. 6 or more times per day

DIT.6.0. During the past month, how often did you drink sweetened fruit drinks, sports or energy drinks, such as Kool-Aid, lemonade, Hi-C, cranberry drink, Gatorade, Red Bull or Vitamin Water? Include fruit juices you made at home and added sugar to. Do not include diet drinks or artificially sweetened drinks.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2-3 times per day
9. 4-5 times per day
10. 6 or more times per day

DIT.7.0. During the past month, how often did you eat fruit? Include fresh, frozen or canned fruit. Do not include juices.
0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.8.0. During the past month, how often did you eat a green leafy or lettuce salad, with or without other vegetables?

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.9.0. During the past month, how often did you eat any kind of fried potatoes, including French fries, home fries, or hash brown potatoes?

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.10.0. During the past month, how often did you eat any other kind of potatoes, such as baked, boiled, mashed potatoes, sweet potatoes, or potato salad?

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.11.0. During the past month, how often did you eat refried beans, baked beans, beans in soup, pork and beans or any other type of cooked dried beans? Do not include green beans.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.12.0. During the past month, how often did you eat brown rice or other cooked whole grains, such as bulgur, cracked wheat or millet? Do not include white rice.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.13.0. During the past month, not including what you just told me about (green salads, potatoes, cooked dried beans), how often did you eat other vegetables?

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.14.0. During the past month, how often did you have Mexican-type salsa made with tomato?

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.15.0. During the past month, how often did you eat pizza? Include frozen pizza, fast food pizza, and homemade pizza.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day

DIT.16.0. During the past month, how often did you have tomato sauces such as with spaghetti or noodles or mixed into foods such as lasagna? Do not include tomato sauce on pizza.

0. Never
1. 1 time last month
2. 2-3 times last month
3. 1 time per week
4. 2 times per week
5. 3-4 times per week
6. 5-6 times per week
7. 1 time per day
8. 2 or more times per day
DIT.17.0. During the past month, how often did you eat any kind of cheese? Include cheese as a snack, cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. Do **not** include cheese on pizza.

0. Never  
1. 1 time last month  
2. 2-3 times last month  
3. 1 time per week  
4. 2 times per week  
5. 3-4 times per week  
6. 5-6 times per week  
7. 1 time per day  
8. 2 or more times per day  

DIT.18.0. During the past month, how often did you eat red meat, such as beef, pork, ham, or sausage?

(Help box: Do **not** include chicken, turkey or seafood. Include red meat you had in sandwiches, lasagna, stew and other mixtures. Red meats may also include veal, lamb, and any lunch meats made with these meats.)

0. Never  
1. 1 time last month  
2. 2-3 times last month  
3. 1 time per week  
4. 2 times per week  
5. 3-4 times per week  
6. 5-6 times per week  
7. 1 time per day  
8. 2 or more times per day  

DIT.19.0. During the past month, how often did you eat any processed meat, such as bacon, lunch meats, or hot dogs? Include processed meats you had in sandwiches, soups, pizza, casseroles, and other mixtures.

(Help box: Processed meats are those preserved by smoking, curing, or salting, or by the addition or preservatives. Examples are: ham, bacon, pastrami, salami, sausages, bratwursts, frankfurters, hot dogs, and spam.)

0. Never  
1. 1 time last month  
2. 2-3 times last month  
3. 1 time per week  
4. 2 times per week
5. 3-4 times per week  
6. 5-6 times per week  
7. 1 time per day  
8. 2 or more times per day

DIT.20.0. During the past month, how often did you eat whole grain bread including toast, rolls and in sandwiches?

(Help box: Whole grain breads include whole wheat, rye, oatmeal and pumpernickel. Do not include white bread.)

0. Never  
1. 1 time last month  
2. 2-3 times last month  
3. 1 time per week  
4. 2 times per week  
5. 3-4 times per week  
6. 5-6 times per week  
7. 1 time per day  
8. 2 or more times per day

DIT.21.0. During the past month, how often did you eat chocolate or any other types of candy? Do not include sugar-free candy.

0. Never  
1. 1 time last month  
2. 2-3 times last month  
3. 1 time per week  
4. 2 times per week  
5. 3-4 times per week  
6. 5-6 times per week  
7. 1 time per day  
8. 2 or more times per day

DIT.22.0. During the past month, how often did you eat doughnuts, sweet rolls, Danish, muffins, pan dulce, or pop-tarts? Do not include sugar-free items.

0. Never  
1. 1 time last month  
2. 2-3 times last month  
3. 1 time per week  
4. 2 times per week  
5. 3-4 times per week
DIT.23.0. During the past month, how often did you eat cookies, cake, pie or brownies? Do **not** include sugar-free kinds.

0. Never  
   1. 1 time last month  
   2. 2-3 times last month  
   3. 1 time per week  
   4. 2 times per week  
   5. 3-4 times per week  
   6. 5-6 times per week  
   7. 1 time per day  
   8. 2 or more times per day

DIT.24.0. During the past month, how often did you eat ice cream or other frozen desserts? Do **not** include sugar-free kinds.

0. Never  
   1. 1 time last month  
   2. 2-3 times last month  
   3. 1 time per week  
   4. 2 times per week  
   5. 3-4 times per week  
   6. 5-6 times per week  
   7. 1 time per day  
   8. 2 or more times per day

DIT.25.0. During the past month, how often did you eat popcorn?

0. Never  
   1. 1 time last month  
   2. 2-3 times last month  
   3. 1 time per week  
   4. 2 times per week  
   5. 3-4 times per week  
   6. 5-6 times per week  
   7. 1 time per day  
   8. 2 or more times per day
DIT.26.0. Has your usual diet changed because of illness within the past 12 months?

0. No
1. Yes

<End of section>
Family Cancer History Section

(Baseline Visit)

(Respondent previous cancer history)

The following questions ask about your previous cancer history.

FCH.1.0. Have you ever had a previous cancer?

0. No <skip to FCH.2.0>
1. Yes
2. Don’t know / Unsure <skip to FCH.2.0>

FCH.1.1

Scroll through this list of cancers, and choose the type(s) of previous cancer you have had. Enter the age of diagnosis in the box next to the cancer type. You may select more than one type of cancer. If you are unsure of the age of diagnosis, please make your best guess. If you are unsure of the cancer type, select “unknown cancer type.” When finished, click “next” at the bottom of the screen.

If you need more information about a particular cancer, click on the “?” next to its name, and a help box with information will appear.

[Next to each cancer type will be a check box (left side) and a box with “Age of Diagnoses” (right side)]

1. Breast

[Display options 2-3 only if respondent is male]

Male cancers

2. Prostate
3. Testicular

[Display options 4-6 only if respondent is female]

Female cancers

4. Cervical
5. Ovarian
6. Uterine

7. Lung

Digestive System

8. Colon/Rectum
9. Small Intestine
10. Stomach
11. Pancreas

Blood and Bone Marrow

12. Leukemia
13. Non-Hodgkin Lymphoma
14. Hodgkin Lymphoma
15. Multiple Myeloma

Kidney and Bladder

16. Bladder
17. Kidney

Head/Neck

18. Brain Tumor
19. Esophagus
20. Larynx
21. Mouth
22. Throat

Thyroid

23. Medullary Thyroid
24. Other Thyroid (papillary or follicular)

Skin

25. Skin Cancer – Basal Cell
26. Skin Cancer – Squamous Cell
27. Skin Cancer – Melanoma

28. Unknown Cancer Type

Other Cancers

29. Adrenal Gland
30. Bone/Osteosarcoma
31. Liver
32. Paraganglioma
33. Parathyroid Gland
34. Pheochromocytoma
35. Pituitary Gland
36. Retinoblastoma
37. Sarcoma
38. Wilms’ Tumor

[Next screen]

Please review the information about your previous cancer history. If you need to change any information, click on “Yourself”.

If there are no corrections to make, select the “Submit” button.

[A table of information entered for respondent’s previous cancer history is displayed, with the following fields: “Yourself”, Cancer Type(s), Age of Diagnosis]

(Family Cancer History)

The following questions will ask information about your family, and if any family members have or have had cancer.

The following questions apply only to your blood relatives, both living and deceased. Do not include adopted, foster, or step relatives.

FCH.2.0. Do you have blood-related sisters?

0. No <Skip to FCH.3.0>
1. Yes
2. Don’t know / Unsure <Skip to FCH.3.0>

FCH.2.1. How many blood-related sisters do you have?

[Enter numeric value]

FCH.3.0. Do you have blood-related brothers?

0. No <Skip to FCH.4.0>
1. Yes
2. Don’t know / Unsure <Skip to FCH.4.0>
FCH.3.1. How many blood-related brothers do you have?
[Enter numeric value]

FCH.4.0. Do you have blood-related daughters?

0. No <Skip to 5.0>
1. Yes
2. Don’t know / Unsure <Skip to 5.0>

FCH.4.1. How many blood-related daughters do you have?
[Enter numeric value]

FCH.5.0. Do you have blood-related sons?

0. No <Skip to FCH.6.0>
1. Yes
2. Don’t know / Unsure <Skip to FCH.6.0>

FCH.5.1. How many blood-related sons do you have?
[Enter numeric value]

FCH.6.0. What best describes your birth mother’s ancestry?

0. Jewish
1. Non-Jewish
2. Don’t know/unsure

(Note: We ask this question because research has shown that people of Ashkenazi Jewish descent from Eastern Europe may be at an increased risk for certain cancers)

FCH.6.1. What best describes your birth father’s ancestry?

0. Jewish
1. Non-Jewish
2. Don’t know/unsure

(Note: We ask this question because research has shown that people of Ashkenazi Jewish descent from Eastern Europe may be at an increased risk for certain cancers)

FCH.7.0. Have any of your blood-related family members ever had cancer, or have cancer now?

(Note: Please include both living and deceased blood relatives.)
0. No
1. Yes
2. Don’t know/unsure

[If options 0 or 2 selected, end of section. If option 1 selected, continue]

Next, we want to ask questions about all family members, living and deceased, who have or have had cancer. On the following page, you will create a list of family members who have or have had cancer. You will enter information about each family member one at a time. To start or add to the list, tap “Tap here to add family member.”

FCH.8.0. Please indicate your family member who has or has had cancer. (Select only one)

1. Father
2. Mother
3. Sister
4. Brother
5. Son
6. Daughter
7. Mother’s mother (grandmother)
8. Mother’s father (grandfather)
9. Mother’s sister (aunt)
10. Mother’s brother (uncle)
11. Father’s mother (grandmother)
12. Father’s father (grandfather)
13. Father’s sister (aunt)
14. Father’s brother (uncle)
15. Niece
16. Nephew
17. Grandson
18. Granddaughter
19. Half-brother
20. Half-sister

FCH.8.1. Enter the first name of your family member.

(Note: For privacy reasons, please do not use full names for your family members)

[Enter text]

FCH.8.2. Did this family member ever smoke or chew tobacco for a year or more?

0. No
1. Yes
2. Don’t know/unsure
FHC.8.3. Is this family member still living?

0. No
1. Yes
2. Don’t know/unsure

FCH.8.4.

[Display at top of screen: “Cancer History for {First Name} ({Relationship to respondent})”]

Scroll through this list of cancers, and choose the type(s) of cancer this family member has or has had. Enter the age of diagnosis in the box next to the cancer type. You may select more than one type of cancer. If you are unsure of the age of diagnosis, please make your best guess. If you are unsure of the cancer type, select “unknown cancer type.” When finished, click “OK” at the bottom of the screen.

If you need more information about a particular cancer, click on the “?” next to its name, and a help box with information will appear.

[Next to each cancer type will be a check box (left side) and a box with “Age of Diagnoses” (right side)]

1. Breast

[Display options 2-3 only if information about a male relative is being entered]

Male cancers

2. Prostate
3. Testicular

[Display options 4-6 only if information about a female relative is being entered]

Female cancers

4. Cervical
5. Ovarian
6. Uterine

7. Lung

Digestive System

8. Colon/Rectum
9. Small Intestine
10. Stomach
11. Pancreas

Blood and Bone Marrow

12. Leukemia
13. Non-Hodgkin Lymphoma
14. Hodgkin Lymphoma
15. Multiple Myeloma

Kidney and Bladder

16. Bladder
17. Kidney

Head/Neck

18. Brain Tumor
19. Esophagus
20. Larynx
21. Mouth
22. Throat

Thyroid

23. Medullary Thyroid
24. Other Thyroid (papillary or follicular)

Skin

25. Skin Cancer – Basal Cell
26. Skin Cancer – Squamous Cell
27. Skin Cancer – Melanoma

28. Unknown Cancer Type

Other Cancers

29. Adrenal Gland
30. Bone/Osteosarcoma
31. Liver
32. Paraganglioma
33. Parathyroid Gland
34. Pheochromocytoma
35. Pituitary Gland
36. Retinoblastoma
37. Sarcoma
38. Wilms’ Tumor

[Next screen]

Please review the information about your family member(s). If you need to change any information, click on the family member’s name.

If you need to add a new family member who has or has had cancer, select the “Add Family Member” button. If there are no additional family members who have or have had cancer, select the “Submit” button.

[A table of information entered for family member(s) is displayed, with the following fields: First name, Relationship, Living?, Cancer Type(s), Age of Diagnosis]

[For each additional family member added, +1 is added to the question number in the output database. So, a person who entered 2 family members will have questions for the first family member recorded as FCH.8.X, and questions for the second family member recorded as FCH.9.X]

[If “Add Family Member” button is selected, repeat questions FCH.8.0-FCH.8.4 If “Submit” button is selected, end of section]

[Information about specific cancers follows. This information is displayed only if the cancer name is selected, as indicated in the directions for questions FCH.1.1 & FCH.8.4.]

**Breast**
This is a very common female cancer and it is seen in women of all ages. Men can also have breast cancer. This cancer is often found by a mammogram or by feeling a mass in the breast. This cancer is treated with mastectomy or lumpectomy followed by radiation therapy and often chemotherapy.

**Prostate**
This is a very common male cancer and it is often seen in older men. This cancer is found with a PSA blood test and the man may have problems passing urine. This cancer is treated with radiation implants and/or some combination of surgery, radiation therapy, and hormone therapy.

**Testicular**
This is a cancer of one or both testicles and it is often seen in young men. This cancer is often found by feeling a mass in the testicles. This cancer is treated with surgery and may require chemotherapy.

**Cervical**
This is a very common female cancer and it is most often found in young women. This cancer is often found by a Pap smear and can be treated by freezing the cancer cells, (called cryotherapy), removing the cancer cells in the cervix (called a biopsy), or to remove the cervix. Treatment may also include radiation therapy or chemotherapy.
Ovarian
This cancer is often found in older women. This cancer cannot be detected by a Pap Smear and is often found at late stages because the symptoms are vague. Symptoms may include abdominal bloating (can look pregnant), pain, and flu-like symptoms. This cancer is treated by a total hysterectomy with removal of the ovaries and almost always requires chemotherapy.

Uterine
This is a cancer of the lining of the uterus and is often seen in middle aged women. This cancer is not often found by a Pap Smear. It often presents with heavy bleeding between periods or after menopause. This cancer is treated by hysterectomy and sometimes requires chemotherapy or radiation therapy.

Lung
The most common cancer in men and women aside from skin cancers. This cancer is more common in smokers. Persistent cough or breathing problems are common signs. A more rare type of lung cancer called mesothelioma is caused by asbestos exposure. X-ray, CT scan or MRI of the chest can be used to find lung cancer. This cancer is often treated with surgery and radiation.

Colon/Rectum
This is a very common cancer in both men and women. Symptoms may include feeling tired and having low blood counts called anemia, weight loss, stool changes, or blood in the stool. It is often found by colonoscopy or sigmoidoscopy. The first 6 feet of the large intestine is called the colon and the last 6 inches are the rectum and anal canal. Colon cancer is treated with surgery and chemotherapy. Rectal cancer is often treated first with radiation therapy followed by surgery and chemotherapy.

Small Intestine
This is a cancer in the small intestine which connects the stomach to the large intestine (also called the colon). Symptoms may include feeling tired and having low blood counts (called anemia), weight loss, or not being able to pass stool. CT scans, MRI, or barium enema are tests to find the cancer. This cancer requires surgery and chemotherapy.

Stomach
This is a less common cancer in America (but very common in Asian countries). It may cause digestive problems and weight loss. There are several types of stomach cancer. This cancer may be found with an endoscopy, CT scan or MRI. It is treated with surgery and chemotherapy.

Pancreas
This is a cancer in the pancreas, an organ that produces insulin and digestive enzymes. It is very hard to detect. It is often found at late stages and many people survive only a few months after their diagnosis.

Leukemia
Leukemia is a group of disorders that affect the blood forming cells in the bone marrow. It causes large numbers of blood cells to be made and to enter the bloodstream. Leukemia may be acute or chronic. Acute means that the disease progresses rapidly. The cells that it affects are never fully mature and have problems doing their normal function. Chronic means it is a slowly progressing disease. The cells that it affects are more mature than in acute leukemia. They can still carry out some normal functions but the cells are present in fewer numbers.

Non-Hodgkin Lymphoma
Lymphomas are a group of immune system disorders. The white blood cells normally help fight off infectious disease. They are often found in the blood stream and in the lymph nodes. If the lymphocytes grow out of control, the lymph nodes enlarge. Other parts of the lymphatic system which may be infected are the spleen, the bone marrow, and the thymus. There are two main subtypes: Hodgkin’s lymphoma (disease; a separate entry) and non-Hodgkin’s lymphoma. Non-Hodgkin's lymphomas can be further divided into cancers that have a slow-growing course and those that have a fast-growing course. These subtypes behave and respond to treatment differently. Non-Hodgkin's lymphomas can occur in children and adults, and the treatment depends on the stage and the type of cancer.

Hodgkin Lymphoma
Lymphomas are a group of immune system disorders. The white blood cells normally help fight off infectious disease. They are often found in the blood stream and in the lymph nodes. If the lymphocytes grow out of control, the lymph nodes enlarge. Other parts of the lymphatic system which may be infected are the spleen, the bone marrow, and the thymus. There are two main subtypes: Hodgkin’s lymphoma (disease) and non-Hodgkin’s lymphoma (a separate entry). Hodgkin's lymphoma is marked by the presence of a type of cell called the Reed-Sternberg cell. Hodgkin's lymphoma can occur in children and adults and treatment depends on the stage and the type of cancer.

Multiple Myeloma
Multiple myeloma is a type of blood cancer formed by plasma cells. Normal plasma cells are part of the immune system. Each plasma cell makes antibodies. These antibodies normally attack and help kill disease-causing germs or bacteria. When plasma cells grow out of control they can produce a tumor. These tumors can grow in several sites, especially in the soft middle parts of bone called the bone marrow. The tumors crowd out the normal growth of other blood cells, such as white blood cells, red blood cells, and platelets. People therefore have an increased risk of bacterial infections and anemia. When these tumors grow in multiple sites they are referred to as multiple myeloma. It is treated with bone marrow transplant and chemotherapy.

Bladder
The bladder is the organ that stores urine until it leaves the body. This cancer is often seen with urination problems or blood in the urine. This cancer is more common in older males and smoking is a risk factor. It is often found by cystoscopy and treated with surgery and chemotherapy.

Kidney
The kidneys are organs on the right and left side of the back which filter and clean the blood, taking out waste products and producing urine. Cancer of the kidneys is also known as renal cell carcinoma. Smoking and certain over-the-counter pain medications are risk factors for kidney cancer. This cancer can cause blood in the urine, pain or pressure in the side or back that does not go away, or a hard lump or mass in the stomach or kidney area. It is often treated with surgery, chemotherapy, radiation therapy and/or biologic therapy.

**Brain Tumor**
Although brain tumors can arise at any age the most common ages are from 3-12 years and 40-70 years. There are many types of brain tumors. Each is named for the tissue or cell type from which they arise. Cancers of the brain are often found after seizures or problems with balance or vision. They are found using CT scan or MRI. Treatment often includes surgery and radiation therapy.

**Esophagus**
This cancer occurs in the esophagus which connects the throat to the stomach. This cancer may cause the person to not be able to swallow foods causing weight loss. It is often found with an endoscopy. It is usually treated with radiation therapy before surgery and then with chemotherapy after surgery.

**Larynx**
Cancer that affects the vocal cords of the throat, also called the “voice box”. More common in smokers, this cancer often causes the loss of one’s voice and is treated with surgery.

**Mouth**
This can include cancers of the tongue, salivary glands, or surface of the mouth. These cancers are most often treated with surgery.

**Throat**
This involves the area through which food passes after swallowing. This cancer is often treated with surgery and sometimes radiation therapy.

**Medullary Thyroid**
Cancer of the c-cells of the thyroid, this is one of the most rare types of thyroid cancer. It grows fast and is often found by elevated calcitonin levels in the blood, feeling a mass in the thyroid in the neck, or with ultrasound testing. This cancer is treated by surgery and sometimes radiation therapy.

**Other Thyroid (papillary or follicular)**
The most common type of thyroid cancer is papillary thyroid cancer. It occurs more often in women than in men and in people exposed to radiation. This cancer is often found by feeling a mass in the thyroid and ultrasound testing. This cancer is treated by surgery and sometimes radioactive iodine ablation.

**Basal Cell**
A very common cancer in men and women, these cancers tend to occur in middle to older aged individuals on sun-exposed areas such as the face, back, and shoulders. They are usually treated with removal of the affected skin tissue.

**Squamous Cell**
A very common cancer in men and women, these cancers tend to occur in middle to older aged individuals on sun-exposed areas such as the face, back, and shoulders. They are usually treated with removal of the affected skin tissue.

**Melanoma**
Cancer of the cells in the skin that produce melanin, the pigment of the skin. These cancers usually occur in moles that change color, shape, size, or symmetry. This cancer is common in people with excess sun exposure. These cancers require surgery and often chemotherapy.

**Unknown Cancer Type**
Select this if you are not sure of the type of cancer.

**Adrenal Gland**
The adrenal glands are a pair of endocrine glands near the kidneys that produce hormones. These hormones help regulate heart rate, blood pressure and the way the body uses food. Cancer of the adrenal gland is rare. It is also known as pheochromocytoma (which is a separate entry) or adrenocortical carcinoma.

**Bone**
Also known as osteosarcoma, true bone cancers are not common. They are often found when fractures occur with minor trauma and are then treated with surgery and radiation therapy. It is more common to have cancer from another organ that spreads to the bone.

**Liver**
Liver cancers are not common. Risk factors include cirrhosis from alcoholism or hepatitis. Symptoms include jaundice (yellow coloring of the skin) or abnormal liver function tests or may show on CT scans or MRI. This cancer is treated with chemotherapy and sometimes surgery. It is more common to have cancer from another organ such as the colon spread to the liver.

**Paraganglioma**
Paragangliomas are rare, often benign, slow growing tumors from special cells of the nervous system. Paragangliomas are most often found in the head and neck. These tumors can cause problems with speech, facial palsy, and middle ear deafness. If left untreated these tumors can spread to the lungs or lymph nodes. In some instances, these tumors can also form in cells near the heart and adrenal glands.

**Parathyroid Gland**
These are four glands near the thyroid in the neck that produce a hormone that helps the body store and use calcium. Cancer of the parathyroid glands is rare, while hyperplasia is more common. Symptoms include kidney stones from excess calcium and treatment is often surgical removal of the affected gland(s).
**Pheochromocytoma**
Pheochromoctyomas are rare, most often benign tumors that develop in the adrenal gland. The adrenals are small glands that sit on top of each of the kidneys and produce hormones. These hormones help regulate heart rate, blood pressure and the way the body uses food. These hormones are also responsible for your “flight or fright” reaction. Adrenal gland tumors cause an increase in the production of these hormones resulting in high blood pressure, rapid heart rate, sweating and severe anxiety, and chronic nausea and/or vomiting.

**Pituitary Gland**
The pituitary gland produces hormones that control other glands and many body functions, especially growth. Pituitary adenomas are seen in early adulthood in both males and females.

**Retinoblastoma**
Retinoblastoma is a cancer of the retina, the very back portion of the eye. It is the most common type of eye cancer in children. Most children with retinoblastoma are under four years of age. Very rarely, adults may develop this disease. Retinoblastoma can affect one eye or both eyes. Treatment often includes removal of the eye.

**Sarcoma**
There are two main types of sarcoma: soft tissue sarcomas and osteosarcoma. Soft tissue sarcomas are cancerous tumors that can develop from fat, muscle, nerve, joint, blood vessel, or deep skin tissues. They can develop in any part of the body. Osteosarcoma (which is a separate entry) is a disease in which cancer cells are found in the bone. It is the most common type of bone cancer. Osteosarcoma often occurs in adolescents and young adults with the most common ages ranging from 10-25 years. The area of an osteosarcoma does not have the strength of normal bone and tends to break through the tumor.

**Wilms' Tumor**
Wilms' tumor is a disease of the kidneys, the two reddish-brown bean-shaped organs found above the waist, on each side of the body. It is the most common type of kidney cancer that affects children. In fact, about 95% of kidney cancers that occur in children are Wilms' tumors. It occurs most often in the first 5 years of life, usually around ages 3 and 4. Very rarely, adults may develop Wilms' tumors.

<End of section>
Oral Health Section\textsuperscript{8}

(Baseline Visit)

The next questions will ask about the condition of your teeth and some factors related to oral health.

ORL.1.0 On average as an adult, how often have you seen a dentist for a dental check-up or cleaning?

0. I have never seen a dentist for a dental check-up or cleaning
1. Every 5 years or longer
2. Every 2 to less than 5 years
3. Every 1 to less than 2 years
4. More than once a year

ORL.2.0 On average as an adult, how frequently would you brush your teeth?

0. Not at all
1. Less than once a month
2. 2-3 times a month
3. Once a week
4. 2-6 times a week
5. Once per day
6. Several times a day.

ORL.3.0 On average as an adult, how often would you floss your teeth?

0. Not at all
1. Less than once a month
2. 2-3 times a month
3. Once a week
4. 2-6 times a week
5. Once per day
6. Several times a day.

ORL.4.0 On average as an adult, how often would you use mouthwash?

0. Not at all <Skip to ORL.5.0>
1. Less than once a month
2. 2-3 times a month

\textsuperscript{8} Questions derived from NHANES 2009-2010 and BRFSS 2010. BRASS v2.0 (MODIFIED).
3. Once a week
4. 2-6 times a week
5. Once per day
6. Several times a day.

ORL.4.1. Which brand of mouthwash do you usually use?

[List of common brands]

ORL.4.2. Is there an additional brand of mouthwash you usually use?

0. No <Skip to ORL.5.0>
1. Yes

ORL.4.3. If there is another brand of mouthwash that you usually use, what kind is it?

[Select from pull-down list]

ORL.5.0. Do you have a history of mouth canker sores, aphthous ulcers, or painful mouth ulcers?

0. No <skip to ORL.7.0>
1. Yes
2. Unsure <skip to ORL.7.0>

ORL.5.1. As an adult, how often would you have cancer sores, aphthous ulcers, or mouth ulcers?

0. Less than once per year
1. 1-3 times a year
2. 4-6 times a year
3. 7-12 times a year
4. More than 12 times a year

ORL.6.0. Do you have a history of lip sores, fever blisters, cold sores, or oral herpes?

0. No <skip to ORL.8.0>
1. Yes
2. Unsure <skip to ORL.8.0>
ORL.6.1. As an adult, how often would you have lip sores, fever blisters, cold sores, or oral herpes?

0. Less than once per year
1. 1-3 times a year
2. 4-6 times a year
3. 7-12 times a year
4. More than 12 times a year

ORL.7.0. Prior to your current cancer diagnosis, had your tonsils been removed?

0. No
1. Yes
2. Don’t know/unsure

ORL.8.0. In your lifetime, have you ever had strep throat or tonsillitis requiring antibiotic treatment?

0. No <skip to ORL.10.0>
1. Yes
2. Don’t know/unsure <skip to ORL.10.0>

ORL.8.1. In your lifetime, how many times have you had strep throat or tonsillitis?

0. Once
1. Twice
2. Three times
3. Four or more times

ORL.9.0. On average as an adult, how often would your gums bleed when you brush and/or floss your teeth?

0. Not at all
1. Less than once a month
2. 2-3 times a month
3. Once a week
4. 2-6 times a week
5. Once per day
6. Several times a day.
ORL.10.0. Has a dental health professional ever told you that you have gum disease or periodontitis?

0. No
1. Yes
2. Don’t know/unsure

ORL.11.0. Have you ever had to have a deep cleaning, antibiotics or gum surgery because of gum disease or periodontitis?

0. No
1. Yes
2. Don’t know/unsure

ORL.12.0. Which of the following applies to you?

0. I have all or most of my natural teeth
1. I have partial plates or implants
2. I have full upper dentures (plates) or implants
3. I have full lower dentures (plates) or implants
4. I have upper and lower dentures
5. None of the above.

ORL.13.0. Have you lost any of your natural adult (permanent) teeth because of tooth decay or gum disease?

0. No <end of section>
1. Yes
2. Unsure <end of section>

ORL.13.1. How old were you when you first lost an adult (permanent) tooth because of tooth decay or gum disease? Enter age in years.

[Enter numeric value]

ORL.14.0. Have you lost all of your natural adult (permanent) teeth?

0. No <end of section>
1. Yes
2. Unsure <end of section>
ORL.14.1. How old were you when you lost all of your adult (permanent) teeth? Enter age in years.

[Enter numeric value]

<End of section>
EORTC QLQ-C30 (version 3)
(Baseline & Follow-Up Visits)

We are interested in some things about you and your health. Please answer all of the questions yourself by selecting the option that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

C30.1.0. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.2.0. Do you have any trouble taking a long walk?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.3.0. Do you have any trouble taking a short walk outside of the house?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.4.0. Do you need to stay in bed or a chair during the day?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.5.0. Do you need help with eating, dressing, washing yourself or using the toilet?

1. Not at all
2. A little
3. Quite a bit
4. Very much
C30.6.0. During the past week, were you limited in doing either your work or other daily activities?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.7.0. During the past week, were you limited in pursuing your hobbies or other leisure time activities?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.8.0. During the past week, were you short of breath?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.9.0. During the past week, have you had pain?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.10.0. During the past week, did you need to rest?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.11.0. During the past week, have you had trouble sleeping?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.12.0. During the past week, have you felt weak?
1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.13.0. During the past week, have you lacked appetite?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.14.0. During the past week, have you felt nauseated?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.15.0. During the past week, have you vomited?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.16.0. During the past week, have you been constipated?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.17.0. During the past week, have you had diarrhea?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.18.0. During the past week, were you tired?

1. Not at all
2. A little
3. Quite a bit
4. Very much
C30.19.0. During the past week, did pain interfere with your daily activities?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.20.0. During the past week, have you had difficulty in concentrating on things, like reading a newspaper or watching television?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.21.0. During the past week, did you feel tense?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.22.0. During the past week, did you worry?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.23.0. During the past week, did you feel irritable?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.24.0. During the past week, did you feel depressed?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.25.0. During the past week, have you had difficulty remembering things?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.26.0. During the past week, has your physical condition or medical treatment interfered with your family life?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.27.0. During the past week, has your physical condition or medical treatment interfered with your social activities?

1. Not at all
2. A little
3. Quite a bit
4. Very much

C30.28.0. During the past week, has your physical condition or medical treatment caused you financial difficulties?

1. Not at all
2. A little
3. Quite a bit
4. Very much

For the following questions please select the number between 1 and 7 that best applies to you, with 1 representing very poor and 7 representing excellent.

C30.29.0. How would you rate your overall health during the past week?

[Help box: To select a number, tap the circle at the end of the scale and drag it to that number.]

1. Very poor
2.
3.
4.
5.
6.
7. Excellent

C30.30.0. How would you rate your overall quality of life during the past week?

1. Very poor
2.
3.
4.
5.
6.
7. Excellent

[Help box: To select a number, tap the circle at the end of the scale and drag it to that number.]

<end of section>
EORTC QLQ - H&N35
(Baseline & Follow-Up Visits)

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by selecting the option that best applies to you.

HN35.1.0. During the past week, have you had pain in your mouth?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.2.0. During the past week, have you had pain in your jaw?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.3.0. During the past week, have you had soreness in your mouth?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.4.0. During the past week, have you had a painful throat?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.5.0. During the past week, have you had problems swallowing liquids?

1. Not at all
2. A little
3. Quite a bit
4. Very much
HN35.6.0. During the past week, have you had problems swallowing pureed food?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.7.0. During the past week, have you had problems swallowing solid food?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.8.0. During the past week, have you choked when swallowing?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.9.0. During the past week, have you had problems with your teeth?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.10.0. During the past week, have you had problems opening your mouth wide?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.11.0. During the past week, have you had a dry mouth?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.12.0. During the past week, have you had sticky saliva?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.13.0. During the past week, have you had problems with your sense of smell?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.14.0. During the past week, have you had problems with your sense of taste?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.15.0. During the past week, have you coughed?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.16.0. During the past week, have you been hoarse?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.17.0. During the past week, have you felt ill?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.18.0. During the past week, has your appearance bothered you?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.19.0. During the past week, have you had trouble eating?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.20.0. During the past week, have you had trouble eating in front of your family?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.21.0. During the past week, have you had trouble eating in front of other people?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.22.0. During the past week, have you had trouble enjoying your meals?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.23.0. During the past week, have you had trouble talking to other people?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.24.0. During the past week, have you had trouble talking on the telephone?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.25.0. During the past week, have you had trouble having social contact with your family?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.26.0. During the past week, have you had trouble having social contact with friends?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.27.0. During the past week, have you had trouble going out in public?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.28.0. During the past week, have you had trouble having physical contact with family or friends?

1. Not at all
2. A little
3. Quite a bit
4. Very much
HN35.29.0. During the past week, have you felt less interest in sex?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.30.0. During the past week, have you felt less sexual enjoyment?

1. Not at all
2. A little
3. Quite a bit
4. Very much

HN35.31.0. During the past week, have you used pain-killers?

1. No
2. Yes

HN35.32.0. During the past week, have you taken any nutritional supplements (excluding vitamins)?

1. No
2. Yes

HN35.33.0. During the past week, have you used a feeding tube?

1. No
2. Yes

HN35.34.0. During the past week, have you lost weight?

1. No
2. Yes

HN35.35.0. During the past week, have you gained weight?

1. No
2. Yes

<end of section>
RTOG 1016 PRO-CTCAE H&N assessment
(Baseline & Follow-Up Visits)

For the following questions, please think back over the past 7 days.

CTCAE.1.0. Over the past 7 days, how OFTEN did you have nausea?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

CTCAE.2.0. Over the past 7 days, what was the SEVERITY of your nausea at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.3.0. Over the past 7 days, did you lose any fingernails or toenails?

1. Yes
2. No

CTCAE.4.0. Over the past 7 days, what was the SEVERITY of your acne or pimples on the face or chest at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.5.0. Over the past 7 days, what was the SEVERITY of your numbness or tingling in your hands or feet at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe
CTCAE.6.0. Over the past 7 days, how much did numbness or tingling in your hands or feet INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.7.0. Over the past 7 days, what was the SEVERITY of your cough at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.8.0. Over the past 7 days, how much did cough INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.9.0. Over the past 7 days, did you have any rash?

1. Yes
2. No

CTCAE.10.0. Over the past 7 days, how OFTEN did you feel anxiety?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

CTCAE.11.0. Over the past 7 days, what was the SEVERITY of your anxiety at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe
CTCAE.12.0. Over the past 7 days, how much did anxiety INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.13.0. Over the past 7 days, what was the SEVERITY of your insomnia (including difficulty falling asleep, staying asleep, or waking up early) at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.14.0. Over the past 7 days, how much did insomnia (including difficulty falling asleep, staying asleep, or waking up early) INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.15.0. Over the past 7 days, how OFTEN did you have sad or unhappy feelings?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

CTCAE.16.0. Over the past 7 days, what was the SEVERITY of your sad or unhappy feelings at their worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe
CTCAE.17.0. Over the past 7 days, how much did sad or unhappy feelings INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.18.0. Over the past 7 days, how OFTEN did you feel that nothing could cheer you up?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

CTCAE.19.0. Over the past 7 days, what was the SEVERITY of your feelings that nothing could cheer you up at their WORST?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.20.0. Over the past 7 days, how much did feeling that nothing could cheer you up INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.21.0. Over the past 7 days, what was the SEVERITY of your mouth or throat sores at their worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.22.0. Over the past 7 days, how much did mouth or throat sores INTERFERE with your usual or daily activities?
1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.23.0. Over the past 7 days, did you have any hair loss?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.24.0. Over the past 7 days, what was the SEVERITY of your difficulty swallowing at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.25.0. Over the past 7 days, how OFTEN did you have vomiting?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

CTCAE.26.0. Over the past 7 days, what was the SEVERITY of your vomiting at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.27.0. Over the past 7 days, how OFTEN did you have heartburn?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

CTCAE.28.0. Over the past 7 days, what was the SEVERITY of your heartburn at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.29.0. Over the past 7 days, what was the SEVERITY of your fatigue, tiredness, or lack of energy at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.30.0. Over the past 7 days, how much did fatigue, tiredness, or lack of energy INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.31.0. Over the past 7 days, what was the SEVERITY of your constipation at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.32.0. Over the past 7 days, what was the SEVERITY of your skin burns from radiation at their worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe
CTCAE.33.0. Over the past 7 days, what was the SEVERITY of ringing in your ears at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.34.0. Over the past 7 days, what was the SEVERITY of your itchy skin at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.35.0. Over the past 7 days, what was the SEVERITY of your dry skin at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.36.0. Over the past 7 days, what was the SEVERITY of your decreased appetite at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.37.0. Over the past 7 days, how much did decreased appetite INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.38.0. Over the past 7 days, what was the SEVERITY of your dry mouth at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.39.0. Over the past 7 days, what was the SEVERITY of your hoarse voice at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.40.0. Over the past 7 days, how OFTEN did you have pain?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

CTCAE.41.0. Over the past 7 days, what was the SEVERITY of your pain at its worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.42.0. Over the past 7 days, how much did pain INTERFERE with your usual or daily activities?

1. Not at all
2. A little bit
3. Somewhat
4. Quite a bit
5. Very much

CTCAE.43.0. Over the past 7 days, what was the SEVERITY of your problems with tasting food or drink at their worst?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

CTCAE.44.0. Over the past 7 days, how OFTEN did you have loose or watery stools (diarrhea)?

1. Never
2. Rarely
3. Occasionally
4. Frequently
5. Almost Constantly

<End of section>
HEARING HANDICAP INVENTORY FOR ADULTS SCREENING QUESTIONNAIRE

(Baseline & Follow-Up Visits)

The following questions ask about problems a hearing loss may be causing you. Please indicate “yes,” “sometimes,” or “no” for each question.

HHI.1.0. Does a hearing problem cause you to feel embarrassed when meeting new people?

1. Yes
   2. Sometimes
   3. No

HHI.2.0. Does a hearing problem cause you to feel frustrated when talking to members of your family?

1. Yes
   2. Sometimes
   3. No

HHI.3.0. Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?

1. Yes
   2. Sometimes
   3. No

HHI.4.0. Do you feel handicapped by a hearing problem?

1. Yes
   2. Sometimes
   3. No

HHI.5.0. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

1. Yes
   2. Sometimes
   3. No

HHI.6.0. Does a hearing problem cause you difficulty in the movies or theater?

1. Yes
   2. Sometimes
   3. No
HHI.7.0. Does a hearing problem cause you to have arguments with family members?

1. Yes
2. Sometimes
3. No

HHI.8.0. Does a hearing problem cause you difficulty when listening to TV or radio?

1. Yes
2. Sometimes
3. No

HHI.9.0. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

1. Yes
2. Sometimes
3. No

HHI.10.0. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?

1. Yes
2. Sometimes
3. No

<end of section>
WORK STATUS H&N
(Follow-Up Visits)

The following questions are about your work status.

WSQ.1.0. Which of the following best describes your current work status?

Please select all that apply.

1. Currently working in at least one FULL time job
2. Currently working in at least one PART time job
3. Not working outside of the home <End of section>
4. Student, full-time <End of section>
5. Student, part-time <End of section>
6. Not employed <End of section>
7. On disability <Skip to WSQ.3.0>
8. On sick leave <Skip to WSQ.3.0>
9. Retired <End of section>
10. Other (please specify):
11. Don’t know <End of section>

WSQ.2.0. How many hours per week are you currently working? If you are not currently working, please enter 0.

[Enter numeric value]

WSQ.3.0. Since the time of the last survey about how many days were you absent from work for at least half of the day?

[Enter numeric value]

WSQ.4.0. Would you say your employer has been good at accommodating your illness and need for treatment? If you are not currently working, please tell us about your last employer.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Not applicable
6. Refused

<End of section>
<End of optional questionnaire>