Follow up questionnaire

We would be very grateful if you could answer the following questions. If you are not sure about exact details/dates an approximate answer is better than none. If there are any relevant details you wish to include, please use an additional sheet. Please use a BLACK biro or ink pen.

- General questions about you
  - What qualification(s) do you have from school, college or the equivalent?
    (please place a cross inside the most appropriate box(es))
    - "O" level or equivalent
    - "A" level or equivalent
    - Clerical or commercial qualification (e.g. secretarial, hairdressing etc)
    - Nursing or teaching
    - College/ university degree (or equivalent)
    - None of these

- Approximately how much alcohol on average do you drink each week? (One drink = a glass of wine, half a pint of lager or cider, a measure of spirits). Average number of drinks of alcohol each week :
  - None
  - Less than 1
  - 1-3
  - 4-6
  - 7-10
  - 11-15
  - 16-20
  - 21+

- Have you ever been a smoker?  
  - Yes
  - No
  
  If you answered yes to the above please answer the following questions:
  
  How many years in total have you smoked for? 

  During those years how many cigarettes on average did you smoke per day? 

- What was your skirt size when you were in your early twenties?
  - 6
  - 8
  - 10
  - 12
  - 14
  - 16
  - 18
  - 20
  - 22
  - 24
  - 26
  - 28
  - 30

- What is your skirt size now?
  - 6
  - 8
  - 10
  - 12
  - 14
  - 16
  - 18
  - 20
  - 22
  - 24
  - 26
  - 28
  - 30

- Are you currently taking HRT?  
  - No
  - Yes

- Have you used any of the following to relieve menopausal symptoms?  
  - Herbal remedies e.g. Black cohosh
  - Phytoestrogens or soy products
  - Vitamins e.g. Menopace, vitamin E
  - Other medical treatments e.g. Venlafaxine, Megace
  - Homeopathic remedies
  - Aromatherapy, reflexology or acupuncture
  - Life style changes e.g. relaxation, exercise

  We are interested to know more about how women deal with the menopause. If you are 50-60 years old would you be willing to complete a survey?
Questions about your outlook on life

Using the scale below, please indicate the extent to which you agree with each item:

1. The future seems to me to be hopeful, and I believe that things are changing for the better.
   - Absolutely agree
   - Somewhat agree
   - Cannot say
   - Somewhat disagree
   - Absolutely disagree

2. I feel that it is possible to reach the goals I would like to strive for.
   - Absolutely agree
   - Somewhat agree
   - Cannot say
   - Somewhat disagree
   - Absolutely disagree

Questions about your Health

Do you have/are you being treated for any of the following conditions (multiple boxes can be crossed)?

- High blood pressure
- Heart disease e.g. heart attack, angina
- High blood cholesterol
- Stroke
- Diabetes
- Rheumatoid arthritis
- Osteoporosis
- Osteoarthritis
- I have not been treated for any of the above conditions

Since joining UKCTOCS have you had any of the following operations?

- Yes
- No

If "yes" please enter the details (multiple boxes can be filled; please fill even if you had them as part of the trial)

**Operation to look at your ovaries - either by incision or keyhole (laparoscopy)**

- Year of operation: __________
- Hospital No.: ________________________________
- Hospital at which operation took place: ________________________________
- Name of Consultant: ________________________________

**Hysterectomy / Removal of womb**

- Year of operation: __________
- Hospital No.: ________________________________
- Hospital at which operation took place: ________________________________
- Name of Consultant: ________________________________

**Removal of ovaries** (please tick one box)

- Right Ovary
- Left Ovary
- Both ovaries

- Year of operation: __________
- Hospital No.: ________________________________
- Hospital at which operation took place: ________________________________
- Name of Consultant: ________________________________

**Hysteroscopy / D&C / Scrape of your womb / Operation to look at your womb**

- Year of operation: __________
- Hospital No.: ________________________________
- Hospital at which operation took place: ________________________________
- Name of Consultant: ________________________________

Were there any complications resulting from any of the above procedures?

- Yes
- No

If yes, please give details using an extra sheet of paper if necessary.
Since joining UKCTOCS have you been diagnosed with any cancer? Please tell us about this(ese) cancer(s)

☐ Ovarian cancer ☐ Bowel/colorectal cancer ☐ Lung cancer
☐ Breast cancer ☐ Gastric/stomach cancer ☐ Vulval/vaginal cancer
☐ Cervical cancer ☐ Pancreatic cancer ☐ BCC/rodent/skin cancer
☐ Endometrial/uterus/womb cancer ☐ Kidney cancer ☐ Other cancer
☐ I have not been diagnosed with any cancers

Type of cancer: ______________________________
Year of operation: ____________ Hospital No.: ________________
Hospital at which operation took place: ______________________________
Name of Consultant: __________________________

Type of cancer: ______________________________
Year of operation: ____________ Hospital No.: ________________
Hospital at which operation took place: ______________________________
Name of Consultant: __________________________

Once you have completed this questionnaire please sign and date below, then return it in the Free Post envelope. Thanks you.

Name (please print): __________________________
Date: ______/_______/_______
Signature: __________________________
(dd/mm/yyyy)

QUOX 1 2 3
Office use only
QU Consent
Yes No
The following sections should **ONLY** be completed by those volunteers who are in the **CONTROL** group

**Since joining UKCTOCS have you had an ultrasound scan of your ovaries?**

If "yes" why was this performed?

☐ GP request
☐ Hospital Doctor request
☐ Your own request
☐ Other reason  

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<thead>
<tr>
<th>Year of scan:</th>
<th>Hospital No.:</th>
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Hospital at which operation took place:  

Name of Consultant:  

**Since joining UKCTOCS have you had a blood test for CA125?**

(CA125 is a substance, which is released at higher levels into the blood in women with ovarian cancer. The test is carried out if doctors suspect that a woman may have ovarian cancer)

If "yes" why was this performed?

☐ GP request
☐ Hospital Doctor request
☐ Your own request
☐ Other reason  

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<tr>
<th>Year of CA125 test:</th>
<th>Hospital No.:</th>
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Hospital at which operation took place:  

Name of Consultant:  

Thank you for taking the time to complete this questionnaire. The information that you supply is of great importance to the success of the trial.

**Regards**

**UKCTOCS Team**