SCCS
Southern Community Cohort Study

Please complete this survey ONLY if you are

Marking Instructions

Please use a No. 2 pencil or black or blue ink only.

Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters	Correct Mark	Incorrect Marks
1 2 3 A B C	■ X	✓ ⬬ ●

FU2 W1 F

1. What is your date of birth? Month ☐☐ Day ☐☐ 19 ☐☐

What is your CURRENT:

2. Marital status (please mark one)

☐ Married, or living as married with a partner ☐ Separated or divorced ☐ Single, never been married ☐ Widowed

3. Employment status (please mark the one that *best* describes your situation)

☐ Work for pay, full time ☐ Work for pay, part time ☐ Unemployed ☐ On disability ☐ Retired ☐ Housewife

4. Total household income, per year (please mark one)

☐ <$15,000 ☐ $15,000 – $24,999 ☐ $25,000 – $49,999 ☐ $50,000 – $99,999 ☐ $100,000 or more

5. Health insurance coverage (please mark ALL that apply)

☐ None ☐ Medicaid ☐ Medicare ☐ Private insurance ☐ Military ☐ Other type

6. Cigarette smoking status: ☐ Smoker ☐ Non-smoker (skip to question 7)

How many cigarettes do you smoke per day? ☐☐☐

What brand and type of cigarettes do you smoke (for example: Salem ultra-light 100s)? ☐☐☐☐☐☐☐☐☐☐

Are the cigarettes you usually smoke MENTHOL? ☐ Yes ☐ No

How soon after you wake up do you smoke your first cigarette?

☐ Within 5 minutes ☐ 6 – 30 minutes ☐ 31 – 60 minutes ☐ After 60 minutes

7. How much do you currently weigh? ☐☐☐ **Pounds**

8. What is the main source of your home water supply?

☐ A city, county, or town water system ☐ A small water system operated by a home association
☐ A private well serving your home ☐ Other source

9. Which of the following best describes the water that you drink at home most often?

☐ Unfiltered tap water ☐ Filtered tap water ☐ Bottled water ☐ Water from another source

10. How many years have you lived in your current home? *[If less than one year, enter 00.]* ☐☐

11. Since you joined the study in , how many times have you moved to a different address…

	0	1	2	3	4	5	6	7	8	9	10+
in the same city?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
in a different city but in the same state?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
in a different state?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

12. During your childhood, up to age 12, which of the following describes your living situation? I lived… (please mark ALL that apply):

☐ with both my mother and my father ☐ with my father (but not my mother) ☐ in an orphanage ☐ on the streets
☐ with my mother (but not my father) ☐ with a grandparent, aunt, uncle, or other relative ☐ in a foster home ☐ none of the above

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

	No	Yes
a. Did a parent or other adult in the household **often…** swear at you, insult you, put you down, or humiliate you **OR** act in a way that made you afraid that you might be physically hurt?	☐	☐
b. Did a parent or other adult in the household **often…** push, grab, slap, or throw something at you **OR ever** hit you so hard that you had marks or were injured?	☐	☐
c. Did an adult or person at least 5 years older than you **ever…** touch or fondle you or have you touch their body in a sexual way **OR** try to or actually have oral, anal, or vaginal sex with you?	☐	☐
d. Did you **often** feel that… no one in your family loved you or thought you were important or special **OR** your family didn't look out for each other, feel close to each other, or support each other?	☐	☐
e. Did you **often** feel that… you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you **OR** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	☐	☐
f. Were your parents **ever** separated or divorced?	☐	☐
g. Was your mother or stepmother: **Often** pushed, grabbed, slapped, or had something thrown at her **OR Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard? **OR Ever** repeatedly hit over at least a few minutes or threatened with a gun or a knife?	☐	☐
h. Did you live with anyone who was a problem drinker or alcoholic **OR** who used street drugs?	☐	☐
i. Was a household member depressed or mentally ill **OR** did a household member attempt suicide?	☐	☐
j. Did a household member go to prison?	☐	☐

14. During your adult life, has your spouse, family member or close friend ever:

	No	Yes
a. Slapped, hit, punched, kicked, pushed, shoved, or otherwise physically hurt you?	☐	☐
b. Shouted, yelled, screamed, scolded, made fun of, severely criticized, said you were stupid or worthless, threatened, or psychologically harmed you?	☐	☐
c. Threatened you with a gun or weapon?	☐	☐

15. After joining this study in , have you been diagnosed with diabetes or high blood sugar?

☐ No
☐ Yes → **If yes, to the best of your memory, please tell us the month and year when this occurred.** Month ☐☐ Year 20☐☐

16. After joining this study in , have the following events occurred?

	No	Yes		Month	Year
Heart attack or myocardial infarction (MI)	☐	☐ →	**If yes, to the best of your memory, please tell us the month and year when this happened. If it happened more than once after you joined the study, tell us the first time it happened after .**	☐☐	20☐☐
Stroke (not a mini-stroke or TIA)	☐	☐ →		☐☐	20☐☐
Hip fracture (broken hip)	☐	☐ →		☐☐	20☐☐

17. Have you EVER had a breast biopsy? (where a doctor collects a small sample of breast tissue or cells, using a needle or other method)

☐ No ☐ Yes → How many breast biopsies have you had **in your lifetime?** Total ☐☐

What was your age at your **first** breast biopsy? Age ☐☐

What was your age at your **most recent** breast biopsy? Age ☐☐

18. Have you EVER had:

	No	Yes		Month	Year
Uterus/womb removed	☐	☐ →	**If yes, to the best of your memory, please tell us the month and year when this occurred.**	☐☐	☐☐☐☐

	No	One	Both		Month	Year
Any ovaries removed	☐	☐	☐ →	**If one or both, to the best of your memory, please tell us the month and year when this occurred.**	☐☐	☐☐☐☐

19. After joining this study in , have you been diagnosed with any type of CANCER?

☐ No ☐ Yes → **What type of cancer?**

☐ Breast ☐ Cervix ☐ Colon/rectum ☐ Lung ☐ Other (specify): ☐

Please tell us when and where your cancer was diagnosed:

Date of Diagnosis: Month ☐☐ 20 Year ☐☐

Name of hospital:

City and State of hospital:

20. How often do you usually get the following screening tests:

	Every Year	Every 2–4 years	Every 5 years	Less than every 5 years	Never
Colonoscopy (a long tube inserted into the entire colon to look for colorectal polyps or cancer, while you are sedated)	☐	☐	☐	☐	☐
Sigmoidoscopy (a tube inserted partway into the colon to look for colorectal polyps or cancer)	☐	☐	☐	☐	☐
A test to check your stool/feces for blood (to detect colorectal cancer)	☐	☐	☐	☐	☐
Mammogram (x-ray to check for breast cancer)	☐	☐	☐	☐	☐
Pap smear	☐	☐	☐	☐	☐
Blood test to check for diabetes	☐	☐	☐	☐	☐

21. Have you been through menopause, or have your natural menstrual periods stopped for at least six months?

☐ No ☐ Yes → **Why did your periods stop?** (please mark **one**)

- ☐ Natural menopause
- ☐ Radiation, chemotherapy, or medication
- ☐ Surgery that removed uterus or ovaries
- ☐ Other reason

How old were you when your natural menstrual periods stopped? Age ☐☐

22. Are you currently taking hormone replacement therapy (HRT)?

☐ No ☐ Yes

If yes, what type of HRT: (mark **ALL** that apply)

- ☐ **Estrogen pill** (such as Premarin, Cenestin, Estinyl, Estrace, Menest, Ogen)
- ☐ **Estrogen patch** (such as Alora, Climara, Esclim, Estraderm, Menostar, Vivelle, Vivelle-Dot)
- ☐ **Estrogen vaginal cream** (such as Estrace, Ogen, Premarin, Ortho Dienestrol)
- ☐ **Estrogen vaginal ring** (such as Estring, Femring)
- ☐ **Estrogen vaginal tablet** (such as Vagifem)
- ☐ **Combined estrogen/progestin pill** (such as Prempro, Premphase, Activella, FemHRT)
- ☐ **Combined estrogen/progestin patch** (such as CombiPatch, Climara-Pro)
- ☐ **Progestin pill** (such as Amen, Provera, Prometrium, Aygestin, Curretab, Cycrin, Megace)
- ☐ **Progestin vaginal gel** (such as Prochieve)
- ☐ **Other**

23. Do you CURRENTLY take any of the following at least once per week?

	No	Yes		pills/tablets per week
Aspirin (regular or low-dose)	☐	☐	→ **If yes, how many pills/tablets per week?**	☐☐☐
Multivitamin	☐	☐	→ **If yes, how many pills/tablets per week?**	☐☐☐
Vitamin D supplement (with or without calcium)	☐	☐	→ **If yes, how many pills/tablets per week?**	☐☐☐

24. Do you CURRENTLY take prescription medication to control diabetes?

☐ No ☐ Yes

If yes, which medication(s) do you take? (mark **ALL** that apply)

☐ Insulin (any type)

Injectable medicine: (NOT insulin) ☐ Symlin (Pramlintide) ☐ Byetta (Exenatide) ☐ Victoza (Liraglutide)

Oral medicine:

- ☐ Actos (Pioglitazone)
- ☐ Glucophage (Metformin)
- ☐ Glyset (Miglitol)
- ☐ Prandin (Repaglinide)
- ☐ Tradjenta (Linagliptin)
- ☐ Amaryl (Glimepiride)
- ☐ Glucotrol (Glipizide)
- ☐ Januvia (Sitagliptin)
- ☐ Precose (Acarbose)
- ☐ Other
- ☐ Avandia (Rosiglitazone)
- ☐ Glynase (Glyburide)
- ☐ Onglyza (Saxagliptin)
- ☐ Starlix (Nateglinide)

25. Have you EVER TAKEN, or do you CURRENTLY TAKE, the following prescription medications?

	No	Currently take	Took in the past	Length of time taken (years)	Age when first started taking
Raloxifene (Evista)	☐	☐	☐	*[If less than one year, enter 00.]* ☐☐	☐☐
Tamoxifen (Nolvadex)	☐	☐	☐	*[If less than one year, enter 00.]* ☐☐	☐☐
Exemestane (Aromasin)	☐	☐	☐	*[If less than one year, enter 00.]* ☐☐	☐☐

26. Do you CURRENTLY take prescription medication to lower your cholesterol?

☐ No ☐ Yes → **Which one(s):** (mark **ALL** that apply)

- ☐ Crestor (Rosuvastatin)
- ☐ Lescol (Fluvastatin)
- ☐ Lipitor (Atorvastatin)
- ☐ Lopid (Gemfibrozil)
- ☐ Mevacor (Lovastatin)
- ☐ Pravachol (Pravastatin)
- ☐ Vytorin (Ezetimibe/Simvastatin)
- ☐ Zetia (Ezetimibe)
- ☐ Zocor (Simvastatin)
- ☐ Other(s) (specify):

27. What is your CURRENT usual source of medical care (please mark one)

- ☐ Community health center or free clinic
- ☐ Hospital (not in the emergency room)
- ☐ Private doctor's office
- ☐ Other source
- ☐ Emergency room
- ☐ You have no source
- ☐ Veterans Affairs (VA)

28. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

☐ No ☐ Yes

29. In the past 12 months, how many times did you go to an emergency room to get care for yourself? ☐☐

30. In the past 12 months, how many times did you go to a doctor's office or clinic to get care for yourself? ☐☐

31. Have you ever experienced discrimination, been treated poorly, been prevented from doing something, or been hassled or made to feel inferior in any of the following five situations *because of your race or ethnicity?*

	No	Yes		Rarely	Sometimes	A Lot
Getting a job	☐	☐	→ If yes, how often?	☐	☐	☐
Getting housing	☐	☐	→ If yes, how often?	☐	☐	☐
At work	☐	☐	→ If yes, how often?	☐	☐	☐
Getting medical care	☐	☐	→ If yes, how often?	☐	☐	☐
On the street or in public setting	☐	☐	→ If yes, how often?	☐	☐	☐

32. Have you ever experienced discrimination, been treated poorly, been prevented from doing something, or been hassled or made to feel inferior in any of the following five situations *because of your social or economic situation (because of how much money or education you have)?*

	No	Yes		Rarely	Sometimes	A Lot
Getting a job	☐	☐	→ If yes, how often?	☐	☐	☐
Getting housing	☐	☐	→ If yes, how often?	☐	☐	☐
At work	☐	☐	→ If yes, how often?	☐	☐	☐
Getting medical care	☐	☐	→ If yes, how often?	☐	☐	☐
On the street or in public setting	☐	☐	→ If yes, how often?	☐	☐	☐

Please update YOUR information below:

Name:

Address:

City: **State:** **ZIP Code:**

Please update YOUR telephone numbers for our records:

YOUR HOME NUMBER (☐☐☐) ☐☐☐ - ☐☐☐☐

YOUR CELL NUMBER (☐☐☐) ☐☐☐ - ☐☐☐☐

Can you please provide us with the name and telephone number of a close friend or family member (not living with you) who would know how to get in touch with you if you moved:

Name of friend/family member NOT LIVING WITH YOU:

Telephone number of friend/family member: (☐☐☐) ☐☐☐ - ☐☐☐☐