

**FINAL SECTION**  
These last questions are about your household and your general medical history.  
These items are very important for our research. Please answer honestly.

1. How do you describe yourself?

- White/Caucasian (not Latino/Hispanic).....1
- Black/African-American (not Latino/Hispanic).....2
- Latino/Hispanic/Mexican-American .....3      (Circle one number)
- Asian/Oriental/Pacific Islander .....4
- American Indian/Native Alaskan.....5
- Other: Please Specify \_\_\_\_\_.....6

81/

82/

2. Which of the following best describes your current relationship?

- Living with spouse or partner.....1
- In a significant relationship, but not living together .....2      (Circle one number)
- Not in a significant relationship.....3

83/

3. What is your current marital status?

- Never married..... 1
- Married..... 2
- Separated..... 3      (Circle one number)
- Divorced..... 4
- Widowed..... 5

84/

4. Are you now working at a paying job?

- Yes, full-time..... 1
- Yes, part-time..... 2      (Circle one number)
- No, but looking for a job .....3
- No, retired.....4

85/

5. Do you currently smoke cigarettes?

- No..... 1      (Circle one number)
- Yes..... 2

86/

6. Have you **EVER** had any of the following treatments for prostate cancer **(Please circle YES or NO for every item and fill in the month/year during which therapy was started)**

|  | <u>No</u> | <u>Yes</u> |                                    |         |
|--|-----------|------------|------------------------------------|---------|
| a. Radical prostatectomy (surgery to remove the prostate through the abdomen or perineum, or by using a laparoscope) ..... | 1         | 2          | Month & year of surgery: ___/___   | 87-88/  |
| b. External Beam Radiation .....   | 1         | 2          | Month & year completed: ___/___    | 89-90/  |
| c. Radioactive Seed implantation (Brachytherapy) .....   | 1         | 2          | Month & year of surgery: ___/___   | 91-92/  |
| d. Expectant management (Watchful Waiting) ..  | 1         | 2          | Month & year of diagnosis: ___/___ | 93-94/  |
| e. Orchiectomy (surgical removal of the testes).   | 1         | 2          | Month & year of surgery: ___/___   | 95-96/  |
| f. Hormone deprivation therapy shots .....   | 1         | 2          | Month & year started: ___/___      | 97-98/  |
| g. Hormone pills (Flutamide, Nilandron, or Casodex).....   | 1         | 2          | Month & year started: ___/___      | 99-100/ |
| h. Other _____   |           |            |                                    | 101/    |

7. Which therapy, if any, do you **currently** use to improve your erections?

|   |   |                     |      |
|---|---|---------------------|------|
| None at all .....                       | 0 |                     |      |
| Vacuum erection device (Erect-aid)..... | 1 |                     |      |
| Penile injection therapy .....          | 2 |                     |      |
| Penile prosthesis .....                 | 3 | (Circle one number) | 102/ |
| Muse (intra-urethral alprostadil).....  | 4 |                     |      |
| Viagra (Sildenafil) .....               | 5 |                     |      |
| Other _____ .....                       | 6 |                     | 103/ |

8. Have you **EVER** had any of the following medical conditions?  
(Please circle YES or NO for every item)

|   | <u>No</u> | <u>Yes</u> |      |
|---|-----------|------------|------|
| a. Diabetes.....                                  | 1         | 2          | 104/ |
| b. Heart attack, chest pain .....                 | 1         | 2          | 105/ |
| c. Stroke.....                                    | 1         | 2          | 106/ |
| d. Amputation.....                                | 1         | 2          | 107/ |
| e. Circulation problems in your legs or feet..... | 1         | 2          | 108/ |
| f. Asthma, emphysema, or breathing problems....   | 1         | 2          | 109/ |
| g. Stomach ulcer, irritable bowel.....            | 1         | 2          | 110/ |
| h. Kidney disease.....                            | 1         | 2          | 111/ |
| i. Major depression.....                          | 1         | 2          | 112/ |
| j. Seizures.....                                  | 1         | 2          | 113/ |
| k. Alcoholism or alcohol problem.....             | 1         | 2          | 114/ |
| l. Drug problems.....                             | 1         | 2          | 115/ |

9. How much school did you complete?

|  |   |  |      |
|--|---|--|------|
| Grade school or less.....                          | 1 |  |      |
| Some high school or technical school.....          | 2 |  |      |
| High school or technical school graduate.....      | 3 |  |      |
| Some college.....                                  | 4 |  | 116/ |
| College graduate.....                              | 5 |  |      |
| Graduate or professional school after college..... | 6 |  |      |

10. What is your approximate annual combined household income?

|                          |   |  |      |
|--------------------------|---|--|------|
| Less than \$10,000.....  | 1 |  |      |
| \$10,000 - 30,000.....   | 2 |  | 117/ |
| \$30,001 - 100,000.....  | 3 |  |      |
| More than \$100,000..... | 4 |  |      |

**THANK YOU VERY MUCH!!**