



RESPOND

African American Prostate Cancer Study

Have a survey ID?

CLICK HERE TO TAKE SURVEY

A. BACKGROUND INFORMATION

A1. In what month and year were you first diagnosed with prostate cancer? Month: / Year:

Enter Month and Year ONLY. For example, if you were diagnosed on June 1, 2016, enter: Month: 06 / Year: 2016

(If you have never had prostate cancer, you may stop here. Please mark this response ☐ and return the survey in the postage paid envelope.)

A2. Do you identify as Black or African American?

☐ Yes

☐ No



(If you do not identify as Black or African American, you may stop here. Please mark the No response to the left and return the survey in the postage paid envelope.)

If Yes:

A3. Which Black or African American group(s) and other races/ethnicities do you identify with? *Mark all that apply.*

☐ Black/African American

☐ West Indian

☐ Latino

☐ Nigerian

☐ Caribbean

☐ Spanish

☐ Jamaican

☐ White

☐ Mexican/Mexican American

☐ Ethiopian

☐ Asian/Asian American

☐ Salvadoran

☐ Haitian

☐ Native American or American Indian or Alaska Native

☐ Puerto Rican

☐ Somali

☐ Middle Eastern or North African

☐ Dominican

☐ Guyanese

☐ Native Hawaiian or Pacific Islander

☐ Colombian

☐ Creole

☐ Hispanic

☐ Other, please specify: _____

A4. What is your month and year of birth? Month: / Year:

Enter Month and Year ONLY. For example, if your birthdate is September 8th 1962, enter: Month: 09 / Year: 1962

A5. Where were you born?

- ☐ United States (includes Hawaii and US territories)
- ☐ Africa
- ☐ Cuba or Caribbean Islands

☐ Other, *please specify*:

A6. Where was your biological father born?

- ☐ United States (includes Hawaii and US territories)
- ☐ Africa
- ☐ Cuba or Caribbean Islands

☐ Other, *please specify*:

A7. Where was your biological mother born?

- ☐ United States (includes Hawaii and US territories)
- ☐ Africa
- ☐ Cuba or Caribbean Islands

☐ Other, *please specify*:

A8. How many years have you lived in the United States?

- ☐ 15 years or less
- ☐ 16-25 years
- ☐ My whole life or more than 25 years

B. FAMILY AND HEALTH HISTORY

- B1. Have your father, grandfathers, any brothers, or any sons had **prostate cancer, and if so, were any diagnosed before age 55 and did any die of prostate cancer?** (Only include biological or blood relatives. Include full or half brothers. Do not include step relatives.)

	Has this person had prostate cancer?	If YES, (he DID have prostate cancer):	
		Was he (or any) diagnosed BEFORE age 55?	Did he (or any) die of prostate cancer?
<u>Father</u>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
<u>Any Brother</u>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
I had no brothers <input type="radio"/>	<input type="radio"/> 1 <input type="radio"/> 2+		
<u>Any Son</u>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
I had no sons <input type="radio"/>	<input type="radio"/> 1 <input type="radio"/> 2+		
<u>Maternal Grandfather</u> (Mom's side)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know
<u>Paternal Grandfather</u> (Dad's side)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know

- B2. **Other than prostate cancer**, has any family member been diagnosed with one or more of these other cancers (only include biological or blood relatives)?

- ☐ No (Skip to B3)
- ☐ Yes (Please indicate which family members had a cancer in the table below) *(Mark all that apply)*

	Breast	Ovarian	Colorectal	Lung	Other Cancer
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	NA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any brother	<input type="radio"/>	NA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any son	<input type="radio"/>	NA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B3. In general, how would you rate your current health?

☐ Excellent
 ☐ Very good
 ☐ Good
 ☐ Fair
 ☐ Poor

B4. Has a doctor ever told you that you have/had...

	No	Yes	If yes, at what age were you first diagnosed with this condition?
a. A heart attack?	<input type="radio"/>	<input type="radio"/> 	<input type="text"/> <input type="text"/>
b. Heart failure or congestive heart failure?	<input type="radio"/>	<input type="radio"/> 	<input type="text"/> <input type="text"/>
c. A stroke, blood clot or bleeding in the brain, or mini-stroke that resulted in difficulty moving an arm or leg?	<input type="radio"/>	<input type="radio"/> 	<input type="text"/> <input type="text"/>
d. Hypertension or high blood pressure? If Yes: Do you currently take medication for high blood pressure?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>
e. Peripheral arterial (or vascular) disease?	<input type="radio"/>	<input type="radio"/> 	<input type="text"/> <input type="text"/>
f. High cholesterol? If Yes: Do you currently take statins for high cholesterol?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>

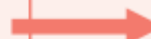
CONTINUED**B4. Has a doctor ever told you that you have/had...**

g. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD) for which you take medication?

No

Yes

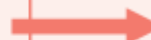
If yes, at what age were you first diagnosed with this condition?

☐☐

h. Stomach ulcers or peptic ulcer disease diagnosed by endoscopy or an upper GI or barium swallow study?

☐☐

i. Crohn's disease, ulcerative colitis, irritable bowel disease, or gallbladder disease?

☐☐

j. Diabetes or high blood sugar requiring medication by mouth or injection?

☐☐

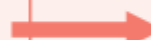
Has the diabetes caused problems with your kidneys or problems with your eyes, treated by an eye doctor?

☐☐

Have you taken metformin for diabetes?

☐☐

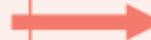
k. Kidney problems that resulted in poor kidney function or necessitated dialysis or transplantation?

☐☐

l. Cirrhosis or serious liver damage?

☐☐

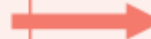
m. Arthritis, lupus, or polymyalgia that requires medications regularly?

☐☐

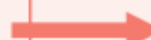
n. Alzheimer's disease or another form of dementia?

☐☐

o. Depression

☐☐

p. AIDS

☐☐q. Any other cancer (besides prostate cancer)?
specify: _____☐☐

B5. Where do you *most often* go for routine medical care (seeing a doctor for any reason, not just for cancer care)? (Mark the *ONE best answer*)

- | | |
|---|--|
| <input type="radio"/> Community health center or Community clinic (including free clinic) | <input type="radio"/> Veteran's Affairs/VA/Military Facility |
| <input type="radio"/> Hospital (not emergency room)/urgent care clinic | <input type="radio"/> Other type of location (please specify type) |
| <input type="radio"/> Private doctor's office/Kaiser/HMO/PPO | |
| <input type="radio"/> Emergency room | |
-

C. YOUR NEIGHBORHOOD AND COMMUNITY

Research increasingly shows that where we live matters in terms of our health. We would like to know about the areas you have lived in. The following questions are about your current and past neighborhoods.

C1. How many years have you lived in your current address?

- ☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years ☐ 21+ years

C2. Please mark answers for each of these statements.

Please mark one bubble in each of the 3 columns for the different time periods of your life.

1. Current (from prostate cancer diagnosis to the present)

2. Age 31 up to just before prostate cancer diagnosis

3. Childhood or young adult life (up to age 30)

a. On average, I felt/feel safe walking in my neighborhood, day or night.

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

b. Violence was/is not a problem in my neighborhood.

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

c. My neighborhood was/is safe from crime.

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

- ☐ Strongly Agree
☐ Agree
☐ Neutral (neither agree nor disagree)
☐ Disagree
☐ Strongly Disagree

C3. Thinking about your neighborhood during the following 3 time periods, as a whole, how much of a problem is/was ...

	Please mark one bubble in each of the 3 columns for the different time periods of your life.		
	1. Current (from prostate cancer diagnosis to the present)	2. Age 31 up to just before prostate cancer diagnosis	3. Childhood or young adult life (up to age 30)
a. Traffic	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know
b. A lot of noise	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know
c. Trash and litter	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know
d. Too much light at night	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know	<input type="radio"/> None/Minor problem <input type="radio"/> Somewhat serious problem <input type="radio"/> Very serious problem <input type="radio"/> Don't know

C4. Thinking about your NEIGHBORS, as a whole, during the following 3 time periods:

	Please mark one bubble in each of the 3 columns for the different time periods of your life.		
	1. Current (from prostate cancer diagnosis to the present)	2. Age 31 up to just before prostate cancer diagnosis	3. Childhood or young adult life (up to age 30)
a. How often do/did you see neighbors talking outside in the yard, on the street, at the corner park, etc.?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely/Never <input type="radio"/> Don't know	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely/Never <input type="radio"/> Don't know	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely/Never <input type="radio"/> Don't know
b. How often do/did neighbors watch out for each other, such as calling if they see a problem?	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely/Never <input type="radio"/> Don't know	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely/Never <input type="radio"/> Don't know	<input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Rarely/Never <input type="radio"/> Don't know
c. How many neighbors do/did you know by name?	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know
d. How many neighbors do/did you have a friendly talk with at least once a week?	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know
e. How many neighbors could you ask for help, such as to "borrow a cup of sugar," or some other small favor?	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know	<input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> Few/None <input type="radio"/> Don't know

D. LIFE EXPERIENCES

These next questions are a bit more personal. **We want to better understand the life experiences of African American men and how those experiences may impact health.** We understand that some people may feel uncomfortable with these questions. **There are no right or wrong answers. Please keep in mind that you can skip any questions you do not want to answer. All information is kept confidential.**

D1. In the following questions, we are interested in your perceptions about the way other people have treated you because of your race/ethnicity or skin color.

	IF YES; How stressful was this experience?					
	No	Yes	Not at all	A little	Somewhat	Extremely
a. At any time in your life, have you ever been unfairly fired from a job or been unfairly denied a promotion?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. For unfair reasons, have you ever not been hired for a job?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you ever been unfairly denied a bank loan?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Have you ever been unfairly treated when getting medical care?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D2. These next questions are about your current feelings or perceptions regarding healthcare organizations (places where you might get healthcare, like a hospital or clinic). Indicate your level of agreement or disagreement with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. Patients have sometimes been deceived or misled at hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hospitals often want to know more about your personal affairs or business than they really need to know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Hospitals have sometimes done harmful experiments on patients without their knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rich patients receive better care at hospitals than poor patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Male patients receive better care at hospitals than female patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D3. In your day-to-day life, during the following 3 time periods, how often have any of the following things happened to you because of your race/ethnicity?

	Please mark one bubble in each of the 3 columns for the different time periods of your life.		
	1. Current (from prostate cancer diagnosis to the present)	2. Age 31 up to just before prostate cancer diagnosis	3. Childhood or young adult life (up to age 30)
a. You have been treated with less respect than other people	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
b. You have received poorer service than other people at restaurants or stores	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
c. People have acted as if they think you are not smart	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
d. People have acted as if they are afraid of you	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
e. People have acted as if they think you are dishonest	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
f. People have acted as if they're better than you are	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
g. You have been called names or insulted	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
h. You have been threatened or harassed	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
i. You have been followed around in stores	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often	<input type="radio"/> Never <input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often
j. How stressful has any of the above experiences (a-i) of unfair treatment usually been for you?	<input type="radio"/> Not at all stressful <input type="radio"/> A little stressful <input type="radio"/> Somewhat stressful <input type="radio"/> Extremely stressful	<input type="radio"/> Not at all stressful <input type="radio"/> A little stressful <input type="radio"/> Somewhat stressful <input type="radio"/> Extremely stressful	<input type="radio"/> Not at all stressful <input type="radio"/> A little stressful <input type="radio"/> Somewhat stressful <input type="radio"/> Extremely stressful

D4. These statements are about how you currently see yourself. Indicate your level of agreement or disagreement with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. You've always felt that you could make of your life pretty much what you wanted to make of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Once you make up your mind to do something, you stay with it until the job is completely done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You like doing things that other people thought could not be done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. When things don't go the way you want them to, that just makes you work even harder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sometimes, you feel that if anything is going to be done right, you have to do it yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It's not always easy, but you manage to find a way to do the things you really need to get done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Very seldom have you been disappointed by the results of your hard work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You feel you are the kind of individual who stands up for what he believes in, regardless of the consequences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. In the past, even when things got really tough, you never lost sight of your goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. It's important for you to be able to do things the way you want to do them rather than the way other people want you to do them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. You don't let your personal feelings get in the way of doing a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Hard work has really helped you to get ahead in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- D5. The next questions are about the time period of your childhood, before the age of 18. These are standard questions asked in many surveys of life history. This information will allow us to understand how problems that may occur early in life may affect health later in life. This is a sensitive topic and some people may feel uncomfortable with these questions. ***Please keep in mind that you can skip any question you do not want to answer. All information is kept confidential.***

When you were growing up, during the first 18 years of your life . . .

- a. Did you live with anyone who was depressed, mentally ill, or suicidal?

☐ No ☐ Yes ☐ Don't know/not sure ☐ Prefer not to answer

- b. Did you live with anyone who was a problem drinker or alcoholic?

☐ No ☐ Yes ☐ Don't know/not sure ☐ Prefer not to answer

- c. Did you live with anyone who used illegal street drugs or who abused prescription medications?

☐ No ☐ Yes ☐ Don't know/not sure ☐ Prefer not to answer

- d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

☐ No ☐ Yes ☐ Don't know/not sure ☐ Prefer not to answer

e. Were your parents separated or divorced?

- ☐ No ☐ Yes ☐ Parents not married ☐ Don't know/not sure ☐ Prefer not to answer

f. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- ☐ Never ☐ Once ☐ More than once ☐ Don't know/not sure ☐ Prefer not to answer

**g. How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
Do not include spanking.**

- ☐ Never ☐ Once ☐ More than once ☐ Don't know/not sure ☐ Prefer not to answer

h. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- ☐ Never ☐ Once ☐ More than once ☐ Don't know/not sure ☐ Prefer not to answer

i. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- ☐ Never ☐ Once ☐ More than once ☐ Don't know/not sure ☐ Prefer not to answer

j. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- ☐ Never ☐ Once ☐ More than once ☐ Don't know/not sure ☐ Prefer not to answer

k. How often did anyone at least 5 years older than you or an adult, force you to have sex?

- ☐ Never ☐ Once ☐ More than once ☐ Don't know/not sure ☐ Prefer not to answer

E. PROSTATE CANCER TREATMENT

This section is about your prostate cancer diagnosis and treatments you may have received.

E1. What were the first indications that suggested that you might have prostate cancer (before you had a prostate biopsy)? *Mark all that apply.*

- ☐ I had a high or increasing PSA ('prostate specific antigen') test
- ☐ My doctor did a digital rectal exam that indicated an abnormality
- ☐ I had urinary, sexual, or bowel problems that I went to see my doctor about
- ☐ I had bone pain that I went to see my doctor about
- ☐ I was fearful I had cancer
- ☐ Other, *please specify:* _____

E2. Before you were diagnosed with prostate cancer:

a. Did you have any previous prostate biopsies that were negative?

- ☐ Yes --- How many? ☐ 1 ☐ 2 ☐ 3 or more
- ☐ No
- ☐ Don't know

b. Did you have any previous PSA blood tests that were considered normal?

- ☐ Yes --- How many? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more
- ☐ No
- ☐ Don't know

E3. Which of the following best describes your decision to have the PSA blood test that indicated that you had prostate cancer?

- ☐ I made the decision alone
- ☐ I made the decision together with a family member or friend
- ☐ I made the decision together with a family member or friend and my doctor, nurse or health care provider
- ☐ I made the decision together with my doctor, nurse, or health care provider
- ☐ My doctor, nurse, or health care provider made the decision
- ☐ I don't know or remember how the decision was made

- E4. When you were diagnosed with prostate cancer, what was your understanding of how aggressive your cancer might be (i.e. how likely it was that your cancer might progress)?**
- ☐ Low risk of progression ☐ High risk of progression ☐ Don't know/Don't remember
☐ Intermediate risk of progression ☐ Unknown risk of progression
- E5. What was your Gleason score when you were diagnosed with prostate cancer?**
- ☐ 6 or less ☐ 7 ☐ 8-10 ☐ Don't know/Don't remember
- E6. What was your understanding of the stage of your prostate cancer when you were diagnosed?**
- ☐ Localized, confined to prostate ☐ Distant, tumor extended to bones or other parts of body
☐ Regional, tumor extended to regions around the prostate ☐ Don't know about the stage
- E7. Did you have a Magnetic Resonance Imaging (MRI)-guided biopsy to diagnose your cancer? (This is a different type of biopsy than the standard transrectal ultrasound biopsy that involves taking 12 random biopsy core samples. Instead, you would be placed in a large donut shaped machine that can be noisy. With assistance from the MRI, 2-3 targeted biopsies would be taken in areas of the tumor shown to be most aggressive.)**
- ☐ Yes ☐ No ☐ Don't know
- E8. How did you make your treatment decision?**
- ☐ I made the decision alone
☐ I made the decision together with a family member or friend
☐ I made the decision together with a family member or friend and my doctor, nurse or health care provider
☐ I made the decision together with my doctor, nurse, or health care provider
☐ My doctor, nurse, or health care provider made the decision
☐ I don't know or remember how the decision was made
- E9. What were the most important factors you considered in making your treatment decision? *Mark all that apply.***
- ☐ Best chance for cure of my cancer ☐ Amount of time and travel required to receive treatments
☐ Minimize side effects related to sexual function ☐ Length of recovery time
☐ Minimize side effects related to urinary function ☐ Amount of time away from work
☐ Minimize side effects related to bowel function ☐ Burden on family members
☐ Minimize financial cost ☐ Reduce worry and concern about cancer

E10. Please mark all the treatments that you have received for your prostate cancer? *Mark all that apply.*

- ☐ Haven't had any treatment yet (and not specifically on active surveillance or watchful waiting) **(Skip to E11)**
- ☐ Active Surveillance or watchful waiting
- ☐ Prostate surgery (prostatectomy), indicate which type(s):
 - ☐ Robotic or laparoscopic surgery resulting in removal of the prostate
 - ☐ Open surgical removal of the prostate (using a long incision)
 - ☐ Had surgery but unsure of type
- ☐ Radiation to the prostate, indicate which type(s):
 - ☐ External beam radiation, where beams are aimed from the outside of your body (including IMRT (Intensity Modulated Radiation Therapy), IGRT (Image-guided Radiation Therapy), arc therapy, proton beam, cyberknife, or 3D-conformal beam therapy)
 - ☐ Insertion of radiation seed/rods (brachytherapy)
 - ☐ Other types of radiation therapy, or unsure of what type
- ☐ Hormonal treatments, indicate which type(s):
 - ☐ Hormone shots (Lupron, Zoladex, Firmagon, Eligard, Vantas)
 - ☐ Surgical removal of testicles (orchiectomy)
 - ☐ Casodex (bicalutamide) or Eulexin (flutamide) pills
 - ☐ Zytiga (abiraterone) or Xtandi (enzalutamide) pills
 - ☐ Had hormone treatment, but unsure of type
- ☐ Provenge/immunotherapy (Sipuleucel T)
- ☐ Chemotherapy (docetaxel, cabazitaxel, other chemotherapy)
- ☐ Other treatments to the prostate (HIFU (High Intensity Focused Ultrasound), RFA (Radio Frequency Ablation), laser, focal therapy, cryotherapy (freezing of the prostate))

E11. Your treatment decision: How true is each of the following statements for you?

(Choose one response on each line.)

	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. I had all the information I needed when a treatment was chosen for my prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My doctors told me the whole story about the effects of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I knew the right questions to ask my doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I had enough time to make a decision about my treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am satisfied with the choices I made in treating my prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I would recommend the treatment I had to a close relative or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E12. Have you ever received instructions from a doctor, nurse, or other health professional about who you should see for routine prostate cancer checkups or monitoring?

☐ Yes ☐ No ☐ Don't know/not sure

E13. Since your prostate cancer diagnosis, how many times have you had a PSA blood test?

☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Don't know/not sure

E14. Since diagnosis or treatment, have you ever been told that your PSA was rising?

☐ Yes ☐ No ☐ Don't know/not sure

E15. Since you were diagnosed, did your doctor ever tell you that your prostate cancer came back (recurred) or progressed (got worse)?

☐ Yes ☐ No ☐ Don't know/not sure

F. LIFESTYLE

F1. HOW TALL ARE YOU?

*(Record height in feet/
inches or centimeters)*

FT.	IN.	OR	CENTIMETERS
	0		0 0 0
	1		1 1 1
	2		2 2 2
3	3		3 3
4	4		4 4
5	5		5 5
6	6		6 6
7	7		7 7
	8		8 8
	9		9 9
	10		
	11		

F2. HOW MUCH DO YOU CURRENTLY WEIGH?

*(Record weight in pounds
or kilograms)*

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

F3. How many days per week do you typically get moderate to strenuous exercise (such as heavy lifting, shop work, construction or farm work, home repair, gardening, bowling, golf, jogging, basketball, riding a bike, etc.)?

- ☐ 5-7 times per week
 ☐ 3-4 times per week
 ☐ 1-2 times per week
 ☐ Less than once per week/do not exercise

F4. On those days that you do moderate to strenuous exercise, how many minutes did you typically exercise at this level?

- ☐ Less than 30 minutes
 ☐ 30 minutes – 1 hour
 ☐ More than 1 hour
 ☐ Do not exercise

F5. In the past month, about how often did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? One drink is equivalent to a 12 oz beer, a 5 oz glass of wine, or a drink with one shot of liquor.

- ☐ Everyday ☐ 3-4 times per week ☐ Fewer than once per week
☐ 5-6 times per week ☐ 1-2 times per week ☐ Did not drink

F6. When you drank during the past month, how many drinks did you have on a typical occasion?

- ☐ 3 or more drinks ☐ 1-2 drinks ☐ Did not drink

F7. Have you ever smoked at least 100 cigarettes in your lifetime?

- ☐ No ☐ Yes: At what age did you start smoking on a regular basis (at least one cigarette/day)?

↓
F7a. How many cigarettes do you (or did you) usually smoke per day?

- ↓ ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31+

F7b. Have you quit smoking? ☐ No ☐ Yes: At what age did you quit?

G. ADDITIONAL BACKGROUND INFORMATION

G1. What is your current marital status?

- ☐ Married, or living with a partner ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married

G2. With whom do you live? *Mark all that apply.*

- ☐ Live alone ☐ A spouse or partner ☐ Other family ☐ Other people (non-family) ☐ Pets

G3. How do you identify yourself?

- ☐ Straight/heterosexual
☐ Bisexual
☐ Gay/homosexual/same gender loving
☐ Other (*specify*): _____
☐ Prefer not to answer

G4. What is the HIGHEST level of education you, your father, and your mother have completed? (*Mark the ONE best answer*)

You:

- ☐ Grade school or less
☐ Some high school
☐ High school graduate or GED
☐ Vocational school
☐ Some college
☐ Associates degree
☐ College graduate
 (Bachelor's degree)
☐ Some graduate education
☐ Graduate degree

Your father:

- ☐ Grade school or less
☐ Some high school
☐ High school graduate or GED
☐ Vocational school
☐ Some college
☐ Associates degree
☐ College graduate
 (Bachelor's degree)
☐ Some graduate education
☐ Graduate degree
☐ Don't know

Your mother:

- ☐ Grade school or less
☐ Some high school
☐ High school graduate or GED
☐ Vocational school
☐ Some college
☐ Associates degree
☐ College graduate
 (Bachelor's degree)
☐ Some graduate education
☐ Graduate degree
☐ Don't know

G5. Which one of the following best describes what you currently do? (*Mark the ONE best answer*)

- ☐ Currently working full-time
☐ Currently working part-time
☐ Looking for work, unemployed
☐ Retired
☐ On disability permanently
☐ On disability for a period of time (on sick leave or paternity leave or disability leave for other reasons)
☐ Volunteer work/work without pay
☐ Other, *please specify*: _____

G6. What kind of health insurance or health care coverage do you currently have? *Mark all that apply.*

- ☐ Insurance provided through my current or former employer or union (including Kaiser/HMO/PPO)
- ☐ Insurance provided by another family member (e.g., spouse) through their current or former employer or union (including Kaiser/HMO/PPO)
- ☐ Insurance purchased directly from an insurance company (by you or another family member)
- ☐ Insurance purchased from an exchange (sometimes called Obamacare or the Affordable Care Act)
- ☐ Medicaid or other state provided insurance
- ☐ Medicare/government insurance
- ☐ VA/Military Facility (including those who have ever used or enrolled for VA health care)
- ☐ I do not have any medical insurance

G7. What is your best estimate of your TOTAL FAMILY INCOME from all sources, before taxes, in the last calendar year? "Total family income" refers to your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home). This includes money from pay checks, government benefit programs, child support, social security, retirement funds, unemployment benefits, and disability.

- | | | | |
|--|--|--|--|
| <input type="radio"/> Less than \$15,000 | <input type="radio"/> \$36,000 to \$45,999 | <input type="radio"/> \$66,000 to \$99,999 | <input type="radio"/> \$150,000 to \$199,999 |
| <input type="radio"/> \$15,000 to \$35,999 | <input type="radio"/> \$46,000 to \$65,999 | <input type="radio"/> \$100,000 to \$149,999 | <input type="radio"/> \$200,000 or more |

G8. In the last calendar year, how many people, including yourself, were supported by your family income?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

G9. How worried were you or your family about being able to pay your normal monthly bills, including rent, mortgage, and/or other costs:

	Not at all worried	A little worried	Somewhat worried	Very worried
a. During young adult life (up to age 30):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Age 31 (up to just before prostate cancer diagnosis):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Current (from prostate cancer diagnosis to present):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G10. Is the home where you live:

- ☐ Owned or being bought by you (or someone in the household)?
☐ Rented for money?
☐ Other (specify) _____

G11. If you lost all your current source(s) of household income (your paycheck, public assistance, or other forms of income), how long could you continue to live at your current address and standard of living?

- ☐ Less than 1 month ☐ 1 to 2 months ☐ 3 to 6 months ☐ More than 6 months

G12. Please enter today's date.

Month: / Day: / Year:

***Thank You! Please mail back your completed survey
in the enclosed postage paid envelope or mail to:***

RESPOND Study

[Local Name]

[Local Address]

[City, State, ZIP]

RESPOND ID

