

Nutrition & Exercise for Women (NEW) Study Interest Survey

OFFICE USE ONLY

PARTICIPANT ID #: _____

DATE RECEIVED/COMPLETED ____/____/____

STAFF ID #: _____

STATUS: I or E CODE: _____

If you are interested in joining the NEW Study please complete this form and return it to us.

The purpose of this breast cancer prevention study is to test the effectiveness of a diet and exercise program on weight loss in healthy overweight and sedentary postmenopausal women. All interested women will be screened for the study, and eligible participants will be enrolled by chance (like the toss of a coin) into one of these four study groups:

- A. **Diet group** - which will involve meeting regularly with a nutritionist for a year long weight loss program,
- B. **Exercise group** - which will involve exercising at our FHCRC Exercise Research Facility, located on our Southeast Lake Union campus, for 45 minutes per session, 3 times per week under the supervision of an exercise specialist. Women assigned to this group will be asked to eventually exercise 2 additional days per week on their own, for a total of 5 days per week for 12 months,
- C. **Diet & Exercise group** - which will involve meeting the requirements of both the diet and exercise group just mentioned,
- D. **Delayed group** - which will involve not making any lifestyle, dietary, weight and exercise changes to your current lifestyle during the 12 month study enrollment. After completion of the 12 month study requirements, this group will receive 2 months of group exercise training at our exercise facility as well as 4 group meetings with the nutritionist. Members assigned to this group will also receive the study materials on healthy diet and exercise.

All screening tests, nutrition meetings, exercise classes and personal training will be provided at no cost to study participants.

1. If you are eligible for the study, would you be willing to be assigned by chance to any of the four groups just described?
₁ No ₂ Yes
2. Would you be willing and able to meet regularly with a nutritionist and follow a diet program for 12 months that involves changing your diet and eating habits?
₁ No ₂ Yes
3. Would you be willing and able to follow an exercise program for 12 months that involves moderate to vigorous exercise, such as treadmill walking or stationary bicycling, for 45 minute sessions, 5 days per week?
₁ No ₂ Yes
4. Would you be available to attend exercise classes 3 times per week at the Southeast Lake Union Fred Hutchinson Cancer Exercise Research Center?
(Morning sessions and evening sessions will be available)
₁ No ₂ Yes
5. If you are assigned by chance to the delayed group, are you willing to maintain your current diet and exercise level and not participate in any other exercise/weight loss programs/studies during your 12 month enrollment in the NEW study?
₁ No ₂ Yes

The next set of questions ask about your health and medical history.

6. What is your current age? _____ years old

7. How tall are you? * _____ / _____
feet inches

* These two amounts are required

8. How much do you weigh? _____ pounds

9. How much did you weigh a year ago? _____ pounds

10. How much did you weigh three months ago? _____ pounds

11. When was your last menstrual period?
(If you can't remember the month, just indicate the year. If you can't remember the year, give your best guess)

____ / ____
month year

12. In the past 6 months have you taken any female hormones like estrogen (Premarin or Estrace), progesterone (Provera), Testosterone, Raloxifene (Evista), Tamoxifen, or herbal hormones (such as Dong Quai, Black Cohash, Wild Yam)? These might be pills, skin patches, implants, vaginal creams or suppositories, shots, or birth control pills.

₁ No ₂ Yes

13. Have you ever been told you had heart disease, angina, heart attack or heart failure?

₁ No ₂ Yes

13.1 If yes, what was the date of your last heart attack or hospitalization for heart disease?

____ / ____
month year

14. Have you ever been told you had a stroke, mini-stroke, or abnormal EKG?

₁ No ₂ Yes

14.1 If yes, what was the date of your last stroke? ____ / ____
month year

15. Do you currently have or have you ever been told that you have cancer (other than basal or squamous cell skin)?

₁ No ₂ Yes

15.1 If yes, please specify the type of cancer and date/year of diagnosis:

16. Do you currently have or have you ever been told that you have diabetes?

₁ No ₂ Yes

17. Do you currently have or have you ever been told that you have emphysema, asthma, or other lung disease?

₁ No ₂ Yes

18. Do you have fibromyalgia?

₁ No ₂ Yes

19. Do you have arthritis?
₁ No ₂ Yes
20. Do you have epilepsy?
₁ No ₂ Yes
21. Have you ever had a hip or joint replacement ?
₁ No ₂ Yes
22. Do you have bipolar disorder or depression?
₁ No ₂ Yes (If yes, is it currently treated/controlled? ₁ No ₂ Yes)
23. Do you have any other chronic health problems?
₁ No ₂ Yes (If yes, Please specify: _____)
24. Do you smoke or use any tobacco products?
₁ No ₂ Yes
25. Do you drink alcohol?
₁ No ₂ Yes (If yes, on the average, how many drinks of wine, beer or liquor do you have:
_____ per day or _____ per week or _____ per month ?
One drink is equal to one 12 oz beer or one 4-oz glass of wine or one ounce of liquor.)
26. Are you currently or have you in the past taken part in any other research studies that involve taking some type of medication or changing your diet or exercise pattern in any way?
₁ No ₂ Yes (If yes, please specify and give dates : _____)
27. Have you ever had any gastric altering surgery? (ie, stomach stapling, Rouen Y, gastric band)
₁ No ₂ Yes
28. During the past 6 months, have you had any serious medical problems or hospitalizations?
₁ No ₂ Yes (If yes, please specify: _____)
29. Are you currently on a diet or using any methods of weight loss such as diet pills or commercial programs (i.e., Weight Watchers, Jenny Craig, etc.)?
₁ No ₂ Yes
30. Are you currently on a medically prescribed diet?
₁ No ₂ Yes
31. Are you willing to eliminate other weight loss programs or weight loss products for the next 14 months other than what the study nutritionist prescribes for you?
₁ No ₂ Yes
32. Do you have any history of eating disorder or eating problems, such as binge eating, anorexia, bulimia?
₁ No ₂ Yes

The next set of questions ask about your ability to exercise.

33. In the past year, have you exercised at a gym (or "Curves") or outside doing activities such as jogging, aerobics, or fast walking that increase your heart rate and cause you to sweat?
₁ No ₂ Yes (If yes, are you now regularly exercising 3 or more times per week? ₁ No ₂ Yes)
34. Do you have any health problems that significantly limit your ability to exercise (such as severe arthritis or bursitis, or asthma that worsens with exercise)?
₁ No ₂ Yes (If yes, please specify: _____)
35. When you exercise, walk, or walk up stairs, do you have any problems with your breathing (shortness of breath or wheezing)?
₁ No ₂ Yes
36. When you exercise, walk or walk up stairs, do you have any chest pain or discomfort in your chest, arms or neck?
₁ No ₂ Yes
37. Has a doctor ever told you that you should not exercise?
₁ No ₂ Yes (If yes, what was the reason? _____)
38. Have you ever had any of the following illnesses or conditions? (if yes, specify when diagnosed and if you have it now)
- | | | | | | |
|--|----|--------------------------|-----|--------------------------|----------------|
| Plantar fasciitis (inflammation and pain on the bottom of your feet) | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | (dates: _____) |
| Hip problems (specify: _____) | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | (dates: _____) |
| Knee pain/problems | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | (dates: _____) |
| Neuroma of the feet | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | (dates: _____) |
| Painful Bunions | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | (dates: _____) |

39. Do you plan to have surgery during the next 14 months?
₁ No ₂ Yes (If yes, please describe the surgery that you plan to have, and when you plan to have it)
- _____
- _____/_____
month year

The next set of questions ask about your time commitments and travel.

40. Do you work for pay or do volunteer work?
₁ No ₂ Yes (If yes, what is your job or volunteer title? _____)
41. How many total hours per week do you work and/or volunteer? _____ hours
42. Do you plan to live in the greater Seattle or Eastside area for the next 14 months?
₁ No ₂ Yes
43. Do you plan to be out of town for periods longer than 30 consecutive days during the next 14 months?
₁ No ₂ Yes

The next set of questions will help us focus our recruitment efforts

44. If you did not receive this survey as part of a mailing, how did you hear about the study?*

- | | | |
|---|--|--|
| <input type="checkbox"/> ₁ Friend/Relative | <input type="checkbox"/> ₄ Radio | <input type="checkbox"/> ₇ Enrolled participant |
| <input type="checkbox"/> ₂ Flyer | <input type="checkbox"/> ₅ Newspaper | <input type="checkbox"/> ₈ Other: _____ |
| <input type="checkbox"/> ₃ TV | <input type="checkbox"/> ₆ Newsletter | <input type="checkbox"/> ₉ Unknown/missing |

45. How would you describe your racial group?*

- ₁ American Indian or Alaskan Native
₂ Asian or Asian-American
₃ Native Hawaiian or other Pacific Islander
₄ Black or African-American
₅ White
₆ Other: _____
₇ No Answer

* Answers will not affect eligibility

Please complete the following section so that study staff knows how and when you prefer to be contacted.

Name _____
(First) (Last)

Home Telephone Number (_____) _____ - _____

Time of day you would prefer to be contacted _____ Morning _____ Afternoon _____ Evening

If you would like us to contact you while at work:

Work Telephone Number (_____) _____ - _____

Time(s) of day you would prefer to be contacted _____ AM or _____ PM

Is it okay to contact you on the weekends? NO YES → _____ AM or _____ PM

Email address (if available): _____

If you would like to be contacted by Dr. McTiernan or her staff about other studies, please check "YES" below and we will keep your name and number on file. If you check "NO," we will not contact you about our other studies.

YES—I would like to be contacted by Dr. McTiernan or her staff about other studies.

NO—I do not wish to be contacted by Dr. McTiernan or her staff about other studies.

Thank you for your time in completing this interest survey. Please return this completed questionnaire to:

**Katie Fraser, NEW Study
Fred Hutchinson Cancer Research Center
1100 Fairview Ave N. MD-B306
Seattle, WA 98109-1024**

If you have questions about the study please call the Nutrition & Exercise for Women Study information line at **(206) 667-6444**. We look forward to hearing from you.