**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
   - Asian/Oriental/Pacific Islander .......................................4
   - American Indian/Native Alaskan.........................................5
   - Other: Please Specify ______________________________________6

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
   - Not in a significant relationship.......................................3

3. What is your current marital status?
   - Never married............................. 1
   - Married...................................... 2
   - Separated.................................. 3
   - Divorced.................................... 4
   - Widowed.................................... 5

4. Are you now working at a paying job?
   - Yes, full-time........................................ 1
   - Yes, part-time...................................... 2
   - No, but looking for a job .................3
   - No, retired....................................... 4

5. Do you currently smoke cigarettes?
   - No.................................................. 1
   - Yes.................................................. 2
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**)  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**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 each item)

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Diabetes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Heart attack, chest pain</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Stroke</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Amputation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Circulation problems in your legs or feet</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Asthma, emphysema, or breathing problems</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Stomach ulcer, irritable bowel</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Kidney disease</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Major depression</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>j. Seizures</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>k. Alcoholism or alcohol problem</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>l. Drug problems</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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
- 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
- $30,001 - 100,000. ................................................................... 3
- More than $100,000. ............................................................... 4

THANK YOU VERY MUCH!!