

# DIET ASSESSMENT

ID: \_\_\_\_\_

0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
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1. Do you currently take multiple vitamins? (Please report individual vitamins under question 2.)

No     Yes → If yes, a) How many do you take per week? →  2 or less     3-5     6-9     10 or more

b) What specific brand do you usually use? → \_\_\_\_\_ Specify exact brand and type

2. Not counting multiple vitamins, do you take any of the following preparations:

a) Vitamin A?  No     Yes, seasonal only     Yes, most months

If Yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 8,000 IU     8,000 to 12,000 IU     13,000 to 22,000 IU     23,000 IU or more     Don't know

b) Vitamin C?  No     Yes, seasonal only     Yes, most months

If Yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 400 mg.     400 to 700 mg.     750 to 1250 mg.     1300 mg or more     Don't know

c) Vitamin B<sub>6</sub>?  No     Yes → If yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 10 mg.     10 to 39 mg.     40 to 79 mg.     80 mg. or more     Don't know

d) Vitamin E?  No     Yes → If yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 100 IU     100 to 250 IU     300 to 500 IU     600 IU or more     Don't know

e) Selenium?  No     Yes → If yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 80 mcg.     80 to 130 mcg.     140 to 250 mcg.     260 mcg. or more     Don't know

f) Iron?  No     Yes → If yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 51 mg.     51 to 200 mg.     201 to 400 mg.     401 mg or more     Don't know

g) Zinc?  No     Yes → If yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 25 mg.     25 to 74 mg.     75 to 100 mg.     101 mg. or more     Don't know

h) Calcium? (Include Calcium in Dolomite.)  No     Yes → If yes, { How many years? →  0-1 yr.     2-4 yrs.     5-9 yrs.     10+ yrs.     Don't know

                  { What dose per day? →  Less than 400 mg.     400 to 900 mg.     901 to 1300 mg.     1301 mg or more     Don't know

i) Are there other supplements that you take on a regular basis? Please mark if yes:

Folic acid     Cod liver Oil     Iodine     Beta-Carotene     Other (please specify): \_\_\_\_\_

Vitamin D     Omega-3 Fatty-acids     Copper     Brewer's Yeast     Magnesium

3. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

	AVERAGE USE LAST YEAR								
	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
<b>DAIRY FOODS</b>									
Skim or low fat milk (8 oz. glass)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Whole milk (8 oz. glass)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Cream, e.g. coffee whipped (1 Tbs)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Sour cream (Tbs)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Non-dairy coffee whitener (tsp.)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Sherbet or ice milk (1/2 cup)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Ice cream (1/2 cup)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Yogurt (1 cup)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Cottage or ricotta cheese (1/2 cup)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Cream cheese (1 oz.)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Other cheese, e.g. American, cheddar, etc. plain or as part of a dish (1 slice or 1 oz. serving)	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Margarine (pat), added to food or bread; exclude use in cooking	( )	( )	( W )	( )	( )	( D )	( )	( )	( )
Butter (pat), added to food or bread; exclude use in cooking	( )	( )	( W )	( )	( )	( D )	( )	( )	( )

Please turn to page 2

3. (Continued) Please fill in your average use, during the past year, of each specified food.

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the approximate 3 months that it is in season, then the average use would be once per week.

FRUITS	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Raisins (1 oz. or small pack) or grapes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watermelon (1 slice)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches, apricots or plums (1 fresh, or 1/2 cup canned)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VEGETABLES	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Tomatoes (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato juice (small glass)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g. spaghetti sauce	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red chili sauce (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu or soybeans (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or cole slaw (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas, or lima beans (1/2 cup fresh, frozen, canned)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed vegetables (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked or dried (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellow (winter) squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini, or other summer squash (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw, as in salad	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard or chard greens (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (serving)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (4" stick)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beets (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alfalfa sprouts (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garlic, fresh or powdered (1 clove or shake)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EGGS, MEAT, ETC.	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Eggs (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, with skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey, without skin (4-6 oz.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot dogs (1)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to page 3

3. (Continued) Please fill in your average use, during the past year, of each specified food.

MEATS (CONTINUED)		Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Processed meats, e.g. sausage, salami, bologna, etc. (piece or slice)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver (3-4 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1 patty)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagne, etc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a main dish, e.g. steak, roast, ham, etc. (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna fish (3-4 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g. mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster, scallops as a main dish		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BREADS, CEREALS, STARCHES		Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Cold breakfast cereal (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White bread (slice), including pita bread		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark bread (slice)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English muffins, bagels, or rolls (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins or biscuits (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, e.g. spaghetti, noodles, etc. (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other grains, e.g. bulgur, kasha, couscous, etc. (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (serving)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French fried potatoes (4 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, baked, boiled (1) or mashed (1 cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn chips (small bag or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers, Triskets, Wheat Thins (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEVERAGES		Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
CARBONATED BEVERAGES	Low Calorie (sugar-free) types	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular types (not sugar-free)	Coke, Pepsi, or other cola with sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Caffeine Free Coke, Pepsi, or other cola with sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other carbonated beverage with sugar, e.g. 7-Up, ginger ale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER BEVERAGES	Hawaiian Punch, lemonade, or other non-carbonated fruit drinks (1 glass, bottle, can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Decaffeinated coffee (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Coffee (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tea (1 cup), not herbal teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Beer (1 glass, bottle, can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Red wine (4 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	White wine (4 oz. glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor, e.g. whiskey, gin, etc. (1 drink or shot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> W	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

ID: \_\_\_\_\_

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

3. (Continued) Please fill in your average use during the past year, each specified food.

SWEETS, BAKED GOODS, MISCELLANEOUS

	Never, or less than once per month	1-3 per mo.	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Chocolate (bars or pieces) e.g. Hershey's, M&M's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Candy bars, e.g. Snickers, Milky Way, Reeses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Candy without chocolate (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Cookies, home baked (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Cookies, ready made (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Brownies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Doughnuts (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Cake, home baked (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Cake, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Sweet roll, coffee cake or other pastry, home baked (serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Sweet roll, coffee cake or other pastry, ready made (serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Pie, homemade (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Pie, ready made (slice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Jams, jellies, preserves, syrup, or honey (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Peanut butter (Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Popcorn (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Nuts (small packet or 1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Bran, added to food (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Wheat germ (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Chowder or cream soup (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Oil and vinegar dressing e.g. Italian (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Mayonnaise or other creamy salad dressing (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Mustard, dry or prepared (1 tsp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Pepper (1 shake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0
Salt (1 shake)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	A	0	0	0

4. How much of the visible fat on your meats do you remove before eating?

Remove all visible fat       Remove small part of fat

Remove majority               Remove none

(Don't eat meat)

5. What kind of fat do you usually use for frying and sautéing? (Exclude "Pam"-type spray)

Real butter                       Vegetable oil                       Lard

Margarine                         Vegetable shortening

6. What kind of fat do you usually use for baking?

Real butter                       Vegetable oil                       Lard

Margarine                         Vegetable shortening

7. What form of margarine do you usually use?

None       Stick       Tub       Spread

Low-calorie stick       Low-calorie tub

8. How often do you eat food that is fried at home? (Exclude the use of "Pam"-type spray)

Daily                                       4-6 times per week

1-3 times per week                       Less than once a week

9. How often do you eat fried food away from home? (e.g. french fries, fried chicken, fried fish)

Daily                                       4-6 times per week

1-3 times per week                       Less than once a week

10. How many teaspoons of sugar do you add to your beverages or food each day? \_\_\_\_\_ tsp.

11. What type of cooking oil do you usually use? \_\_\_\_\_ Specify type and brand

12. What kind of cold breakfast cereal do you usually use? \_\_\_\_\_ Specify type and brand

13. Are there any other important foods that you usually eat at least once per week?

Include for example: paté, tortillas, yeast, cream sauce, custard, horseradish, parsnips, rhubarb, radishes, fava beans, carrot juice, coconut, avocado, mango, papaya, dried apricots, dates, figs.

(Do not include dry spices and do not list something that has been listed in the previous sections.)

	Other foods that you usually use at least once per week	Usual serving size	Servings per week
(a)			
(b)			
(c)			
(d)			

VA COOPERATIVE STUDY #380  
"Risk Factors for Large ( $\geq 1$  cm) Colonic Adenomas"

FORM 01  
CLINIC SURVEY FORM

Medical Center Name \_\_\_\_\_

Medical Center No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient No. \_\_\_\_\_

Form Completed By \_\_\_\_\_

Date \_\_\_\_\_  
Mo Day Yr

Patient's Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

1. DATE OF BIRTH ..... Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_

2. SEX (1=Male, 2=Female) ..... \_\_\_\_\_

3. RACE ..... \_\_\_\_\_

- 1 = American Indian or Alaskan Native
- 2 = Asian or Pacific Islander
- 3 = Black, not of Hispanic origin
- 4 = Hispanic
- 5 = White, not of Hispanic origin

4. MARITAL STATUS ..... \_\_\_\_\_

- 1 = Married
- 2 = Remarried
- 3 = Widowed
- 4 = Separated
- 5 = Divorced
- 6 = Never married

5. HIGHEST LEVEL OF EDUCATION ATTAINED ..... \_\_\_\_\_

- 1 = Under 7 years schooling
- 2 = Junior high school (7th-9th grade)
- 3 = Partial high school (10th-11th grade)
- 4 = High school graduate
- 5 = Partial college training
- 6 = Standard college/university graduate
- 7 = Completed graduate/professional training

6. USUAL KIND OF WORK DURING MOST OF YOUR WORKING LIFE .....

- 1 = Never gainfully employed
- 2 = Unskilled employee
- 3 = Machine operator, semi-skilled employee
- 4 = Skilled manual employee
- 5 = Clerical or sales worker, technician, owner of small business
- 6 = Administrative personnel, owner of small independent business, minor professional
- 7 = Business manager of large concern, proprietor of medium-sized business, lesser professional
- 8 = Higher executive, proprietor of large concern, major professional

7. USUAL EMPLOYMENT PATTERN DURING THE PAST 3 YEARS .....

- 1 = Full-time (40 hours/week)
- 2 = Part-time (regular hours)
- 3 = Part-time (irregular workday)
- 4 = Student
- 5 = Military service
- 6 = Retired/disability
- 7 = Unemployed

PHYSICAL ACTIVITY

8. Compared with other persons of your age and sex, how physically active do you consider yourself (include activity at work, around the home, and in recreation)? (ENTER ONE NUMBER FROM BELOW) .....

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Much Less Active	Somewhat Less Active	About the Same	Somewhat More Active	Much More Active

9. Considering both occupational and leisure-time activity, do you engage in any vigorous activities? ("Vigorous" activities are those that cause you to perspire or to breathe heavily.) (1=Yes, 2=No) .....

IF YES:

A. How often does this occur? .....

- 1=More than once daily
- 2=Once daily
- 3=Four to six times a week
- 4=One to three times a week
- 5=One to three times a month
- 6=Less than once per month
- 7=Don't know

B. On the average, how long does the activity last each time? . \_\_\_\_ hours \_\_\_\_ minutes

**SMOKING HISTORY**

10. Do you smoke cigarettes daily now? (1=Yes, 2=No) .....

IF YES:

A. How many cigarettes do you smoke per day? .....

B. How many years have you been smoking cigarettes? (Go to Question 12.) .....

11. Were you a previous cigarette smoker? (1=Yes, 2=No) .....

IF YES:

A. How many years ago did you quit smoking cigarettes? .....

B. How many years did you smoke cigarettes? .....

C. How many cigarettes did you smoke per day? .....

**ALCOHOL**

12. Do you currently drink alcoholic beverages? (1=Yes, 2=No) .....

IF NO, GO TO QUESTION 13.

IF YES, INDICATE DRINKS PER WEEK BELOW:

A. Beer (1 bottle or can) .....

B. Wine (1 glass) .....

C. Liquor (1 shot) .....

13. Did you drink alcoholic beverages in the past? (1=Yes, 2=No) .....

IF NO, GO TO QUESTION 14.

IF YES, INDICATE DRINKS PER WEEK BELOW:

A. Beer (1 bottle or can) .....

B. Wine (1 glass) .....

C. Liquor (1 shot) .....

**HAVE YOU EVER HAD ONE OR MORE OF THE COLON EXAMINATIONS LISTED BELOW:**

14. Sigmoidoscopy (tube with a light inserted into rectum and colon) (1=Yes, 2=No) . . . . . \_\_\_\_\_

A. If Yes, give date of most recent examination . . . . . Mo \_\_\_\_ Yr \_\_\_\_

15. Colonoscopy (tube with a light inserted into colon after you are given medicine to make you sleepy) (1=Yes, 2=No) . . . . . \_\_\_\_\_

A. If Yes, give date of most recent examination . . . . . Mo \_\_\_\_ Yr \_\_\_\_

16. Barium Enema (1=Yes, 2=No) . . . . . \_\_\_\_\_

A. If Yes, give date of most recent examination . . . . . Mo \_\_\_\_ Yr \_\_\_\_

17. HAS ANY MEMBER OF YOUR FAMILY HAD COLON CANCER? (1=Yes, 2=No) . . . . . \_\_\_\_\_

IF YES, PLEASE INDICATE WHICH FAMILY MEMBERS:

A. Parents (1=Yes, 2=No) . . . . . \_\_\_\_\_

B. Brothers or sisters (1=Yes, 2=No) . . . . . \_\_\_\_\_

C. Aunts or uncles (1=Yes, 2=No) . . . . . \_\_\_\_\_

D. Grandparents (1=Yes, 2=No) . . . . . \_\_\_\_\_

E. Cousins (1=Yes, 2=No) . . . . . \_\_\_\_\_

F. Other distant relatives (1=Yes, 2=No) . . . . . \_\_\_\_\_

18. HAS YOUR GALLBLADDER BEEN REMOVED? (1=Yes, 2=No) . . . . . \_\_\_\_\_

A. If Yes, give date . . . . . Mo \_\_\_\_ Yr \_\_\_\_

19. ARE YOU TAKING COUMADIN/WARFARIN? (1=Yes, 2=No) . . . . . \_\_\_\_\_

20. HAVE YOU MADE A MAJOR CHANGE IN YOUR DIET IN THE LAST FIVE YEARS? (1=Yes, 2=No) . . . . . \_\_\_\_\_

A. If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



21. PLEASE INDICATE HOW FREQUENTLY YOU EAT EACH OF THE FOLLOWING ITEMS LISTED BELOW.

	1	2	3	4	5	6	7	8
	Never	1-3 times per month	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4-5 times per day
A. Processed Meats (sausage, salami, bologna, etc.)								
B. Beef, Pork, Lamb as a main dish (steak, roast, ham, etc.)								
C. Beef, Pork, Lamb as part of a sandwich or mixed dish (stew, casserole, lasagna)								
D. Chicken or Turkey with Skin								
E. Chicken or Turkey without Skin								
F. Fish								
G. Fruit Servings								
H. Vegetable Servings								

25

Medical Center Name \_\_\_\_\_  
Patient Name \_\_\_\_\_  
Form Completed By \_\_\_\_\_

Medical Center No. \_\_\_\_\_  
Patient No. \_\_\_\_\_  
Date \_\_\_\_\_  
Mo Day Yr

**PATIENTS WITH ANY OF THE FOLLOWING CRITERIA MUST BE EXCLUDED FROM THE STUDY.**

CODE: 1=YES  
2=NO  
3=NS\*

1. Age < 50 or > 75 years ..... \_\_\_\_\_
2. Prior history of colon surgery, colitis, colon polyps, colon cancer ..... \_\_\_\_\_
3. Prior history of sigmoidoscopy, colonoscopy, or barium enema within 10 years ..... \_\_\_\_\_
4. Medically significant concurrent disease which would preclude the safe conduct of colonoscopy ..... \_\_\_\_\_
5. PRESENCE OF ANY OF THE FOLLOWING:
  - A. Prosthetic heart valve ..... \_\_\_\_\_
  - B. Anticoagulation ..... \_\_\_\_\_
  - C. Requirement of antibiotic prophylaxis ..... \_\_\_\_\_
6. Women of child-bearing potential ..... \_\_\_\_\_
7. Patient refuses to complete Clinic Survey-Form 01 ..... \_\_\_\_\_
8. Patient refuses to participate in study ..... \_\_\_\_\_
9. Patient is currently participating in another study ..... \_\_\_\_\_
10. METHOD OF RECRUITMENT ..... \_\_\_\_\_
  - 1=Random recruitment from clinic
  - 2=Referral for screening sigmoidoscopy
  - 3=Positive family history
11. PATIENT STATUS (1=In study, 2=Excluded) ..... \_\_\_\_\_

\*NS - Not Screened

P.I. Signature \_\_\_\_\_

VA COOPERATIVE STUDY #380  
 "Risk Factors for Large ( $\geq 1$  cm) Colonic Adenomas"

FORM 04  
 MEDICAL HISTORY

Medical Center Name \_\_\_\_\_

Medical Center No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient No. \_\_\_\_\_

Form Completed By \_\_\_\_\_

Date \_\_\_\_\_  
 Mo Day Yr

A. MEDICAL HISTORY

CODE: 1=YES  
 2=NO

1. Did a doctor ever tell you if you had:

- A. Hypertension ..... \_\_\_\_\_
- B. Diabetes ..... \_\_\_\_\_
- C. Emphysema ..... \_\_\_\_\_
- D. Chronic bronchitis ..... \_\_\_\_\_
- E. Coronary heart disease ..... \_\_\_\_\_
- F. A stroke or transient ischemic attack (TIA) ..... \_\_\_\_\_
- G. Chronic pancreatitis ..... \_\_\_\_\_
- H. Hepatitis ..... \_\_\_\_\_
- I. Hemorrhoids ..... \_\_\_\_\_
- J. Kidney disease ..... \_\_\_\_\_
- K. Gallstones ..... \_\_\_\_\_
- L. Peptic ulcer ..... \_\_\_\_\_
- M. Arthritis ..... \_\_\_\_\_
- N. Diverticulitis or diverticulosis ..... \_\_\_\_\_
- O. High levels of cholesterol ..... \_\_\_\_\_
- P. Any disease of the thyroid gland ..... \_\_\_\_\_

2. Did a doctor ever tell you if you had any type of cancer or malignant tumor? ..... \_\_\_\_\_

A. If Yes, describe \_\_\_\_\_

3. List any other active medical problems:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

1=YES  
 2=NO

4. History of bleeding tendency? ..... \_\_\_\_\_

A. If Yes, describe \_\_\_\_\_

J. History of rheumatic fever? ..... \_\_\_\_\_

**B. PRIOR SURGERY**

6. Cholecystectomy (1 = Yes, 2 = No) .....

A. If Yes, give date ..... Mo \_\_\_\_ Yr \_\_\_\_

7. List other major surgeries:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**C. NON-STEROIDAL ANTI-INFLAMMATORY DRUGS**

1 = YES  
2 = NO

If Yes:

How Often?  
1 = Daily  
2 = As Needed

Duration  
(Years)

8. Aspirin ..... \_\_\_\_\_

9. Sulindac ..... \_\_\_\_\_

10. Ibuprofen ..... \_\_\_\_\_

11. Indocin ..... \_\_\_\_\_

12. Feldene (Piroxicam) ..... \_\_\_\_\_

13. Are you taking anything for pain? .....

A. If Yes, list: \_\_\_\_\_

**D. GI HISTORY**

1 = YES  
2 = NO

14. History of heartburn, esophagitis .....

15. History of dyspepsia (burning stomach pain relieved with antacids, food) .....

16. Prior peptic ulcer disease .....

17. History of prior upper GI endoscopy .....

A. If Yes, results \_\_\_\_\_

18. Quality of bowel movement .....

1 = Hard like rabbit pellets  
2 = Moderately hard

3 = Soft but firm  
4 = Soft and loose



**F. FAMILY HISTORY**

*These questions ask about a history of several illnesses in your first-degree relatives; that is, your natural parents, full brothers and sisters, and children. List each first-degree relative that had colon or rectal cancer, colon or rectal polyps, or any other illnesses; their age when they first developed the illness (as closely as you can recall) or their date of death (if deceased). Code each illness this relative had and age of onset.*

RELATIVE CODE 1=Father (natural) 2=Mother (natural) 3=Brother 4=Sister 5=Children	CURRENT AGE (if still living)	AGE AT DEATH (if deceased)	CODE EACH DIFFERENT ILLNESS THIS RELATIVE HAD AND AGE OF ONSET.																						
			CODES: 01=Colon or rectal cancer		02=Colon or rectal polyps		03=Breast cancer		04=Lung cancer		05=Ovarian cancer		06=ENT cancer		07=Lymphoma		08=Leukemia		09=Esophageal cancer		10=Gastric cancer		11=Other cancer		
			CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	CODE	AGE	
24. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
25. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
26. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
27. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
28. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
29. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
30. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
31. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
32. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
33. ____	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

P.I. Signature \_\_\_\_\_

TYPES OF ACTIVITIES

	Self-Care of Home Maintenance	Occupational	Recreational/Exercise
<b>VERY LIGHT</b>	Washing, shaving, dressing, desk work, washing dishes, driving auto	A job that requires sitting. Walking and standing are required only occasionally. <u>Examples:</u> Editor Manager (insurance office) Clerical or assembling work	Shuffleboard, watching TV, reading, horseshoes, billards, golf (cart), walking
<b>LIGHT</b>	Light housework	A job that involves sitting, walking or standing with a degree of pushing or pulling of leg or arm controls. Lifting 20 lbs. maximum and carrying objects weighing up to 25 lbs. <u>Examples:</u> Surveyor Stocking shelves Light welding Light carpentry Auto repair	Level bicycling Light calisthenics Sailing Table tennis Dancing (social and square) Golf (walking)
<b>MODERATE</b>	Home repairs General gardening Vacuuming Raking Lawn mowing Climbing stairs (slowly) Carrying objects (30-60 lbs.)	Lifting 50 lbs. maximum with frequent lifting and or carrying of objects up to 50 lbs. <u>Examples:</u> Laundry operator Carpentry (exterior home building) Shoveling dirt Mechanics Fire inspector	Walking (3-4 mph) Bowling Badminton Tennis (singles) Basketball Football Horseback riding
<b>HEAVY</b>	Sawing wood Heavy shoveling Climbing stairs (moderate speed) Carrying objects (60-90 lbs.) Heavy yard work	A job that requires lifting of 100 lbs. maximum and/or carrying of objects weighing up to 50 lbs. <u>Examples:</u> Tending furnace Digging ditches Pick and shovel	Jogging (5 mph) Aerobics Canoeing Mountain climbing Rowing machine

Medical Center Name \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Form Completed By \_\_\_\_\_

Medical Center No. \_\_\_\_\_  
 Patient No. \_\_\_\_\_  
 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**VITAL SIGNS**

1. Height (ins.) ..... \_\_\_\_\_
2. Weight (lbs.) ..... \_\_\_\_\_
3. Blood pressure (mmHg) ..... \_\_\_\_\_ / \_\_\_\_\_
4. Pulse rate (/minute resting) ..... \_\_\_\_\_

PHYSICAL EXAMINATION	1=NORMAL 2=ABNORMAL	DESCRIBE ABNORMALITY
5. Skin (note skin tags)	_____	_____
6. Heart	_____	_____
7. Lungs	_____	_____
8. Abdomen	_____	_____
9. Rectal exam (digital)	_____	_____
A. Hemoccult rectal blood test (1=Positive, 2=Negative)	_____	_____

**LABORATORY RESULTS**

10. Hematocrit (mm%) ..... \_\_\_\_\_
11. Total WBC ( $\times 10^3$  cu mm) ..... \_\_\_\_\_
12. Platelet count (/cu mm) ..... \_\_\_\_\_
13. Prothrombin time (seconds) ..... \_\_\_\_\_
14. Partial thromboplastin time (seconds) ..... \_\_\_\_\_
15. Cholesterol (mg/dl) ..... \_\_\_\_\_
16. HDL (mg/dl) ..... \_\_\_\_\_
17. LDL (mg/dl) ..... \_\_\_\_\_
18. Triglycerides (mg/dl) ..... \_\_\_\_\_

P.I. Signature \_\_\_\_\_



Medical Center Name \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Form Completed By \_\_\_\_\_

Medical Center No. \_\_\_\_\_  
 Patient No. \_\_\_\_\_  
 Date \_\_\_\_\_  
           Mo      Day      Yr

RATING PERIOD: 00 = Baseline 05 = Five-year .....

1. MEDICATIONS USED:	1 = YES 2 = NO	IF YES: DOSAGE (MG)
A. Demerol .....	_____	_____
B. Versed .....	_____	_____
C. Atropine .....	_____	_____
D. Fentanyl .....	_____	_____
E. Valium .....	_____	_____
F. Glucagon .....	_____	_____
G. Other, specify _____	_____	_____
H. Other, specify _____	_____	_____
I. Other, specify _____	_____	_____

2. TIME OF PROCEDURE:  
 A. Time from scope insertion to reaching cecum (minutes) .....

B. Total time of procedure (minutes) .....

3. ADEQUACY OF BOWEL PREP .....

1 = Good (mucosa well seen throughout)  
 2 = Fair (liquid contents; exam adequate)  
 3 = Poor (solid contents; exam compromised)

A. If POOR, specify what portion(s) of the colon were poorly seen:  
 \_\_\_\_\_

4. FARTHEST EXTENT REACHED (REGION OF THE COLON; USE CODES BELOW) .....

1 = Cecum	5 = Splenic flexure
2 = Ascending colon	6 = Descending colon
3 = Hepatic flexure	7 = Sigmoid colon
4 = Transverse colon	8 = Rectum

PLEASE SEND A COPY OF THE ORIGINAL COLONOSCOPY REPORT TO THE PROJECT COORDINATOR IN THE STUDY CHAIRMAN'S OFFICE.

1= YES  
2= NO

6. ANY MAJOR COMPLICATIONS? .....

If Yes, complete the following:

- A. Perforation of colon .....
- B. GI bleeding requiring hospitalization .....
- C. GI bleeding requiring surgery .....
- D. GI bleeding requiring transfusion .....
- E. Apnea before, during or after the procedure .....
- F. Hypotension requiring specific intervention (i.e., requiring IV resuscitation and/or termination of procedure) .....
- G. Cardiac arrhythmia requiring specific intervention .....
- H. Myocardial ischemia/angina .....
- I. Need for cardiopulmonary resuscitation .....
- J. Other, specify \_\_\_\_\_ .....
- K. Other, specify \_\_\_\_\_ .....
- L. Other, specify \_\_\_\_\_ .....

NOTE: All major complications should be reported to the local Human Studies Committee. A copy of the report should be sent to the Project Coordinator in Portland along with this form.

1= YES  
2= NO

7. ANY MINOR COMPLICATIONS? .....

If Yes, complete the following:

- A. GI bleeding which did not require hospitalization or transfusion .....
- B. Transient hypotension which did not require specific intervention (systolic BP < 100) .....
- C. Transient oxygen desaturation which did not require specific intervention (saturation < 88%) .....
- D. Transient oxygen desaturation which required the addition of nasal oxygen .....
- E. Abdominal bloating or pain lasting more than 2 hours after completion of the study .....
- F. Abdominal pain which prevented completion of the colonoscopy .....
- G. Other, specify \_\_\_\_\_ .....
- H. Other, specify \_\_\_\_\_ .....
- I. Other, specify \_\_\_\_\_ .....

7. ANY DELAYED PROBLEMS (up to 30 days post procedure)? (1=Yes, 2=No) .....

- A. If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Study nurses should call patients 24 to 72 hours after completion of colonoscopy to assess overall condition. Any residual effects of the procedure or late complications should be noted.

COLONOSCOPIST \_\_\_\_\_  
(please print name)

Signature \_\_\_\_\_

VA COOPERATIVE STUDY #380  
*"Risk Factors for Large ( $\geq 1$  cm) Colonic Adenomas"*

FORM 09  
 FIVE-YEAR FOLLOW-UP FORM

Medical Center Name \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Form Completed By \_\_\_\_\_

Medical Center No. \_\_\_\_\_  
 Patient No. \_\_\_\_\_  
 Date \_\_\_\_\_  
                     Mo       Day       Yr

PATIENT'S ADDRESS: \_\_\_\_\_  
                                     Street

\_\_\_\_\_ City                      State                      Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIVE'S NAME: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. POLYP ON BASELINE EXAM (1=Yes, 2=No) .....

FOLLOW-UP CONTACT:

DATE  
 (Mo/Day/Yr)

Type of Contact (letter, phone, etc.)

- |    |                   |                 |       |
|----|-------------------|-----------------|-------|
| 2. | 1st contact ..... | ___ / ___ / ___ | _____ |
| 3. | 2nd contact ..... | ___ / ___ / ___ | _____ |
| 4. | 3rd contact ..... | ___ / ___ / ___ | _____ |
| 5. | 4th contact ..... | ___ / ___ / ___ | _____ |
| 6. | 5th contact ..... | ___ / ___ / ___ | _____ |

7. FIVE-YEAR FOLLOW-UP .....

- 1 = Agrees to follow-up exam
- 2 = Refuses follow-up exam
- 3 = Lost to follow-up
- 4 = Died
- 5 = Excluded from follow-up due to new medical problems
- 6 = Other

Specify \_\_\_\_\_

P.I. Signature \_\_\_\_\_

Medical Center Name \_\_\_\_\_

Medical Center No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient No. \_\_\_\_\_

Form Completed By \_\_\_\_\_

Date \_\_\_\_\_  
 Mo Day Yr

1. Has the patient ever taken non-steroidal anti-inflammatory drugs? (1=Yes, 2=No) .....

If Yes, complete Questions 2-19 below.

IF YES: HOW OFTEN?  
 1=Never  
 2=Occasionally  
 3=Intermittent, but regular  
 ( $\geq 1$  day/week)  
 4=Daily  
 5=More than once a day  
 regularly

1=YES  
 2=NO

DURATION  
 (weeks)

	1=YES 2=NO	HOW OFTEN? 1=Never 2=Occasionally 3=Intermittent, but regular ( $\geq 1$ day/week) 4=Daily 5=More than once a day regularly	DURATION (weeks)
2. Aspirin (other than Saliprin)	_____	_____	_____
3. Diflusal (Dolobid)	_____	_____	_____
4. Fenoprofen (Nalfon)	_____	_____	_____
5. Ibuprofen (Motrin, Advil, Rufen)	_____	_____	_____
6. Indomethacin (Indocin)	_____	_____	_____
Mefenamic acid (Ponstel)	_____	_____	_____
8. Naproxen (Naprosyn, Anaprox)	_____	_____	_____
9. Piroxicam (Feldene)	_____	_____	_____
10. Sulindac (Clinoril)	_____	_____	_____
11. Tolmetin (Tolectin)	_____	_____	_____
12. Diclofenac (Voltaren)	_____	_____	_____
13. Etodolac (Lodine)	_____	_____	_____
14. Ketoprofen (Orudis)	_____	_____	_____
15. Nabumetone (Relafen)	_____	_____	_____
Others, specify below:			
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____

P.I. Signature \_\_\_\_\_

VA COOPERATIVE STUDY #380  
 "Risk Factors for Large ( $\geq 1$  cm) Colonic Adenomas"

FORM 11  
 CENTRAL REVIEW FORM

Medical Center Name \_\_\_\_\_

Medical Center No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient No. \_\_\_\_\_

Form Completed By \_\_\_\_\_

Date \_\_\_\_\_  
 Mo Day Yr

RATING PERIOD: 00 = Baseline 05 = Five-year .....

CODE RATER: (1=CHEJFEC, 2=EWING) .....

PLEASE RECORD THE SIZE, LOCATION, TYPE OF POLYP AND PROCEDURES FOR REMOVAL FOR EACH POLYP.

**Location:**

CE=Cecum  
 AC=Ascending Colon  
 HF=Hepatic Flexure  
 TC=Transverse Colon  
 SF=Splenic Flexure  
 DC=Descending Colon  
 SC=Sigmoid Colon  
 RE=Rectum

**Shape:**

P=Pedunculated  
 S=Sessile  
 U=Unable to be determined, not mentioned

**Procedure:**

1=Snare polypectomy  
 2=Hot biopsy forceps  
 3=Cold biopsy  
 4=Not removed  
 5=Lost/Insufficient

**Histology:**

T=Tubular  
 V=Villous  
 M=Mixed Tubulovillous  
 A=Adenomatous, not specified  
 H=Hyperplastic  
 U=Unable to be determined, not mentioned  
 C=Carcinoma  
 O=Other  
 N=Normal

**Atypia/Dysplasia:**

H=High Grade Dysplasia  
 L=Low Grade Dysplasia  
 U=Unable to be determined, not mentioned  
 N=None

Polyp #	Location	Distance (cm) from anal verge	Diameter (mm)	Shape	Procedure	Histology	Atypia
1.	---	---	---	---	---	---	---
2.	---	---	---	---	---	---	---
3.	---	---	---	---	---	---	---
4.	---	---	---	---	---	---	---
5.	---	---	---	---	---	---	---
6.	---	---	---	---	---	---	---
7.	---	---	---	---	---	---	---
8.	---	---	---	---	---	---	---
9.	---	---	---	---	---	---	---
10.	---	---	---	---	---	---	---
11.	---	---	---	---	---	---	---
12.	---	---	---	---	---	---	---
13.	---	---	---	---	---	---	---
14.	---	---	---	---	---	---	---
15.	---	---	---	---	---	---	---
16.	---	---	---	---	---	---	---
17.	---	---	---	---	---	---	---
18.	---	---	---	---	---	---	---
19.	---	---	---	---	---	---	---
20.	---	---	---	---	---	---	---

CODE: 1=YES  
2=NO  
3=NOT  
RECORDED

- 21. Hemorrhoids ..... \_\_\_\_\_
- 22. Diverticula ..... \_\_\_\_\_
- 23. Other findings ..... \_\_\_\_\_

If Yes:

- A. Chronic inflammation ..... \_\_\_\_\_
- B. Lipoma ..... \_\_\_\_\_
- C. Inflammatory polyp ..... \_\_\_\_\_
- D. Juvenile polyp ..... \_\_\_\_\_
- E. Carcinoid tumor ..... \_\_\_\_\_
- F. Carcinoma ..... \_\_\_\_\_
- G. Lymphoid hyperplasia ..... \_\_\_\_\_
- H. Other \_\_\_\_\_

24. Total number of adenomatous polyps ..... \_\_\_\_\_

VA COOPERATIVE STUDY #380  
 "Risk Factors for Large ( $\geq 1$  cm) Colonic Adenomas"

FORM 12  
 PHASE II - SIX-MONTH FOLLOW-UP

Medical Center Name \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 Form Completed By \_\_\_\_\_

Medical Center No. \_\_\_\_\_  
 Patient No. \_\_\_\_\_  
 Date \_\_\_\_\_  
                     Mo    Day    Yr

RATING PERIOD (months since baseline colonoscopy) .....  
 12MO    24MO    36MO    48MO    60 MO

1. Date of contact ..... Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_

NSAID USE

2. Since last contact, has the patient taken any non-steroidal anti-inflammatory drugs? (1=Yes, 2=No) .....

If Yes, complete Questions 3-20 below. If No, go to Question 21.

	IF YES:	HOW OFTEN?	DURATION (since last contact) IN WEEKS
	1=YES 2=NO	1=Never 2=Occasionally 3=Intermittent, but regular ( $\geq 1$ day/week) 4=Daily 5=More than once a day regularly	
3. Aspirin (other than Saliprin)	_____	_____	_____
4. Diflusal (Dolobid)	_____	_____	_____
5. Fenoprofen (Nalfon)	_____	_____	_____
6. Ibuprofen (Motrin, Advil, Rufen)	_____	_____	_____
7. Indomethacin (Indocin)	_____	_____	_____
8. Mefenamic acid (Ponstel)	_____	_____	_____
9. Naproxen (Naprosyn, Anaprox)	_____	_____	_____
10. Piroxicam (Feldene)	_____	_____	_____
11. Sulindac (Clinoril)	_____	_____	_____
12. Tolmetin (Tolectin)	_____	_____	_____
13. Diclofenac (Voltaren)	_____	_____	_____
14. Etodolac (Lodine)	_____	_____	_____
15. Ketoprofen (Orudis)	_____	_____	_____
16. Nabumetone (Relafen)	_____	_____	_____
<u>Others, specify below:</u>			
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

ACTIVE MEDICAL PROBLEMS SINCE BASELINE COLONOSCOPY

21. Has the patient had any active medical problems since last contact? (1=Yes, 2=No) .....

If Yes, complete Questions 22-29 below.

CODE: 1=YES  
2=NO

22. Acute MI .....

23. Stroke .....

24. Hospitalization for breathing problems .....

25. Colorectal cancer .....

26. Other cancer, specify .....

27. Other hospitalizations (specify below) .....

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

28. Surgery (specify below) .....

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

29. Death (1=Yes, 2=No) .....

a. If Yes, date of death ..... Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_

b. Cause of death: .....

P.I. Signature \_\_\_\_\_



**VA COOPERATIVE STUDY #380**  
*"Risk Factors for Large (>1 cm) Colonic Adenomas"*

**FORM 13**  
**PHASE III – INITIAL CONTACT FORM**

Medical Center Name \_\_\_\_\_  
Patient Name \_\_\_\_\_  
Form Completed By \_\_\_\_\_

Medical Center No. \_\_\_\_\_  
Patient No. \_\_\_\_\_

1. Patient Status .....

1 = Patient not located

2 = Patient contacted, refused Phase III

3 = Patient deceased Date of Death ..... Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_\_

4 = Patient signs Phase III Informed Consent, agrees to follow-up

2. Date of Initial Phase III Contact/Interview ..... Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_\_

3. In the last five years have you had any of the following? **Code: 1 = YES**

**2 = NO**

a. Coronary Heart Disease .....

b. Stroke or Transient Ischemic Attacks .....

c. Acute MI .....

d. Chronic Pancreatitis .....

e. Gallstones .....

f. Peptic Ulcer .....

g. Colorectal Cancer .....

h. Other Cancer .....

i. Hospitalization for Abdominal Surgery .....

j. Hospitalization for Other Surgery .....

k. Other Hospitalization (Non-Surgery) .....

4. Have you ever

a. Taken multivitamin pills? .....

If yes, how often (1 = Less than one/day; 2 = daily or more) .....

b. Taken calcium supplements? .....

Code: 1 = YES

2 = NO

5. Do you smoked cigarettes daily now? .....

IF NO, GO TO QUESTION 6

IF YES, ANSWER A AND B BELOW

a. How many cigarettes do you smoke per day.....

b. How many years have you been smoking cigarettes? .....

GO TO QUESTION 7

6. Were you a previous cigarette smoker? .....

If Yes:

a. How many years ago did you quit smoking cigarettes? .....

b. How many years did you smoke cigarettes? .....

c. How many cigarettes did you smoke per day? .....

Do you currently drink alcoholic beverages? .....

IF NO, GO TO QUESTION 8

IF YES, ANSWER A, B, AND C BELOW

a. Beer (1 bottle or can) .....

b. Wine (1 glass) .....

c. Liquor (1 shot) .....

GO TO QUESTION 9

Did you drink alcoholic beverages in the past? .....

If Yes, indicate drinks per week:

a. Beer (1 bottle or can) .....

b. Wine (1 glass) .....

c. Liquor (1 shot) .....

9. In the last five years, have you used NSAIDS (nonsteroidal anti-inflammatory drugs)? .....

If Yes, complete Questions a-x below:

	1=YES 2=NO	IF YES: HOW OFTEN? 1=Never 2=Occasionally 3=Intermittent, but regular (≥ 1 day/week) 4=Daily 5=More than once a day regularly	HAS YOUR USE 1=Increased 2=Same 3=Decreased
a. Aspirin (other than Saliprin)	_____	_____	_____
b. Ibuprofen (Motrin, Rufen, Excedrin IB, Nuprin, Bayer Select)	_____	_____	_____
c. Celecoxib (Celebrex)	_____	_____	_____
d. Rofecoxib (Vioxx)	_____	_____	_____
e. Salsalate (Disalcid, amgesic, Artha-G, Monogesic, Salflex, Salsitab)	_____	_____	_____
f. Valdecoxib (Bextra)	_____	_____	_____
g. Diflusal (Dolobid)	_____	_____	_____
h. Fenoprofen (Nalfon)	_____	_____	_____
i. Indomethacin (Indocin)	_____	_____	_____
j. Mefenamic acid (Ponstel)	_____	_____	_____
k. Naproxen (Aleve, Naprosyn, Anaprox)	_____	_____	_____
l. Piroxicam (Feldene)	_____	_____	_____
m. Sulindac (Clinoril)	_____	_____	_____
n. Tolmetin (Tolectin)	_____	_____	_____
o. Diclofenac (Voltaren)	_____	_____	_____
p. Etodolac (Lodine)	_____	_____	_____
q. Ketoprofen (Orudis)	_____	_____	_____
r. Nabumetone (Relafen)	_____	_____	_____
s. Flurbiprofen (Ansaid, Froben)	_____	_____	_____
t. Meclofenamate (Meclomen)	_____	_____	_____
u. Meloxicam (Mobic)	_____	_____	_____
v. Oxaprozin (Daypro)	_____	_____	_____
w. Other _____	_____	_____	_____
x. Other _____	_____	_____	_____

P.I. Signature \_\_\_\_\_



5. Since the last contact, have you used NSAIDS (nonsteroidal anti-inflammatory drugs)? .....  
 If Yes, complete Questions a-x below.

	1=YES 2=NO	IF YES: HOW OFTEN? 1=Never 2=Occasionally 3=Intermittent, but regular (≥ 1 day/week) 4=Daily 5=More than once a day regularly	HAS YOUR USE 1=Increased 2=Same 3=Decreased
a. Aspirin (other than Saliprin)	_____	_____	_____
b. Ibuprofen (Motrin, Rufen, Excedrin IB, Nuprin, Bayer Select)	_____	_____	_____
c. Celecoxib (Celebrex)	_____	_____	_____
d. Rofecoxib (Vioxx)	_____	_____	_____
e. Salsalate (Disalcid, amgesic, Artha-G, Monogesic, Salflex, Salsitab)	_____	_____	_____
f. Valdecoxib (Bextra)	_____	_____	_____
g. Diflusal (Dolobid)	_____	_____	_____
h. Fenoprofen (Nalfon)	_____	_____	_____
i. Indomethacin (Indocin)	_____	_____	_____
j. Mefenamic acid (Ponstel)	_____	_____	_____
k. Naproxen (Aleve, Naprosyn, Anaprox)	_____	_____	_____
l. Piroxicam (Feldene)	_____	_____	_____
m. Sulindac (Clinoril)	_____	_____	_____
n. Tolmetin (Tolectin)	_____	_____	_____
o. Diclofenac (Voltaren)	_____	_____	_____
p. Etodolac (Lodine)	_____	_____	_____
q. Ketoprofen (Orudis)	_____	_____	_____
r. Nabumetone (Relafen)	_____	_____	_____
s. Flurbiprofen (Ansaid, Froben)	_____	_____	_____
t. Meclofenamate (Meclomen)	_____	_____	_____
u. Meloxicam (Mobic)	_____	_____	_____
v. Oxaprozin (Daypro)	_____	_____	_____
w. Other	_____	_____	_____
x. Other	_____	_____	_____

P.I. Signature \_\_\_\_\_

Medical Center Name \_\_\_\_\_ Medical Center No. \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient No. \_\_\_\_\_

Form Completed By \_\_\_\_\_

Date on Form 13 or 14.....Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

This form is to be submitted when Questions 3H, 3J or 3K on Form 13 or 14 are coded 1=yes

Code: 1=YES  
2=NO

1. Was "Other Cancer" (Question 3H) on Form 13/14 coded 1=yes?..... \_\_\_\_\_

If yes, complete the categories below

- A. Prostate..... \_\_\_\_\_
- B. Skin (non melanoma)..... \_\_\_\_\_
- C. Other (including melanoma):..... \_\_\_\_\_

2. Was "Hospitalization for Other Surgery" (Question) 3J on form 13-14 coded 1=yes?..... \_\_\_\_\_

If yes, complete the categories below

- A. Cardiovascular..... \_\_\_\_\_
- B. Joint replacement/repair..... \_\_\_\_\_
- C. Lung..... \_\_\_\_\_
- D. Unknown..... \_\_\_\_\_
- E. Other:..... \_\_\_\_\_

3. Was "Other Hospitalization (Non-Surgery) (Question 3K) on Form 13/14 coded 1=yes?..... \_\_\_\_\_

If yes, complete the categories below

- A. Cardiovascular..... \_\_\_\_\_
- B. Respiratory..... \_\_\_\_\_
- C. Infection (other than respiratory)..... \_\_\_\_\_
- D. Mental status change..... \_\_\_\_\_
- E. Observation..... \_\_\_\_\_
- F. Unknown..... \_\_\_\_\_
- G. Other:..... \_\_\_\_\_

P.I. Signature \_\_\_\_\_

**VA COOPERATIVE STUDY #380**  
"Risk Factors for Large (>1cm) Colonic Adenomas"

**FORM 16**  
Phase III Termination Form

Medical Center Name \_\_\_\_\_

Medical Center No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient No. \_\_\_\_\_

Form Completed By \_\_\_\_\_

Termination date.....Mo\_\_\_\_Day\_\_\_\_Yr\_\_\_\_\_

This form should be completed for all patients who signed a Phase III consent (Form 82)

1. Termination status:..... \_\_\_\_\_
- 1=Completed 10 years of follow-up
  - 2=Withdrew from Phase III follow-up
  - 3=Died
  - 4=Lost to follow-up/could not be contacted

2. Per protocol colonoscopy exam at 10 years performed..... \_\_\_\_\_
- 1=Yes
  - 2=No

If no, reason exam not done..... \_\_\_\_\_

- 1=Age 65 or older at time of baseline exam
- 2=Interim exam done
- 3=Patient not located
- 4=Patient refused exam
- 5=Patient deceased
- 6=Exam medically contraindicated
- 7=Other

Specify: \_\_\_\_\_

P.I. Signature \_\_\_\_\_

**VA COOPERATIVE STUDY #380**  
"Risk Factors for Large (>1cm) Colonic Adenomas"

**FORM 17**  
Non-Endoscopic Exam Form

Medical Center Name \_\_\_\_\_

Medical Center No. \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient No. \_\_\_\_\_

Form Completed By \_\_\_\_\_

Date of Exam: .....Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_

1. Type of exam .....

1= Air Contrast (Double Contrast) Barium Enema

2= Barium Enema

3= CT Colonography (virtual colonoscopy)

2. Findings

**Code: 1=YES**  
**2=NO**

A. Normal.....

B. Diverticulosis.....

C. Filling defect.....

D. Polypoid lesion.....

E. Stricture.....

F. Other:.....

1. Specify: \_\_\_\_\_

\_\_\_\_\_

**P.I. Signature** \_\_\_\_\_