



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY



Prostate Cancer Research Study of African Men in Nigeria

University College Hospital (UCH)

Ibadan, Nigeria

Albert Einstein College of Medicine

Bronx, New York, USA

Study ID:					
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(e.g. A0001 for Cases; B0001 for Controls)

Interviewer Name:	
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Date of Interview:			
	Day	Month	Year

Time Interview Began		
	Hr	Min

Time Interview Ended		
	Hr	Min

Site/Department of Interview
(please check one):

- Surgery
- Urology
- Oncology
- Orthopedics
- Internal Medicine
- Dermatology
- Other _____
Please Specify

A.8. What is the highest grade or level of schooling which you completed?

- 1 No Formal Education
- 2 Elementary School/Pre-school (0-4 years)
- 3 Primary School (5-10 years)
- 4 Some Secondary Schooling
- 5 Senior Secondary School (completed high school or equivalent)
- 6 Post-high School Training (e.g., vocational or technical training)
- 7 Some College / Junior College (pre-degree, diploma, certificate, OND)
- 8 College graduate (e.g., Bachelors degree, HND)
- 88 Other level (specify) _____
- 99 Refused

A.9 What is your current employment status? (Check ALL that apply)

- 1 Currently employed / full time → For how long ? (months/years)
- 2 Volunteer work
- 3 Unemployed/Looking for a job → For how long ? (months/years)
- 4 Retired from professional work → For how long ? (months/years)
- 88 Other (specify) _____
- 99 Refused

A.10. Which category best describes your primary occupation / current or longest held position ?

- 1 Professional (e.g., doctor, lawyer, accountant, architect, teacher, computer/systems analyst)
- 2 Managerial (e.g., personnel manager, sales manager, etc.)
- 3 Technical, sales, and administrative support (e.g., computer programmer/operator, dental assistant, laboratory technician, sales clerk, cashier, word processor, etc.)
- 4 Service (e.g. policeman, postal worker, teaching assistant, etc.)
- 5 Operators, fabricators, and laborers (factory, assembly, truck driver, construction worker)
- 6 Farmer (e.g. agricultural)
- 7 Artisan (e.g., tailor, craftsman, carpenter, etc.)
- 88 Other (specify) _____
- 99 Refused

A.11. What is your family’s current average monthly household income (e.g., you, your spouse and any other household members)? Please be specific in Naira.

- N per month
- 99 Refused

PART B – ANTHROPOMETRIC AND LIFESTYLE CHARACTERISTICS

Now I have some questions about your physical measurement, activity and lifestyle factors. Some of the questions refer to the period 12 months prior to this interview.

Before we start I would like to measure your height, weight and belt size.

B.1. Height cm (or meters)

B.2. Weight kg

B.3. Current waist / belt size cm

B.4. In the last 12 months has your weight changed by more than 5 kg?

- 1 Yes (Increased) 2 Yes (Decreased) 3 No change

B.5. One year ago, how often did you participate in moderate activities or sports? (e.g., brisk walking, cycling on level streets, table tennis, light workout at the gymnasium etc.)

- 1 Never or rarely 2. Once per MONTH
 3 2-3 times per MONTH 4 Once per WEEK
 5 2-6 times per WEEK 6 Every DAY

B.6. One year ago, in a typical 7-day period, how many times and for how long did you engage in the following types of physical activities?

- 1 Strenuous exercise per week (e.g., running up stairs, football) times minutes
 2 Moderate exercise per week (e.g., brisk walking, light workout) times minutes
 3 Mild exercise per week (e.g., leisurely stroll, mild stretch out/press-ups) times minutes

B.7. Have you ever smoked cigarettes regularly (at least 1 cigarette/day) for at least 1 year in your entire life?

- 1 No [Go to Question B.12]
 2 Yes ⇒ At what age did you first start smoking cigarettes regularly? _____
Age

B.8 Do you still smoke cigarettes now?

- 1 No ⇒ At what age did you stop smoking cigarettes? _____
Age
 2 Yes

B.9. How many years in total did you smoke cigarettes regularly (at least 1 cigarettes/day) during your lifetime (excluding period when you may have stopped smoking)?

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 years

B.10. Please indicate the average number of cigarettes (or packs) you usually smoked DAILY during the years you smoked:

					OR				
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of cigarettes # of packs

In addition to cigarettes, some people use tobacco in other forms.

B.11. One year ago, did you smoke a pipe, cigars or cigarillos?

1 Every day 2 Some days 3 Not at all [Go to question B.14.]

B.12. Which of the following tobacco products did you most often use?

1 Pipe 2 Cigar 3 Cigarillo
 4 Two or more of the above 5 Other (specify) _____

B.13. Have you ever drunk alcohol in your life?

1 No (Go to Question B.19)
 2 Yes ⇒ At what age did you first have a drink? _____ Age
 9 Don't know
 99 Refused

B.14. Do you still drink alcohol now?

1 No ⇒ At what age did you stop drinking alcohol? _____ Age
 2 Yes

B.15. How many years in total have you drunk alcohol during your lifetime?

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 Years

B.16. One year ago, how many alcoholic beverages did you consume per week?

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 (drinks/week)

B.17. What type of alcoholic beverage did you usually consume? (Check ALL that apply)

<i>Alcoholic beverage</i>	<i>quantity consumed</i>
1 <input type="checkbox"/> Beer	_____ (bottles or cans/week)
2 <input type="checkbox"/> Wine	_____ (glasses/week)
3 <input type="checkbox"/> Liquor	_____ (glasses or shots/week)

B.18. The following questions relate to your diet and eating habits one year before interview
(Please circle one response per row)

Type of Food	How often did you eat/consume these foods						
	Never	Once a month	2-3 times/month	1-2 times/week	3-4 times/week	Once daily	2 or more times/day
Red Meat (Lamb, Beef, Cow)	1	2	3	4	5	6	7
Pork	1	2	3	4	5	6	7
Chicken	1	2	3	4	5	6	7
Smoked Foods	1	2	3	4	5	6	7
Animal intestinal parts (abodi, gbagba)	1	2	3	4	5	6	7
Fish	1	2	3	4	5	6	7
Vegetables (e.g tomatoes, carrots, greens)	1	2	3	4	5	6	7
Fruits (e.g apple, citrus, strawberry)	1	2	3	4	5	6	7
Fat (animal fat, butter, margarine)	1	2	3	4	5	6	7
Oils (olive, canola)	1	2	3	4	5	6	7
Fried foods (dodo etc)	1	2	3	4	5	6	7
Carbohydrates (e.g. rice, pasta)	1	2	3	4	5	6	7
Pastry (e.g meatpies, cakes, biscuits etc)	1	2	3	4	5	6	7
Milk / Yogurt	1	2	3	4	5	6	7
Carbonated drinks (soda, sprite, mineral water)	1	2	3	4	5	6	7
Coffee/ Tea	1	2	3	4	5	6	7

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SECTION C – FAMILY HISTORY OF CANCER

Now I am going to ask you about History of Prostate Cancer and Other Cancers in your **FAMILY**

C.1. Was anyone in your immediate or extended family ever diagnosed with prostate cancer?

<u>RELATIVE</u>	<u>PROSTATE CANCER</u> (PLEASE CHECK ONE)	<u>IF “YES”, AT WHAT AGE?</u> (IF KNOWN)	<u>IF DECEASED,</u> <u>AGE AT DEATH?</u>
Father	1__ No 2__ Yes		
Brother	1__ No 2__ Yes		
Brother	1__ No 2__ Yes		
Brother	1__ No 2__ Yes		
Brother	1__ No 2__ Yes		
Son	1__ No 2__ Yes		
Son	1__ No 2__ Yes		
Son	1__ No 2__ Yes		
Son	1__ No 2__ Yes		
Grandfather (father’s side)	1__ No 2__ Yes		
Uncle (father side)	1__ No 2__ Yes		
Uncle (father side)	1__ No 2__ Yes		
Grandfather (mother side)	1__ No 2__ Yes		
Uncle (mother side)	1__ No 2__ Yes		
Uncle (mother side)	1__ No 2__ Yes		

C.2. Was anyone in your immediate family ever diagnosed with cancers, other than prostate cancer?

If yes, what type and at what age (if known)?

<u>RELATIVE</u>	<u>IS THIS PERSON?</u> (CIRCLE ONE)	<u>IF DEAD,</u> <u>WHAT AGE?</u>	<u>DID PERSON EVER HAVE CANCER?</u>	<u>IF “YES” SPECIFY TYPE OF CANCER</u>	<u>IF “YES”, AT WHAT AGE?</u>
Father	1__ Alive 2__ Dead		1__ No 2__ Yes		
Mother	1__ Alive 2__ Dead		1__ No 2__ Yes		
Brother	1__ Alive 2__ Dead		1__ No 2__ Yes		
Brother	1__ Alive 2__ Dead		1__ No 2__ Yes		
Brother	1__ Alive 2__ Dead		1__ No 2__ Yes		
Brother	1__ Alive 2__ Dead		1__ No 2__ Yes		
Sister	1__ Alive 2__ Dead		1__ No 2__ Yes		
Sister	1__ Alive 2__ Dead		1__ No 2__ Yes		
Sister	1__ Alive 2__ Dead		1__ No 2__ Yes		

Sister	1__Alive 2__Dead		1 No 2 Yes		
Son	1__Alive 2__Dead		1 No 2 Yes		
Son	1__Alive 2__Dead		1 No 2 Yes		
Son	1__Alive 2__Dead		1 No 2 Yes		
Daughter	1__Alive 2__Dead		1__No 2__Yes		
Daughter	1__Alive 2__Dead		1__No 2__Yes		
Daughter	1__Alive 2__Dead		1 No 2 Yes		

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SECTION D – MEDICAL HISTORY AND ACCESS TO MEDICAL CARE

This section asks about your medical history and access to medical care.

D.1. How would you describe your general health currently?

- 1 Excellent 2 Very Good 3 Good
4 Fair 5 Poor 9 Don't know

D.2. How would you describe your general health one year ago?

- 1 Excellent 2 Very Good 3 Good
4 Fair 5 Poor 9 Don't know

D.3. How many times have you had a routine physical exam or checkup by a health care professional in the last three years?

_____ (Total number of exams)

D.4. If so, when was your most recent physical exam?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			/	Year		

D.5. How many times have you visited a traditional healer in the last three years?

(Total number of visits)

D.6. If you have visited a traditional healer within the last three years, for what purpose was this?

_____ (Purpose: please be specific)

D.7. Do you currently use any traditional medicines?

- 1 No 2 Yes 9 Don't know

D.8. If you currently use any traditional medicine, for what purpose are you using them?

_____ (Purpose: please be specific)

D.9. Did a doctor ever tell you that you had the following diseases? (Check ALL that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Stroke | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic bronchitis | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Thyroid disorder |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Chronic back pain | |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Enlarged prostate (BPH) | |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Syphilis | <input type="checkbox"/> Herpes | |

SECTION E – PROSTATE CANCER SCREENING (ALL MEN)

E.1. Have you ever had a Prostate Specific Antigen test performed (i.e., PSA is a blood test that checks for signs of prostate cancer)?

- 1 No (Go to Question E.4)
 2 Yes
 9 Don't know (Go to Question E.4)

E.2. If so, what was the date of your last (most recent) PSA? /
 Month / Year

E.3. What was the result of your last PSA test ?

- 1 Normal
 2 Abnormal ⇒ Specify the value (if known) _____
 9 Don't know

E.4. Have you ever had a digital rectal examination (i.e., DRE; when a doctor places a finger into your rectum to check for enlargement of your prostate gland)?

- 1 No (Go to Question E.7)
 2 Yes
 9 Don't know (Go to Question E.7)

E.5. If so, what was the date of your last digital rectal examination? /
 Month / Year

E.6. What was the result of your last digital rectal exam?

- 1 Normal
 2 Abnormal
 9 Don't know

SECTION F – PERCEPTIONS ABOUT RESEARCH

We want to learn about your experiences as a participant in research studies. These are studies in which you had to sign a consent form in order to be a participant, like you did for this study.

F.1. Prior to this study, were you aware of other research studies you could participate in?

- 1 No (Go To Question F.5)
 2 Yes

F.2. Did you agree to participate in any of them? 1 No 2 Yes

F.3. In how many studies, other than this one, have you participated?

F.4. Did you ever want to participate in a study but found out you were not eligible?

- 1 No 2 Yes

Perception about Research

Now I am going to ask some questions about your perception about research studies. Please check only one box using the following scale:

1 (strongly disagree), 2 (disagree), 3 (undecided), 4 (agree), 5 (strongly agree)

	1	2	3	4	5
F.5 Being a research participant takes too much time	<input type="checkbox"/>				
F.6 Researchers ask people to take too many tests and answer too many questions	<input type="checkbox"/>				
F.7 Researchers don't tell participants about all risks involved in a study	<input type="checkbox"/>				
F.8 Taking part in research makes people worry more about their problems	<input type="checkbox"/>				
F.9 Research is an invasion of privacy	<input type="checkbox"/>				
F.10 Research can help improve the care and services people receive	<input type="checkbox"/>				
F.11 Research benefits your community	<input type="checkbox"/>				
F.12 Information that people give to researchers can be used against them	<input type="checkbox"/>				
F.13 Research results are used to promote negative stereotypes and creates discrimination	<input type="checkbox"/>				
F.14 Patients who are in research studies receive better care	<input type="checkbox"/>				
F.15 Research is a way to get treatment for free	<input type="checkbox"/>				
F.16 Taking part in research gives people the chance to talk about their problems	<input type="checkbox"/>				

Medical Mistrust

Now I am going to ask some questions about your experience with the health care system and health care workers
Please check only one box using the following scale:

1 (strongly disagree), 2 (disagree), 3 (undecided), 4 (agree), 5 (strongly agree)

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| F.17 I have difficulty confiding doctors and health care workers because it may be used against me. | <input type="checkbox"/> |
| F.18 Doctors and health care workers treat patients like “guinea pigs.” | <input type="checkbox"/> |
| F.19 Doctors and health care workers do not take patients’ medical complaints seriously. | <input type="checkbox"/> |
| F.20 Doctors and health care workers sometimes hide information from patients | <input type="checkbox"/> |
| F.21 I have personally been treated poorly or unfairly by doctors or health care | <input type="checkbox"/> |
| F.22 If mistakes are made in the management of cases, the doctors and health care workers try to hide it from patients | <input type="checkbox"/> |
| F.23 Often times, people of my status are not accorded dignity in the course of treatment | <input type="checkbox"/> |

G. GENETIC TESTING

Now we would like to ask you some questions about genetic testing. Genetic tests look for alterations such as abnormalities and/or mutations in a person’s genes. Some diseases (e.g. malaria, cancer) are caused by alteration in one or more genes in your body.

- G.1 Have you ever provided blood or mouthwash sample for genetic testing?
 1 No 2 Yes 9 Don’t know
- G.2 Are you concerned / worried about genetic testing?
 1 No 2 Yes 9 Don’t know