Technical Statement of Work

The Keck School of Medicine of USC

RESPOND Prostate Cancer Study - Phase 2

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| --- | --- | --- | --- | --- |
| **Prepared by:** | **Todd Charleville** |  | **Version:** | **2019.6** |
|  | **Jammie Hannis** |  | **Date:** | **10/27/2020** |
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| **Approved by:** |  |  | **Date:** |  |
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Change History Log

| Version | Primary Author(s) | Description of Version | Date Delivered |
| --- | --- | --- | --- |
| 2018.1 | Todd Charleville | Initial Setup for Pre-Test Survey | 8/30/2018 |
| 2018.2 | Todd Charleville | Added updates from USC. Assigned consistent response values for Don’t Know (88), Prefer not to answer (99), No (1), and Yes (2) Reordered response values on several items so responses are in order lowest to highest (i.e., F4, F5, F6,…)  Change items that refer to “Older adult life” to be “(age 30…” instead of “(age 31…” Changed F1CM to be <###> instead of <###.##> (to allow for dropdown on online survey)  Added section for dropdown ranges on online form. | 9/6/2018 |
| 2018.3 | Todd Charleville | Added Location Name to Data File. Corrected response values for D5E-D5K. | 10/16/2018 |
| 2018.4 | Todd Charleville | Updated dropdown ranges for B4Ab-B4Qb to 0-90 (section 1.4.2.1) Also made some minor working/punctuation corrections in the Data file Layout (section 1.7.3.1) | 10/29/2018 |
| 2019.1 | Todd Charleville | Updated for 2019 Updated layouts for redesigned form. Changed PatientID to SurveyID throughout. Updated section 1.2.1 Registry Contact File.  Updated section 1.4.1 Paper Form, updated notes for SurveyID, ResponseID and Instruction sheet.  Updated section 1.4.2.1 Online Form Dropdowns  Updated section 1.5 Returned Forms  Updated section 1.6 Form Data Capture  Added section 1.7.4 Grayscale Image Files | 3/27/2019 |
| 2019.2 | Todd Charleville | Minor wording updates/corrections from USC. Changed “Other” open-ended items in layout to allow maximum of 200 characters instead of 4,000.  Changed return values for F7Age and F7BAge (Online uses dropdown with 555 = “Less than 10” 777 = “75+”). | 4/22/2019 |
| 2019.3 | Todd Charleville | Corrected names of fields B2DNo, B2ENo, B2FNo (were all showing as B2CNo) Changed response values for A1Not to match web (paper only had a bubble for “Never had” so paper will return value of 2 if bubble was not marked) | 6/11/2019 |
| 2019.4 | Todd Charleville | Modified layout to include new field B2 and added notes for fields no longer on the revised form M-302587-3. Expect to continue to receive both M-302587-2 and M-302587-3. | 9/12/2019 |
| 2019.5 | Todd Charleville | Added event site registry. | 1/24/2020 |
| 2019.6 | Todd Charleville | Added a 10th registry site and additional print runs. | 10/27/2020 |
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# Document Purpose

This Technical Statement of Work (TSOW) documents the requirements for the RESPOND Prostate Cancer Study - Phase 2 project. The purpose of this document is to communicate the interactions between The Keck School of Medicine of USC (USC) and Scantron Survey Services. It will contain all the technical information pertaining to file/report layout and content, methods of transfer and any major processing that will occur.

## Project Objectives

The Keck School of Medicine of USC received a grant from NIH to manage a prostate cancer research project. The project will be conducted over five years and includes a paper and online version of a survey provided and processed by Scantron Survey Services over the first three years of the project.

The study is the Research on Prostate Cancer in African American Men: Defining the Roles of Genetics, Tumor Markers, and Social Stress or the “RESPOND” study.

There will be 9 cancer registries in 7 states who will enroll participants selected from each site’s cancer registry in monthly batches over a two and half year period. In addition, a ‘virtual’ registry will be added for men who volunteer to participate through the study website and who are not eligible to be included in the 9 cancer registries. Also an ‘event’ registry will be added for men who volunteer to participate at outreach events, and. These cases will be included in the Los Angeles site, but will receive a separate site code. Initial design of the paper survey questionnaire and online survey questionnaire have been completed under a Phase 1 TSOW. This Phase 2 TSOW will pick up where the Phase 1 TSOW left off on the project.

## Out of Scope

While approval of the TSOW is dependent upon the content of the form, the actual design and layout of the paper forms and web site are outside the scope of this document.

## General Design Considerations

* Scantron considers client information Non-Public Information (NPI).
* All data and report transfers between Scantron and USC will use a Secure FTP site.

## Project Specific Design Considerations

Phase 2 will continue with the single version of the survey already developed in both paper and on-line formats by Scantron under the Phase 1 TSOW. There will be 10 registry sites, 1 virtual site for participants registering on the USC hosted RESPOND website (Respondstudy.org), and 1 event site for participants registering at outreach events (added for 2020 and 2021).

* Phase 2 will include 2 print runs in 2019 and 1 print run in 2020 for the 2020 and 2021 survey years. An additional print run has been added to include additional volumes for 2020 and 2021. For each print run:
  + Scantron will create unique SurveyIDs that can be used to identify the registries and individual participants. SurveyIDs will be overprinted on the paper surveys and used as an Access Code for the online survey.
  + An Excel file for each registry with the SurveyIDs will be provided to USC.
  + Print and bulk ship paper surveys to the registries.
* Registries will ship completed surveys to Scantron on a monthly basis.
* Paper surveys will be pre-edited and scanned by Scantron.
* Host online survey that matches the paper version.
* Host online administrative site that will show participation status for each individual, organized by registry with response rate for each registry for paper and online responses.
* Provide a raw data file for the online and paper surveys and grayscale images of the paper surveys every 2 months.

# General Process Flow

The general processing flow for the RESPOND Prostate Cancer Study - Phase 2 project:



## Project Setup

* Customer Name:
* Customer Abbreviated Name:
* Customer Contact: Ann Hamilton, Ph.D.
* Customer Contact Email: ahamilt@med.usc.edu
* Form ID(s):
  + M-302587-2 – RESPOND Survey (Original 3/2019)
  + M-302587-3 – RESPOND Survey (Revised 9/2019, minor revisions)
  + 303605-1 – Instruction Sheet
* Form URL(s):
  + RESPOND Survey - https://www.surveygroup.com/USC/RESPOND  
    (web survey will match M-302587-3 question set)
  + Administrative Site - https://www.surveygroup.com/USC/RESPOND/Admin

### Secure Transfer Setup

Contact Data, Form Data, Reports, Images, etc.

Scantron’s SFTP Site:  
 URL: https://databridge.scantron.com

SFTP: sftp://databridge.scantron.com

Account: rpinder

Home Folder: Home\Rich Pinder

## Files from Customer

The customer will provide Scantron with files needed for the project.

### Registry Contact File

The customer will provide delivery addresses for 10 registries, 1 virtual registry, and 1 event registry.

Scantron will determine print quantities for each of the registries and get approval from USC before each print run.

## Scantron File Process

* A SurveyID will be assigned based on quantities approved by USC. The first 2-digits will identify the Registry, the next 4 digits will identify the individual participants. If there are more than 9,999 participants a second location identifier will be used for the first 2-digits but will be reported together in Excel files and on the Admin site (i.e., Georgia will use location IDs 20 and 21).
* SurveyIDs will also work as an Access Code for the online survey.
* An Excel file will be returned to each registry with the SurveyIDs (see section 1.7.1)
* Print files will be created for each print period at the time of the print run.

## Form Distribution

### Paper Form

Scantron will print forms and instruction sheets to be bulk shipped to each of the registries identified in the Registry Contact File.

* Scantron will personalize the forms for each participant by overprinting the SurveyID as a human readable number in the VIP location at the top of page one and as a barcode at the top of page one along with an eye-readable number directly below the barcode. The SurveyID will also be encoded at the bottom of the first page and last page of the form as a scannable binary field with an eye-readable number to the right on the page.
* Paper forms include a RespondID area on the last page for barcode labels. The barcode labels will be created by the registries and will include a unique identifier assigned by the registries to identify the participants. Some participants may be sent a follow-up paper survey, the RespondID will match the RespondID on the initial paper survey. The RespondID will be an 8-digit number, the first 2-digits will identify the Registry, the next 6 digits will identify the individual participant (**Note**: rule was not used by all Registries).
* Instruction sheets are generic 8.5x11 sheets providing the participants basic instructions and examples for completing the survey accurately.

### Online Form

Scantron will host an online version of the form.

* URL: https://www.surveygroup.com/USC/RESPOND
* USC will have their own site with a link to Scantron’s URL.
* The USC URL and a unique SurveyID acting as an access code for the member will be included on the cover page provided by USC.
* Welcome page will include introductory and IRB text.
* Site will include Save and Resume.
* A Thank You page will be included with a redirect to http://respondstudy.org.
* If a participant has started but not completed a survey, at the close of the project the survey will be processed with other completed surveys, but marked as started but not completed.

#### Online Form Dropdowns

For the following items, a dropdown box with assigned ranges will be used on the online form.

| **Field Name** | **Range** | **Notes** |
| --- | --- | --- |
| A1Month | 1-12 | If displaying Jan, Feb,… return numeric value in data |
| A1Year | 2005-2021 |  |
| A4Month | 1-12 | If displaying Jan, Feb,… return numeric value in data |
| A4Year | 1930-2001 |  |
| F1FT | 3-7 |  |
| F1IN | 0-11 |  |
| F1CM | 91-242 |  |
| F2LBS | 70-499 |  |
| F2KGS | 31-227 |  |
| F7Age | <10-75+ | Value is returned in data (with 555=<10 and 777=75+) |
| F7BAge | <10-75+ | Value is returned in data (with 555=<10 and 777=75+) |

## Returned Forms

* Surveys will be collected by the registries and sent to Scantron on a monthly basis.
* The return packages will be opened by Scantron and batched for data capture.
* Returned packages should not include any white mail (non-forms) and should be free of paper clips, post-it notes, and rubber bands.
* All unscannable forms will be labeled as such and returned to the Customer. Data contained on unscannable forms will not be part of the final data file.
* Unscannable forms will be returned to:  
   Ann Hamilton, Ph.D.  
   Keck School of Medicine of USC  
   2001 N Soto ST, SSB318B MC9239

Los Angeles, CA 90089-9239

* Scantron will review all surveys and make required edits for the following:
  + Edit for red ink by transcribing over the red ink with a black pen.
  + Review for written comments on the surveys and whether they impact the response bubbles. If a comment is written over a response bubble, Scantron will white-out any writing that is in a response bubble.
  + Edit for stray marks, bleed-through marks and erasure marks by using white-out.
  + Darken any partial bubble marks.
  + Edit for multiple responses to a question where only one response is required. Erasures or bubbles crossed out will be reviewed to determine if there is an intended response. The erasure or cross-out will be whited-out and the intended response will be darkened if necessary.

## Form Data Capture

* The paper forms will be scanned using Scantron’s standard scanning process.
* Grayscale images of each paper form will be captured.
* If an item has no response, then a blank “ ” will be returned. The item will not be reviewed for correction.
* If a single choice item has multiple responses, an asterisk “\*” will be returned. The item will be reviewed for correction.
* SurveyID and RespondID Barcodes will be reviewed and keyed if not read.
* Questionable constrained print fields will be reviewed and corrected.
* Open-ended items will be keyed using Scantron’s standard practices for comment keying.
* Data will be merged with Online data (Online data does not include RespondID).
* Response methodology will be tracked (Paper, Online, Online-started but not completed)

## Files/Reports to Customer

When the print file is created, Scantron will generate:

* Excel Registry SurveyID Files
* Online Administration Site with Response Status for Registry SurveyIDs

For each collection period (about every 2 months), Scantron will generate:

* Data File with survey responses for the collection period
* Grayscale images of the paper surveys for the collection period

### Registry SurveyID File

Scantron will provide a file for each registry with SurveyIDs assigned for registry participants.

* The Scantron CPM will email the Registry SurveyID Files.
* File Name:  
  USC-RESPOND-<RegistryName> Registry SurveyIDs-<YYYYMMDD>.xlsx
  + - Where <YYYYMMDD> is date and time the file was created
* Record will in Excel format
* The first row will contain the column headers

#### Registry SurveyID File Layout

| **Field Name** | **Size** | **Type** | **Description** |
| --- | --- | --- | --- |
| SurveyID | 6 | N | Scantron assigned SurveyID |
| LocationID | 2 | N |  |
| Location | 50 | A/N | Name of Registry delivery location |
| Method | 50 | A/N | “Paper or Online” |
| Participant | 50 | A/N | For use by Registry |

### Online Administration Site

Scantron will host an online administration site.

* URL: https://www.surveygroup.com/USC/RESPOND/Admin
* The URL and unique Access Codes for the Registry Administrators will be created.
* Each registry will have a unique login, but will be able to see data for all registries.
* Registry Selection page will be included. Page will include number of Paper and Online responses with overall response rate for each registry. A respondent may respond on paper and online, both will be included in the response rate so response rate may exceed 100%.  
  (Other rules could be applied for the response rate, but need to be specified).
* Participant Status page will include SurveyIDs, current status (“Not Started”, “Started, but not complete”, and “Complete”) and date last accessed for each participant for the selected registry. Page includes a button to export SurveyIDs and current status. (Participant Status page does not show Paper or Online, just shows completion status).

### Data File

After the collection period is closed, Scantron will provide a file with survey responses.

* The data file will be zipped and AES 256-bit encrypted and posted to the SFTP site defined in section 1.1.1.
* File Name:  
  USC-RESPOND-Survey\_Data-<YYYYMMDD>.txt
  + - Where <YYYYMMDD> is date and time the file was created
* File will be Tab-delimited
* The first row will contain the column headers
* For responses to “Mark all that apply.” items, “1” will be assigned if response choice is marked, blank if not marked.

#### Data File Layout

| **Field Name** | **Size** | **Type** | **Item** | **Response** |
| --- | --- | --- | --- | --- |
| SurveyID | 6 | N | Scantron assigned SurveyID |  |
| LocationName | 50 | A/N | Name of Registry delivery location |  |
| RespondID | 8 | N | From Barcode label put on last page of survey by registries, identifies participant. ResponseID is assigned by the registries. | Not captured for online |
| Methodology | 10 | A/N | How survey was completed | P=Paper O=Online complete S=Online, started but not complete |
|  |  |  | **A. BACKGROUND INFORMATION** | |
| A1Month | 2 | N | A1. In what month and year were you first diagnosed with prostate cancer? | <MM> |
| A1Year | 4 | N | <YYYY> |
| A1Not | 1 | N | 1=I have NEVER had prostate cancer 2=I HAVE or HAVE HAD prostate cancer (paper survey only had a bubble for “never had” so value set to 2 if bubble not marked) |
| A2 | 1 | N | A2. Do you identify as Black or African American? | 2=Yes 1=No |
| A3\_1 | 1 | N | If Yes: A2. Which Black or African American group(s) and other races/ethnicities do you identify with? Mark all that apply. | 1=Black/African American |
| A3\_2 | 1 | N | 1=Nigerian |
| A3\_3 | 1 | N | 1=Jamaican |
| A3\_4 | 1 | N | 1=Ethiopian |
| A3\_5 | 1 | N | 1=Haitian |
| A3\_6 | 1 | N | 1=Somali |
| A3\_7 | 1 | N | 1=Guyanese |
| A3\_8 | 1 | N | 1=Creole |
| A3\_9 | 1 | N | 1=West Indian |
| A3\_10 | 1 | N | 1=Caribbean |
| A3\_11 | 1 | N | 1=White |
| A3\_12 | 1 | N | 1=Asian/Asian American |
| A3\_13 | 1 | N | 1=Native American or American Indian or Alaskan Native |
| A3\_14 | 1 | N | 1=Middle Eastern or North African |
| A3\_15 | 1 | N | 1=Native Hawaiian or Pacific Islander |
| A3\_16 | 1 | N | 1=Hispanic |
| A3\_17 | 1 | N | 1=Latino |
| A3\_18 | 1 | N | 1=Spanish |
| A3\_19 | 1 | N | 1=Mexican/Mexican American |
| A3\_20 | 1 | N | 1=Salvadoran |
| A3\_21 | 1 | N | 1=Puerto Rican |
| A3\_22 | 1 | N | 1=Dominican |
| A3\_23 | 1 | N | 1=Columbian |
| A3\_24 | 1 | N | 1=Other |
| A3Other | 200 | A/N | A3. Other, *please specify:* | <Verbatim> |
| A4Month | 2 | N | A4. What is your month and year of birth? | <MM> |
| A4Year | 4 | N | <YYYY> |
| A5 | 1 | N | A5. Where were you born? | 1=United States (includes Hawaii and US territories) 2=Africa 3=Cuba or Caribbean Islands 4=Other |
| A5Other | 200 | A/N | A5. Other, *please specify:* | <Verbatim> |
| A6 | 1 | N | A6. Where was your biological father born? | 1=United States (includes Hawaii and US territories) 2=Africa 3=Cuba or Caribbean Islands 4=Other |
| A6Other | 200 | A/N | A6. Other, *please specify:* | <Verbatim> |
| A7 | 1 | N | A7. Where was your biological mother born? | 1=United States (includes Hawaii and US territories) 2=Africa 3=Cuba or Caribbean Islands 4=Other |
| A7Other | 200 | A/N | A7. Other, *please specify:* | <Verbatim> |
| A8 | 1 | N | A8. How many years have you lived in the United States? | 1=15 years or less 2=16-25 years 3=My whole life or more than 25 years |
|  |  |  | **B. FAMILY AND HEALTH HISTORY** | |
|  |  |  | B1. Have your father, grandfathers, any brother(s), or any son(s) 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 and half-brothers. Do not include step relatives. | |
| B1Aa | 2 | N | Father: Has this person had prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1Ab | 2 | N | Father: Was he (or any) diagnosed BEFORE age 55? | 1=No 2=Yes 88=Don’t know |
| B1Ac | 2 | N | Father: Did he (or any) die of prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1BNo | 1 | N | Any Brother: | 1=I had no brothers <blank> if not marked |
| B1Ba | 2 | N | Any Brother: Has this person had prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1Ba2 | 1 | N | Any Brother: If Yes, number with prostate cancer | 1=1 2=2+ |
| B1Bb | 2 | N | Any Brother: Was he (or any) diagnosed BEFORE age 55? | 1=No 2=Yes 88=Don’t know |
| B1Bc | 2 | N | Any Brother: Did he (or any) die of prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1CNo | 1 | N | Any Son: | 1=I had no sons <blank> if not marked |
| B1Ca | 2 | N | Any Son: Has this person had prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1Ca2 | 1 | N | Any Son: If Yes, number with prostate cancer | 1=1 2=2+ |
| B1Cb | 2 | N | Any Son: Was he (or any) diagnosed BEFORE age 55? | 1=No 2=Yes 88=Don’t know |
| B1Cc | 2 | N | Any Son: Did he (or any) die of prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1Da | 2 | N | Maternal Grandfather (Mom’s side): Has this person had prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1Db | 2 | N | Maternal Grandfather (Mom’s side): Was he (or any) diagnosed BEFORE age 55? | 1=No 2=Yes 88=Don’t know |
| B1Dc | 2 | N | Maternal Grandfather (Mom’s side): Did he (or any) die of prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1Ea | 2 | N | Paternal Grandfather (Dad’s side): Has this person had prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B1Eb | 2 | N | Paternal Grandfather (Dad’s side): Was he (or any) diagnosed BEFORE age 55? | 1=No 2=Yes 88=Don’t know |
| B1Ec | 2 | N | Paternal Grandfather (Dad’s side): Did he (or any) die of prostate cancer? | 1=No 2=Yes 88=Don’t know |
| B2 | 1 | N | 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)? **(Not asked on M-302587-2)** | 1=No 2=Yes |
|  |  |  | If Yes, please indicate which family members had a cancer in the table below. Mark all that apply. | |
| B2A\_1 | 1 | N | Mother | 1=Breast |
| B2A\_2 | 1 | N | 1=Ovarian |
| B2A\_3 | 1 | N | 1=Colorectal |
| B2A\_4 | 1 | N | 1=Lung |
| B2A\_5 | 1 | N | 1=Other Cancer |
| B2A\_6 | 1 | N | 1=No (other) cancer **(Not asked on M-302587-3)** |
| B2A\_7 | 1 | N | 1=Unknown if they had (other) cancer **(Not asked on M-302587-3)** |
| B2B\_1 | 1 | N | Father | 1=Breast |
| B2B\_3 | 1 | N | 1=Colorectal |
| B2B\_4 | 1 | N | 1=Lung |
| B2B\_5 | 1 | N | 1=Other Cancer |
| B2B\_6 | 1 | N | 1=No (other) cancer **(Not asked on M-302587-3)** |
| B2B\_7 | 1 | N | 1=Unknown if they had (other) cancer **(Not asked on M-302587-3)** |
| B2CNo | 1 | N | Any sister | 1=I had no sisters <blank> if not marked **(Not asked on M-302587-3)** |
| B2C\_1 | 1 | N | Any sister | 1=Breast |
| B2C\_2 | 1 | N | 1=Ovarian |
| B2C\_3 | 1 | N | 1=Colorectal |
| B2C\_4 | 1 | N | 1=Lung |
| B2C\_5 | 1 | N | 1=Other Cancer |
| B2C\_6 | 1 | N | 1=No (other) cancer **(Not asked on M-302587-3)** |
| B2C\_7 | 1 | N | 1=Unknown if they had (other) cancer **(Not asked on M-302587-3)** |
| B2DNo | 1 | N | Any brother | 1=I had no brothers <blank> if not marked **(Not asked on M-302587-3)** |
| B2D\_1 | 1 | N | Any brother | 1=Breast |
| B2D\_3 | 1 | N | 1=Colorectal |
| B2D\_4 | 1 | N | 1=Lung |
| B2D\_5 | 1 | N | 1=Other Cancer |
| B2D\_6 | 1 | N | 1=No (other) cancer **(Not asked on M-302587-3)** |
| B2D\_7 | 1 | N | 1=Unknown if they had (other) cancer **(Not asked on M-302587-3)** |
| B2ENo | 1 | N | Any daughter | 1=I had no daughters <blank> if not marked **(Not asked on M-302587-3)** |
| B2E\_1 | 1 | N | Any daughter | 1=Breast |
| B2E\_2 | 1 | N | 1=Ovarian |
| B2E\_3 | 1 | N | 1=Colorectal |
| B2E\_4 | 1 | N | 1=Lung |
| B2E\_5 | 1 | N | 1=Other Cancer |
| B2E\_6 | 1 | N | 1=No (other) cancer **(Not asked on M-302587-3)** |
| B2E\_7 | 1 | N | 1=Unknown if they had (other) cancer **(Not asked on M-302587-3)** |
| B2FNo | 1 | N | Any son | 1=I had no sons <blank> if not marked **(Not asked on M-302587-3)** |
| B2F\_1 | 1 | N | Any son | 1=Breast |
| B2F\_3 | 1 | N | 1=Colorectal |
| B2F\_4 | 1 | N | 1=Lung |
| B2F\_5 | 1 | N | 1=Other Cancer |
| B2F\_6 | 1 | N | 1=No (other) cancer **(Not asked on M-302587-3)** |
| B2F\_7 | 1 | N | 1=Unknown if they had (other) cancer **(Not asked on M-302587-3)** |
| B3 | 1 | N | B3. In general, how would you rate your current health? | 1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor |
|  |  |  | B4. Has the doctor ever told you that you have/had… | |
| B4Aa | 1 | N | a. A heart attack? | 1=No 2=Yes |
| B4Ab | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Ba | 1 | N | b. Heart failure or congestive heart failure? | 1=No 2=Yes |
| B4Bb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Ca | 1 | N | c. A stroke, blood clot or bleeding in the brain, or mini-stroke that resulted in difficulty moving an arm or leg? | 1=No 2=Yes |
| B4Cb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Da | 1 | N | d. Hypertension or high blood pressure? | 1=No 2=Yes |
| B4Db | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Dc | 1 | N | If yes, Do you currently take medication for high blood pressure? | 1=No 2=Yes |
| B4Ea | 1 | N | e. Peripheral arterial (or vascular) disease? | 1=No 2=Yes |
| B4Eb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Fa | 1 | N | f. High cholesterol? | 1=No 2=Yes |
| B4Fb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Fc | 1 | N | If yes, Do you currently take statins for high cholesterol? | 1=No 2=Yes |
| B4Ga | 1 | N | g. Asthma, emphysema, chronic bronchitis, or chronic obstructive pulmonary disease (COPD) for which you take medication? | 1=No 2=Yes |
| B4Gb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Ha | 1 | N | h. Stomach ulcers or peptic ulcer disease diagnosed by endoscopy or an upper GI or barium swallow study? | 1=No 2=Yes |
| B4Hb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Ia | 1 | N | i. Crohn’s disease, ulcerative colitis, irritable bowel disease, or gallbladder disease? | 1=No 2=Yes |
| B4Ib | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Ja | 1 | N | j. Diabetes or high blood sugar requiring medication by mouth or injection? | 1=No 2=Yes |
| B4Jb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Jc | 1 | N | Has the diabetes caused problems with your kidneys or problems with your eyes, treated by an eye doctor? | 1=No 2=Yes |
| B4JD | 1 | N | Have you taken metformin for diabetes? | 1=No 2=Yes |
| B4Ka | 1 | N | k. Kidney problems that resulted in poor kidney function or necessitated dialysis or transplantation? | 1=No 2=Yes |
| B4Kb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4La | 1 | N | l. Cirrhosis or serious liver damage? | 1=No 2=Yes |
| B4Lb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Ma | 1 | N | m. Arthritis, lupus, or polymyalgia that requires medications regularly? | 1=No 2=Yes |
| B4Mb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Na | 1 | N | n. Alzheimer’s disease or another form of dementia? | 1=No 2=Yes |
| B4Nb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Oa | 1 | N | o. Depression | 1=No 2=Yes |
| B4Ob | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Pa | 1 | N | p. AIDS | 1=No 2=Yes |
| B4Pb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4Qa | 1 | N | q. Any other cancer (besides prostate cancer)? | 1=No 2=Yes |
| B4Qb | 2 | N | If yes, at what age were you first diagnosed with this condition? | <##> |
| B4QOther | 200 | A/N | q. Any other cancer (besides prostate cancer)? *specify:* | <Verbatim> |
| B5 | 1 | N | B5. Where do you ***most often*** go for **routine medical care** (seeing a doctor for any reason, not just for cancer care)? | 1=Community health center or free clinic 2=Hospital (not emergency)/ urgent care clinic 3=Private doctor’s office 4=Emergency room 5=Veteran’s Affairs/VA 6=Other type of location |
| B5Other | 200 | A/N | B5. Other type of location, *please specify:* | <Verbatim> |
|  |  |  | **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 | 1 | N | C1. How many years have you lived in your current address? | 1=Less than 1 year 2=1-5 years 3=6-10 years 4=11-15 years 5=16-20 years  6=21+ years |
|  |  |  | C2. Please mark answers for each of these statements. | |
|  |  |  | a. On average, I felt/feel safe walking in my neighborhood day or night. | |
| C2A1 | 1 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
| C2A2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
| C2A3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
|  |  |  | b. Violence was/is not a problem in my neighborhood. | |
| C2B1 | 1 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
| C2B2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
| C2B3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
|  |  |  | c. My neighborhood was/is safe from crime. | |
| C2C1 | 1 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
| C2C2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
| C2C3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Strongly Agree 2=Agree 3=Neutral (neither agree nor disagree) 4=Disagree 5=Strongly Disagree |
|  |  |  | C3. Thinking about your neighborhood during the following 3 time periods, as a whole, how much of a problem is/was… | |
|  |  |  | a. Traffic | |
| C3A1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3A2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3A3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
|  |  |  | b. A lot of noise | |
| C3B1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3B2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3B3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
|  |  |  | c. Trash and litter | |
| C3C1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3C2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3C3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
|  |  |  | d. Too much light at night | |
| C3D1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3D2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
| C3D3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=Non/Minor problem  2=Somewhat serious problem  3=Very serious problem 88=Don’t Know |
|  |  |  | C4. Thinking about your NEIGHBORS, as a whole, during the following 3 time periods: | |
|  |  |  | a. How often do/did you see neighbors talking outside in the yard, on the street, at the corner park, etc.? | |
| C4A1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Often  2=Sometimes  3=Rarely/Never 88=Don’t Know |
| C4A2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Often  2=Sometimes  3=Rarely/Never 88=Don’t Know |
| C4A3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=Often  2=Sometimes  3=Rarely/Never 88=Don’t Know |
|  |  |  | b. How often do/did neighbors watch out for each other, such as calling if they see a problem? | |
| C4B1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=Often  2=Sometimes  3=Rarely/Never 88=Don’t Know |
| C4B2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=Often  2=Sometimes  3=Rarely/Never 88=Don’t Know |
| C4B3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=Often  2=Sometimes  3=Rarely/Never 88=Don’t Know |
|  |  |  | c. How many neighbors do/did you know by name? | |
| C4C1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
| C4C2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
| C4C3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
|  |  |  | d. How many neighbors do/did you have a friendly talk with at least once a week? | |
| C4D1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
| C4D2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
| C4D3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=A lot  2=Some  3=Few/None 88=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? | |
| C4E1 | 2 | N | 1. Current (from prostate cancer diagnosis to present) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
| C4E2 | 2 | N | 2. Age 31 up to just before prostate cancer diagnosis) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
| C4E3 | 2 | N | 3. Childhood or young adult life (up to age 30) | 1=A lot  2=Some  3=Few/None 88=Don’t Know |
|  |  |  | **D. LIFE EXPERIENCES**  These next questions may be personal. **We want to better understand the life experience 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. | |
| D1Aa | 1 | N | a. At any time in your life, have you ever been unfairly fired from a job or been unfairly denied a promotion? | 1=No  2=Yes |
| D1Ab | 1 | N | If yes, How stressful was this experience? | 1=Not at all  2=A little  3=Somewhat  4=Extremely |
| D1Ba | 1 | N | b. For unfair reasons, have you ever not been hired for a job? | 1=No  2=Yes |
| D1Bb | 1 | N | If yes, How stressful was this experience? | 1=Not at all  2=A little  3=Somewhat  4=Extremely |
| D1Ca | 1 | N | c. Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police? | 1=No  2=Yes |
| D1Cb | 1 | N | If yes, How stressful was this experience? | 1=Not at all  2=A little  3=Somewhat  4=Extremely |
| D1Da | 1 | N | d. Have you ever been unfairly discouraged by a teacher or advisor from continuing your education? | 1=No  2=Yes |
| D1Db | 1 | N | If yes, How stressful was this experience? | 1=Not at all  2=A little  3=Somewhat  4=Extremely |
| D1Ea | 1 | N | 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? | 1=No  2=Yes |
| D1Eb | 1 | N | If yes, How stressful was this experience? | 1=Not at all  2=A little  3=Somewhat  4=Extremely |
| D1Fa | 1 | N | f. Have you ever been unfairly denied a bank loan? | 1=No  2=Yes |
| D1Fb | 1 | N | If yes, How stressful was this experience? | 1=Not at all  2=A little  3=Somewhat  4=Extremely |
| D1Ga | 1 | N | g. Have you ever been unfairly treated when getting medical care? | 1=No  2=Yes |
| D1Gb | 1 | N | If yes, How stressful was this experience? | 1=Not at all  2=A little  3=Somewhat  4=Extremely |
|  |  |  | 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**. | |
| D2A | 1 | N | a. Patients have sometimes been deceived or misled at hospitals. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D2B | 1 | N | b. Hospitals often want to know more about your personal affairs or business than they really need to know. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D2C | 1 | N | c. Hospitals have sometimes done harmful experiments on patients without their knowledge. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D2D | 1 | N | d. Rich patients receive better care at hospitals than poor patients. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D2E | 1 | N | e. Male patients receive better care at hospitals than female patients. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
|  |  |  | 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? | |
|  |  |  | a. You have been treated with less respect than other people | |
| D3A1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3A2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3A3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | b. You have received poorer service than other people at restaurants or stores | |
| D3B1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3B2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3B3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | c. People have acted as if they think you are not smart | |
| D3C1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3C2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3C3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | d. People have acted as if they are afraid of you | |
| D3D1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3D2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3D3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | e. People have acted as if they think you are dishonest | |
| D3E1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3E2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3E3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | f. People have acted as if they’re better than you are | |
| D3F1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3F2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3F3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | g. You have been called names or insulted | |
| D3G1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3G2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3G3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | h. You have been threatened or harassed | |
| D3H1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3H2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3H3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | i. You have been followed around in stores | |
| D3I1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3I2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Never  2=Rarely  3=Sometimes  4=Often |
| D3I3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Never  2=Rarely  3=Sometimes  4=Often |
|  |  |  | j. How stressful has any of the above experience (a-i) of unfair treatment usually been for you? | |
| D3J1 | 1 | N | 1. Current (from prostate cancer diagnosis to the present) | 1=Not at all stressful  2=A little stressful  3=Somewhat stressful  4=Extremely stressful |
| D3J2 | 1 | N | 2. Age 31 up to just before prostate cancer diagnosis | 1=Not at all stressful  2=A little stressful  3=Somewhat stressful  4=Extremely stressful |
| D3J3 | 1 | N | 3. Childhood or young adult life (up to age 30) | 1=Not at all stressful  2=A little stressful  3=Somewhat stressful  4=Extremely stressful |
|  |  |  | D4. These statements are about how you currently see yourself. Indicate your level of agreement or disagreement with **each statement**. | |
| D4A | 1 | N | a. You’ve always felt that you could make of your life pretty much what you wanted to make of it. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4B | 1 | N | b. Once you make up your mind to do something, you stay with it until the job is completely done. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4C | 1 | N | c. You like doing things that other people thought could not be done. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4D | 1 | N | d. When things don’t go the way you want them to, that just makes you work even harder. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4E | 1 | N | e. Sometimes, you feel that if anything is going to be done right, you have to do it yourself. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4F | 1 | N | f. It’s not always easy, but you manage to find a way to do the things you really need to get done. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4G | 1 | N | g. Very seldom have you been disappointed by the results of your hard work. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4H | 1 | N | h. You feel you are the kind of individual who stands up for what he believes in, regardless of the consequences. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4I | 1 | N | i. In the past, even when things got really tough, you never lost sight of your goals. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4J | 1 | N | 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. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4K | 1 | N | k. You don’t let your personal feelings get in the way of doing a job. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
| D4L | 1 | N | l. Hard work has really helped you to get ahead in life. | 1=Strongly Agree  2=Somewhat Agree  3=Somewhat Disagree  4=Strongly Disagree |
|  |  |  | 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… | |
| D5A | 2 | N | a. Did you live with anyone who was depressed, mentally ill, or suicidal? | 1=No  2=Yes  88=Don’t know/not sure  99=Prefer not to answer |
| D5B | 2 | N | b. Did you live with anyone who was a problem drinker or alcoholic? | 1=No  2=Yes  88=Don’t know/not sure  99=Prefer not to answer |
| D5C | 2 | N | c. Did you live with anyone who used illegal street drugs or who abused prescription medications? | 1=No  2=Yes  88=Don’t know/not sure  99=Prefer not to answer |
| D5D | 2 | N | d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | 1=No  2=Yes  88=Don’t know/not sure  99=Prefer not to answer |
| D5E | 2 | N | e. Were your parents separated or divorced? | 1=No  2=Yes  3=Parents not married  88=Don’t know/not sure  99=Prefer not to answer |
| D5F | 2 | N | f. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? | 1=Never  2=Once  3=More than once  88=Don’t know/not sure  99=Prefer not to answer |
| D5G | 2 | N | 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. | 1=Never  2=Once  3=More than once  88=Don’t know/not sure  99=Prefer not to answer |
| D5H | 2 | N | h. How often did a parent or adult in your home ever swear at you, insult you, or put you down? | 1=Never  2=Once  3=More than once  88=Don’t know/not sure  99=Prefer not to answer |
| D5I | 2 | N | i. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? | 1=Never  2=Once  3=More than once  88=Don’t know/not sure  99=Prefer not to answer |
| D5J | 2 | N | j. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? | 1=Never  2=Once  3=More than once  88=Don’t know/not sure  99=Prefer not to answer |
| D5K | 2 | N | k. How often did anyone at least 5 years older than you or an adult, force you to have sex? | 1=Never  2=Once  3=More than once  88=Don’t know/not sure  99=Prefer not to answer |
|  |  |  | **E. PROSTATE CANCER TREATMENT**  **This section is about your prostate cancer diagnosis and treatments you may have received.** | |
| E1\_1 | 1 | N | E1. What were the first indications that suggested that you might have prostate cancer (before you had a prostate biopsy)? Mark all that apply. | 1=I had a high PSA (‘prostate specific antigen’) test |
| E1\_2 | 1 | N | 1=My doctor did a digital rectal exam that indicated an abnormality |
| E1\_3 | 1 | N | 1= I had urinary, sexual, or bowel problems that I went to see my doctor about |
| E1\_4 | 1 | N | 1=I had bone pain that I went to see my doctor about |
| E1\_5 | 1 | N | 1=I was fearful I had cancer |
| E1\_6 | 1 | N | 1=Other |
| E1Other | 200 | A/N | E1. Other, *please specify:* | <Verbatim> |
|  |  |  | E2. Before you were diagnosed with prostate cancer: | |
| E2Aa | 2 | N | a. Did you have any previous prostate biopsies that were negative? | 2=Yes  1=No  88=Don’t know |
| E2Ab | 1 | N | If yes, How many? | 1=1  2=2  3=3 or more |
| E2Ba | 2 | N | b. Did you have any previous PSA blood tests that were considered normal? | 2=Yes  1=No  88=Don’t know |
| E2Bb | 1 | N | If yes, How many? | 1=1  2=2  3=3  4=4  5=5 or more |
| E3 | 2 | N | E3. Which of the following best describes your decision to have the PSA blood test that indicated that you had prostate cancer? | 1=I made the decision alone  2=I made the decision together with a family member or friend  3=I made the decision together with a family member or friend and my doctor, nurse, or health care provider  4= I made the decision together with my doctor, nurse, or health care provider  5=My doctor, nurse, or health care provider made the decision  88=I do not know or remember how the decision was made |
| E4 | 2 | N | 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). | 1=Low risk of progression  2=Intermediate risk of progression  3=High risk of progression  4=Unknown risk of progression  88=Don’t know/Don’t remember |
| E5 | 2 | N | E5. What was your Gleason score when you were diagnosed with prostate cancer? | 1=6 or less  2=7  3=8-10  88=Don’t know |
| E6 | 2 | N | E6. What was your understanding of the stage of your prostate cancer when you were diagnosed? | 1=Localized, confined to prostate  2=Regional, tumor extended to regions around the prostate  3=Distant, tumor extended to bones or other parts of body  88=Don’t know about the stage |
| E7 | 2 | N | 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 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.) | 2=Yes  1=No  88=Don’t Know |
| E8 | 1 | N | E8. How did you make your treatment decision? | 1=I made the decision alone  2=I made the decision together with a family member or friend  3=I made the decision together with a family member or friend and my doctor, nurse, or health care provider  4=I made the decision together with my doctor, nurse, or health care provider  5=My doctor , nurse, or health care provider made the decision  6=I don’t know or remember how the decision was made |
| E9\_1 | 1 | N | E9. What were the most important factors you considered in making your treatment decision? Mark all that apply. | 1=Best chance for cure of my cancer |
| E9\_2 | 1 | N | 1=Minimize side effects related to sexual function |
| E9\_3 | 1 | N | 1=Minimize side effects related to urinary function |
| E9\_4 | 1 | N | 1=Minimize side effects related to bowel function |
| E9\_5 | 1 | N | 1=Minimize financial cost |
| E9\_6 | 1 | N | 1=Amount of time and travel required to receive treatments |
| E9\_7 | 1 | N | 1=Length of recovery time |
| E9\_8 | 1 | N | 1=Amount of time away from work |
| E9\_9 | 1 | N | 1=Burden on family members |
| E9\_10 | 1 | N | 1=Reduce worry and concern about cancer |
| E10\_1 | 1 | N | E10. Please mark all the treatments that you have received for your prostate cancer? Mark all that apply. | 1=Haven’t had any treatment yet (and not specifically on active surveillance or watchful waiting). |
| E10\_2 | 1 | N | 1=Active Surveillance or watchful waiting |
| E10\_3 | 1 | N | 1=Prostate surgery (prostatectomy) |
| E10\_4 | 1 | N | 1=Radiation to the prostate |
| E10\_5 | 1 | N | 1=Hormonal treatments |
| E10\_6 | 1 | N | 1=Provenge/immunotherapy (Sipuleucel T) |
| E10\_7 | 1 | N | 1=Chemotherapy (docetaxel, cabazitaxel, other chemotherapy) |
| E10\_8 | 1 | N | 1=Other treatments to the prostate (HIFU (High Intensity Focused Ultrasound), RFA (Radio Frequency Ablation), laser, focal therapy, cryotherapy (freezing of the prostate)) |
| E10\_3\_1 | 1 | N | E10\_3. Prostate surgery (prostatectomy), indicate which type(s): | 1=Robotic or laproscopic surgery resulting in removal of the prostate |
| E10\_3\_2 | 1 | N | 1=Open surgical removal of the prostate (using a long incision) |
| E10\_3\_3 | 1 | N | 1=Had surgery but unsure of type |
| E10\_4\_1 | 1 | N | E10\_4. Radiation to the prostate, indicate which type(s): | 1=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) |
| E10\_4\_2 | 1 | N | 1 = Insertion of radiation seed/roods (brachytherapy) |
| E10\_4\_3 | 1 | N | 1=Other types of radiation therapy, or unsure of what type |
| E10\_5\_1 | 1 | N | E10\_5. Hormonal treatments, indicate which type(s): | 1=Hormone shots (Lupron, Zoladex, Firmagon, Eligard, Vantas) |
| E10\_5\_2 | 1 | N | 1= Surgical removal of testicles (orchiectomy) |
| E10\_5\_3 | 1 | N | 1=Casodex (bicalutamide) or Eulexin (flutamide) pills |
| E10\_5\_4 | 1 | N | 1=Zytiga (abiraterone) or Xtandi (enzalutamide) pills |
| E10\_5\_5 | 1 | N | 1=Had hormone treatment, but unsure of type |
|  |  |  | E11. Your treatment decision: How true is each of the following statements for you? | |
| E11A | 1 | N | a. I had all the information I needed when a treatment was chosen for my prostate cancer | 1=Not at all  2=A little bit  3=Somewhat  4=Quite a bit  5=Very much |
| E11B | 1 | N | b. My doctors told me the whole story about the effects of treatment | 1=Not at all  2=A little bit  3=Somewhat  4=Quite a bit  5=Very much |
| E11C | 1 | N | c. I knew the right questions to ask my doctor | 1=Not at all  2=A little bit  3=Somewhat  4=Quite a bit  5=Very much |
| E11D | 1 | N | d. I had enough time to make a decision about my treatment | 1=Not at all  2=A little bit  3=Somewhat  4=Quite a bit  5=Very much |
| E11E | 1 | N | e. I am satisfied with the choices I made in treating my prostate cancer | 1=Not at all  2=A little bit  3=Somewhat  4=Quite a bit  5=Very much |
| E11F | 1 | N | f. I would recommend the treatment I had to a close relative or friend | 1=Not at all  2=A little bit  3=Somewhat  4=Quite a bit  5=Very much |
| E12 | 2 | N | 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? | 2=Yes  1=No  88=Don’t know/not sure |
| E13 | 2 | N | E13. Since your prostate cancer diagnosis, how many times have you had a PSA blood test? | 0=None  1=1  2=2  3=3  4=4 or more  88=Don’t know/not sure |
| E14 | 2 | N | E14. Since diagnosis or treatment, have you ever been told that your PSA was rising? | 2=Yes  1=No  88=Don’t know/not sure |
| E15 | 2 | N | E15. Since you were diagnosed, did your doctor ever tell you that your prostate cancer came back (recurred) or progressed (got worse)? | 2=Yes  1=No  88=Don’t know/not sure |
|  |  |  | **F. LIFESTYLE** | |
|  |  |  | Note: For F1 and F2 on paper forms, data is from bubbled value; write-in above is for reference only. | |
| F1FT | 1 | N | F1. How tall are you? | <#> ft. |
| F1IN | 2 | N | <##> in. |
| F1CM | 3 | N | <###> cm. |
| F2LBS | 3 | N | F2. How much do you current weight? | <###> lbs. |
| F2KGS | 3 | N | <###> kgs. |
| F3 | 1 | N | F3. How many days per week do you typically get moderate or strenuous exercise (such as heavy lifting, shop work, construction or farm work, home repair, gardening, bowling, golf, jogging, basketball, riding a bike, etc.)? | 4=5-7 times per week  3=3-4 times per week  2=1-2 times per week  1=Less than once per week/do not exercise |
| F4 | 1 | N | F4. On those days that you do moderate or strenuous exercise, how many minutes did you typically exercise at this level? | 2=Less than 30 minutes  3=30 minutes – 1 hour  4=More than 1 hour  1=Do not exercise |
| F5 | 1 | N | F5. In the past month, about how often do 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. | 6=Everyday  5=5-6 times per week  4=3-4 times per week  3=1-2 times per week  2=Fewer than once per week  1=Did not drink |
| F6 | 1 | N | F6. When you drank during the past month, how many drinks do you have on a typical occasion? | 3=3 or more drinks  2=1-2 drinks  1=Did not drink |
| F7 | 1 | N | F7. Have you ever smoked at least 100 cigarettes in your lifetime? | 1=No  2=Yes |
| F7Age | 3 | A/N | If yes, At what age did you start smoking on a regular basis (at least one cigarette/day)? | <##> (Online uses dropdown with 555 = “Less than 10”  777 = “75+”) |
| F7A | 1 | N | F7a. How many cigarettes do you (or did you) usually smoke per day? | 1=1-5  2=6-10  3=11-20  4=21-30  5=31+ |
| F7B | 1 | N | F7b. Have you quit smoking? | 1=No  2=Yes |
| F7BAge | 3 | A/N | If yes, At what age did you quit? | <##> (Online uses dropdown with  555 = “Less than 10”  777 = “75+”) |
|  |  |  | **G. ADDITIONAL BACKGROUND INFORMATION** | |
| G1 | 1 | N | G1. What is your current marital status? | 1=Married, or living with a partner  2=Separated 3=Divorced 4=Widowed 5=Never Married |
| G2\_1 | 1 | N | G2. With whom do you live? Mark all that apply. | 1=Live alone |
| G2\_2 | 1 | N | 1=A spouse or partner |
| G2\_3 | 1 | N | 1=Other family |
| G2\_4 | 1 | N | 1=Other people (non-family) |
| G2\_5 | 1 | N | 1=Pets |
| G3 | 2 | N | G3. How do you identify yourself? | 1=Straight/heterosexual  2=Bisexual 3=Gay/homosexual/same gender loving 4=Other 99=Prefer not to answer |
| G3Other | 200 | A/N | G3. Other *(specify)*: | <Verbatim> |
|  |  |  | G4. What is the HIGHEST level of education you, your father, and your mother have completed? | |
| G4A | 2 | N | You: | 1=Grade school or less  2=Some high school  3=High school graduate or GED  4=Vocational school  5=Some college  6=Associate’s degree  7=College graduate (Bachelor’s degree)  8=Some graduate education  9=Graduate degree |
| G4B | 2 | N | Your father: | 1=Grade school or less  2=Some high school  3=High school graduate or GED  4=Vocational school  5=Some college  6=Associate’s degree  7=College graduate (Bachelor’s degree)  8=Some graduate education  9=Graduate degree  88=Don’t know |
| G4C | 2 | N | Your mother: | 1=Grade school or less  2=Some high school  3=High school graduate or GED  4=Vocational school  5=Some college  6=Associate’s degree  7=College graduate (Bachelor’s degree)  8=Some graduate education  9=Graduate degree  88=Don’t know |
| G5 | 1 | N | G5. Which *one* of the following *best* describes what you currently do? | 1=Currently working full-time 2=Currently working part-time  3=Looking for work, unemployed  4=Retired  5=On disability permanently  6=On disability for a period of time (on sick leave or paternity leave or disability leave for other reasons)  7=Volunteer work/work without pay  8=Other |
| G5Other | 200 | A/N | G5. Other, *please specify:* | <Verbatim> |
| G6\_1 | 1 | N | G6. What kind of health insurance or health care coverage do you currently have? Mark all that apply. | 1=Insurance provided through my current or former employer or union (including Kaiser/HMO/PPO) |
| G6\_2 | 1 | N | 1=Insurance provided by another family member (e.g., spouse) through their current or former employer or union (including Kaiser/HMO/PPO) |
| G6\_3 | 1 | N | 1=Insurance purchased directly from an insurance company (by you or another family member) |
| G6\_4 | 1 | N | 1=Insurance purchased from an exchange (sometimes called Obamacare or the Affordable Care Act) |
| G6\_5 | 1 | N | 1= Medicaid or other state provided insurance |
| G6\_6 | 1 | N | 1=Medicare/government insurance |
| G6\_7 | 1 | N | 1=VA/Military Facility (including those who have ever used or enrolled for VA health care) |
| G6\_8 | 1 | N | 1=I do not have any medical insurance |
| G7 | 1 | N | 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. | 1=Less than $15,000  2=$15,000 to $35,999  3=$36,000 to $45,999  4=$46,000 to $65,999  5=$66,000 to $99,999  6=$100,000 to $149,999  7=$150,000 to $199,999  8= $200,000 or more |
| G8 | 1 | N | G8. In the last calendar year, how many people, including yourself, were supported by your family income? | 1=1  2=2  3=3  4=4  5=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: | |
| G9A | 1 | N | a. During young adult life (up to age 30): | 1=Not at all worried  2=A little worried  3=Somewhat worried  4=Very worried |
| G9B | 1 | N | b. Age 31 (up to just before prostate cancer diagnosis): | 1=Not at all worried  2=A little worried  3=Somewhat worried  4=Very worried |
| G9C | 1 | N | c. Current (from prostate cancer diagnosis to present): | 1=Not at all worried  2=A little worried  3=Somewhat worried  4=Very worried |
| G10 | 1 | N | G10. Is the home you live in: | 1=Owned or being bought by you (or someone in the household)?  2=Rented for money?  3=Other |
| G10Other | 200 | A/N | G10. Other (specify) | <Verbatim> |
| G11 | 1 | N | 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? | 1=Less than 1 month  2=1 to 2 months  3=3 to 6 months  4=More than 6 months |
| G12 | 10 | A/N | G12. Please enter today’s date. | <MM/DD/YYYY> |

### Grayscale Image Files

* + The grayscale images will be zipped and AES 256-bit encrypted and posted to the SFTP site defined in section 1.1.1.
  + Image file names will be:

<SurveyID>\_Multi.tif

* + - SurveyID = SurveyID from top of first page
  + Image files will be 16 level grayscale (4-bit grayscale), 200dpi, multi-page tifs.

## Project Clean Up

Scantron will recycle the forms 90 days after the delivery of the images for each collection period using Scantron’s secure recycling facilities.

Data and images will be maintain for a minimum of 90 days after the completion of the project.