The Hawai‘i and Los Angeles Cancer Research Survey

University of Hawai‘i
Cancer Research Center
of Hawai‘i

University of
Southern California
Norris Cancer Center

This survey is to be filled out **ONLY** by the person named on the address label.

Is the address label correct? ________

If not, please give the correct spelling of your name, correct address and phone number.

NAME ______________________________

STREET ______________________________

CITY ______________ STATE ______ ZIP ______

PLEASE WRITE IN YOUR PHONE NUMBER AND FILL IN THE CIRCLES

Area Code				Number			–				
0	0	0		0	0	0		0	0	0	0
1	1	1		1	1	1		1	1	1	1
2	2	2		2	2	2		2	2	2	2
3	3	3		3	3	3		3	3	3	3
4	4	4		4	4	4		4	4	4	4
5	5	5		5	5	5		5	5	5	5
6	6	6		6	6	6		6	6	6	6
7	7	7		7	7	7		7	7	7	7
8	8	8		8	8	8		8	8	8	8
9	9	9		9	9	9		9	9	9	9

(We may need to get in touch with you to clarify certain answers on your survey)

If you have questions, please call (808) 586-2996 in Honolulu or 1-800-786-3538 in Los Angeles.

PLEASE BEGIN HERE **(Refer to back of the letter for MARKING INSTRUCTIONS)**

1. WHAT IS YOUR SEX?

- ○ Male
- ○ Female

2. WRITE YOUR BIRTHDATE IN THE BOXES AND FILL IN THE CIRCLES.

MONTH	DAY		YEAR			
			1	9		
○ JAN						
○ FEB						
○ MAR	0	0			0	0
○ APR	1	1			1	1
○ MAY	2	2			2	2
○ JUN	3	3			3	3
○ JUL		4			4	4
○ AUG		5			5	5
○ SEP		6			6	6
○ OCT		7			7	7
○ NOV		8			8	8
○ DEC		9			9	9

3. HOW MUCH DO YOU CURRENTLY WEIGH?

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

4. HOW TALL ARE YOU?

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

5. HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAD ANY OF THE FOLLOWING CONDITIONS? ***(mark all that apply)***

*LEAVE BLANK FOR **NO***		IF YES, IN WHAT YEAR WAS IT FIRST DIAGNOSED? Before 1994	1994	1995	1996	1997	1998
Colon or rectal cancer	○ Yes →	○	○	○	○	○	○
Melanoma of the skin	○ Yes →	○	○	○	○	○	○
Other skin cancer	○ Yes →	○	○	○	○	○	○
Breast cancer	○ Yes →	○	○	○	○	○	○
Prostate cancer *(men only)*	○ Yes →	○	○	○	○	○	○
Other cancer	○ Yes →	○	○	○	○	○	○
Please specify type: ______							
High blood pressure	○ Yes →	○	○	○	○	○	○
Heart attack	○ Yes →	○	○	○	○	○	○
Angina (chest pain on exertion that is relieved by medication)	○ Yes →	○	○	○	○	○	○
Stroke	○ Yes →	○	○	○	○	○	○
Diabetes	○ Yes →	○	○	○	○	○	○
Polyp of intestine	○ Yes →	○	○	○	○	○	○
Gallbladder removal	○ Yes →	○	○	○	○	○	○
Gout	○ Yes →	○	○	○	○	○	○
Rheumatoid arthritis	○ Yes →	○	○	○	○	○	○
Other arthritis (such as osteoarthritis)	○ Yes →	○	○	○	○	○	○
Fracture of hip	○ Yes →	○	○	○	○	○	○
Ulcer (stomach or duodenal)	○ Yes →	○	○	○	○	○	○
Kidney stones	○ Yes →	○	○	○	○	○	○
Glaucoma	○ Yes →	○	○	○	○	○	○
Cataract surgery	○ Yes →	○	○	○	○	○	○
Parkinson's disease	○ Yes →	○	○	○	○	○	○
Alzheimer's disease	○ Yes →	○	○	○	○	○	○
Enlarged prostate *(men only)*	○ Yes →	○	○	○	○	○	○
None of the above	○						

6. **HAVE YOU HAD ANY OF THE FOLLOWING TESTS?** ***(mark all that apply)***

LEAVE BLANK FOR ***NO***		IF YES, MARK EVERY YEAR YOU HAD THE TEST					
		Before 1994	1994	1995	1996	1997	1998
Gastroscopy of the stomach	○ Yes →	○	○	○	○	○	○
Colonoscopy or sigmoidoscopy of the colon	○ Yes →	○	○	○	○	○	○
PSA blood test for prostate *(men only)*	○ Yes →	○	○	○	○	○	○
Mammogram *(women only)*	○ Yes →	○	○	○	○	○	○
Pap smear *(women only)*	○ Yes →	○	○	○	○	○	○

7. ***(WOMEN ONLY)*** **ARE YOU CURRENTLY TAKING ESTROGEN (FEMALE HORMONES) BY PILL, INJECTION, OR PATCH FOR MENOPAUSE OR OTHER REASONS?**

○ No ○ Yes

(WOMEN ONLY) **ARE YOU CURRENTLY TAKING PROGESTERONE (such as Provera) ALONG WITH ESTROGEN FOR MENOPAUSE OR OTHER REASONS?**

○ No ○ Yes

8. **DID YOU TAKE ANY MULTIVITAMINS OR MULTIVITAMINS WITH MINERALS DURING THE LAST YEAR? (at least once a week)**

○ No ○ Yes

IF YES, WRITE IN THE BRAND AND NAME OF EACH ONE. THEN FILL IN THE CIRCLE OF THE USUAL NUMBER YOU TOOK PER WEEK OR DAY. (you may wish to check the label on the bottle)

		AVERAGE USE DURING LAST YEAR				
Brand (Example: Centrum)	**Name** (Example: Silver)	1 to 3 a week	4 to 6 a week	1 a day	2 a day	3 or more a day
		○	○	○	○	○
		○	○	○	○	○
		○	○	○	○	○

9. **HAVE ANY OF THE FOLLOWING CONDITIONS EVER BEEN DIAGNOSED IN YOUR FAMILY? PLEASE FILL IN THE CIRCLES ONLY FOR YOUR NATURAL FATHER AND MOTHER, FULL BROTHERS AND SISTERS** ***(include any who may have died). (mark all that apply)***

	FATHER	MOTHER	BROTHERS		SISTERS	
			One	2 or more	One	2 or more
Colon or rectal cancer	○	○	○	○	○	○
Lung cancer	○	○	○	○	○	○
Stomach cancer	○	○	○	○	○	○
Melanoma of the skin	○	○	○	○	○	○
Breast cancer	○	○	○	○	○	○
Prostate cancer	○		○	○		
Ovarian cancer		○			○	○
High blood pressure	○	○	○	○	○	○
Heart attack	○	○	○	○	○	○
Stroke	○	○	○	○	○	○
Diabetes	○	○	○	○	○	○
Polyp of intestine	○	○	○	○	○	○
Gallbladder removal	○	○	○	○	○	○
Fracture of hip	○	○	○	○	○	○
Alzheimer's disease	○	○	○	○	○	○
Cataract	○	○	○	○	○	○
Glaucoma	○	○	○	○	○	○

PLEASE GO TO NEXT PAGE →

10. For EACH FOOD, ***fill in the circle*** ○ ***that describes HOW OFTEN you ate it*** ***during the last year*****, *and fill in the circle*** ○ ***that describes HOW BROWN it usually was on the outside.***

COOKING METHOD	FOOD ITEM	AVERAGE USE DURING LAST YEAR: Never or hardly ever	Once a **month**	2 to 3 times a **month**	Once a **week**	2 to 3 times a **week**	4 to 6 times a **week**	Once a **day**	2 or more times a **day**	HOW BROWN WAS THE OUTSIDE?
PAN-FRIED (cooked in a pre-heated frying pan or griddle)	**Beef Steak**	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Hamburger (Not Fast Food)	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Chicken	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Sausage	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Spam or Ham	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Bacon	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Fish	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
OVEN-BROILED (cooked at the "broil" setting)	**Beef Steak**	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Hamburger (Not Fast Food)	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Shortribs or Spareribs	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Chicken	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Fish	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
GRILLED OR BARBECUED (cooked over charcoal or on an electric or gas grill)	**Beef Steak**	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Hamburger (Not Fast Food)	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Shortribs or Spareribs	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Chicken	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Sausage	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown
	Fish	○	○	○	○	○	○	○	○	○ light brown ○ medium brown ○ dark brown

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