

CAROLINA ENDOMETRIAL CANCER STUDY

UNC Lineberger Comprehensive Cancer Center
Schools of Public Health and Medicine

HOME VISIT QUESTIONNAIRE

Date of Visit: ____ / ____ / ____

Time started: ____ : ____ am pm

Time ended: ____ : ____ am pm

Interviewer Initials: ____

SECTION A: INTRODUCTORY STATEMENT

Thank you for agreeing to the home visit portion of our study. Before we start, I want to remind you that your participation in this study is voluntary, and all the information collected will be kept completely confidential. Do you have any questions before we begin?

SECTION B: MEASUREMENTS

For the first portion of this visit, we will need to complete some measurements. We will do blood pressure, weight, height, and other measurements such as waist, hip, and leg measurements.

[If people are in the room, ask if the participant would like them to leave]

[If participant is not in loose clothing] - The measurements will be easier if you are in loose clothing. Do you have some loose shorts you can change into?

Let me know if you have any questions or concerns as we do these measurements.

- B1.** Sitting blood pressure – Take 3 readings 1-2 minutes apart, from Left→Right→Repeat the arm with the higher blood pressure results:

	Systolic mm HG	/	Diastolic mm HG
Reading 1 - Left	___ ___ ___	/	___ ___ ___
Reading 2 - Right	___ ___ ___	/	___ ___ ___
Reading 3 - Higher	___ ___ ___	/	___ ___ ___

- B2a.** Was blood pressure taken?

Yes
 No → **SKIP TO B2c**

- B2b.** Did you use the Left→Right→Higher protocol when taking blood pressure?

Yes → **SKIP TO B3**
 No, used left arm only → **SKIP TO B3**
 No, used right arm only → **SKIP TO B3**
 No, used lower reading arm for #3 → **SKIP TO B3**

- B2c.** Why wasn't blood pressure taken?

Participant refused
 Physical condition of participant
 Equipment problem
 Other, specify: _____

B3. Weight – Measure the participant 2 times without shoes. Record results to the nearest half pound:

_____ . ____ lbs
Weight 1

_____ . ____ lbs
Weight 2

B4a. Was weight measured?

Yes → **SKIP TO B5**

No

B4b. Why wasn't weight measured?

Participant refused

Weight exceeds scale maximum

Physical condition of participant

Equipment problem

Other, specify: _____

B5. Height – Measure the participant without shoes. Record results to the nearest half inch:

_____ . ____ in

B6a. Was height measured?

Yes → **SKIP TO B7**

No

B6b. Why wasn't height measured?

Participant refused

Physical condition of participant

Equipment problem

Other, specify: _____

B7. Waist circumference – Measure the participant 2 times using cloth tape measure. Measure waist over skin or light clothing. Do not take measurements over belts or bulky clothing. Please follow these directions when taking this measurement:

- ❖ Position yourself to the right of the standing respondent
- ❖ Place the end of the measuring tape at the midpoint between the lowest rib and the top of the hip bone
- ❖ Wrap the measuring tape in a horizontal plane around the abdomen
- ❖ Keeping the tape snug, without compressing the skin, take the measurement at a normal minimal respiration

Measure 2 times to the nearest centimeter:

_____ cm
Waist 1

_____ cm
Waist 2

B8a. Was waist measured?

- Yes → **SKIP TO B9**
 No

B8b. Why wasn't waist measured?

- Participant refused
 Physical condition of participant
 Equipment problem
 Other, specify: _____

B9. Hip circumference – Measure the participant 2 times using cloth tape measure. Measure hip over skin or light clothing. Do not take measurements over belts or bulky clothing. Please follow these directions when taking this measurement:

- ❖ Ask the participant to stand with their feet together or close together as a stance wider than their shoulders can create a larger measurement
- ❖ Position yourself to the right of the standing participant
- ❖ Wrap the measuring tape in a horizontal plane around the widest part of the buttocks
- ❖ Keeping the tape snug, without compressing the skin, take the measurement

Measure 2 times to the nearest centimeter:

_____ cm _____ cm
 Hip 1 Hip 2

B10a. Was hip measured?

- Yes → **SKIP TO B11a**
 No

B10b. Why wasn't hip measured?

- Participant refused
 Physical condition of participant
 Equipment problem
 Other, specify: _____

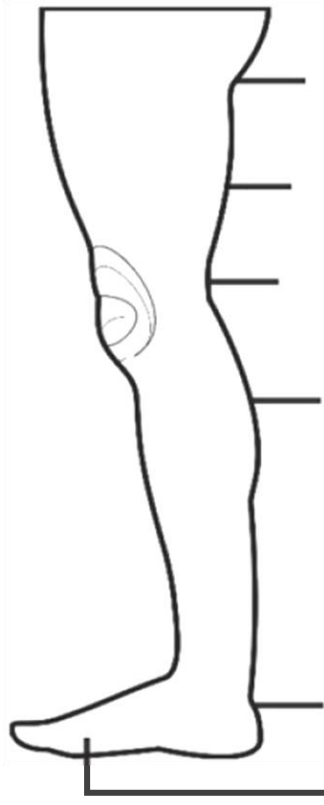
- B11a.** Leg markings – To prepare for circumference measurements, markings need to be made on each leg at the same distance relative to the heel. Please follow these directions when making these markings:
- ❖ Choose a leg to start with and make a mark at the ankle, the widest part of the calf, the mid upper leg, and near the groin
 - ❖ Measure the distance from the heel to each of these marks

Measure to the nearest centimeter from the heel:

Ankle	Widest Part of Calf	Mid Upper Leg	Groin / Upper Thigh
___ ___ cm	___ ___ cm	___ ___ cm	___ ___ cm

- B11b.** Leg circumference – Measure the participant using cloth tape measure. Please follow these directions when taking these measurements:
- ❖ Start with the leg you marked in **B11a**
 - ❖ Measure the circumference at each of the 6 locations listed below and record them
 - ❖ Use the distance measurements recorded in **B11a** to mark the second leg
 - ❖ Measure the circumference at each of the 6 locations for the second leg and record them

Measure to the nearest centimeter:



	Left Leg	Right Leg
Groin / Upper Thigh	___ ___ cm	___ ___ cm
Mid Upper Thigh	___ ___ cm	___ ___ cm
Knee Crease	___ ___ cm	___ ___ cm
Widest Part of Calf	___ ___ cm	___ ___ cm
Ankle	___ ___ cm	___ ___ cm
Base of Toes	___ ___ cm	___ ___ cm

B12a. Were leg measurements taken?

- Yes → **SKIP TO B13**
 No

B12b. Why weren't legs measured?

- Participant refused
 Physical condition of participant
 Equipment problem
 Other, specify: _____

B13. Were any modifications to the standard procedures made for any measurement?

- Yes
 No

B14. Please specify any modifications and record any observations regarding the difficulty or inability to perform any or all of the readings, noting any mitigating factors:

SECTION C: MEDICATIONS

For the next portion of this visit, we'll review medications that you take. I will need to see your medications, but first let me ask you a few questions.

- C1.** Are you currently taking any medications for high blood pressure/hypertension?
- Yes
 No

- C2a.** In the last month, have you taken any antibiotic medications?
- Yes
 No → **SKIP TO C3**

- C2b.** Are you currently taking any antibiotic medications?
- Yes
 No

- C3.** How many prescription medications did you take in the last 24 hours? Please include pills, patches, liquids, injections, inhalers, creams, etc.:
- _____ prescription medications

- C4.** How many non-prescription, over-the-counter medications, vitamins, and/or supplements did you take in the last 24 hours?
- _____ non-prescription medications/vitamins/supplements

C5. Please record all medications/vitamins/supplements. Copy the names off the bottles or packages directly to make sure that the spellings are correct. Please also include dosage and frequency of use:

<u>Medication/Vitamin/Supplement:</u>	<u>Dosage:</u>	<u>Frequency of Use:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

SECTION D: LOWER BODY SYMPTOMS

The following questions relate to symptoms you might have experienced in your foot, leg, hip, groin, or your lower body in the past 4 weeks.

D1. In the past 4 weeks, have you had limited movement of your:

Hip? Yes No

Knee? Yes No

Ankle? Yes No

Foot? Yes No

Toes? Yes No

D2. In the past 4 weeks, did your leg or foot feel weak?

Yes

No

D3. In the past 4 weeks, have you experienced any of the following in your foot, leg, hip, groin, or your lower body:

Tenderness? Yes No

Swelling? Yes No

Swelling with pitting? Pitting is when you press firmly on your skin and the dent stays long enough to feel it when you slide the pad of your finger across it. Yes No

Redness? Yes No

Blistering? Yes No

Firmness / Tightness? Yes No

Increased temperature in your leg? Yes No

Heaviness? Yes No

Numbness? Yes No

Stiffness? Yes No

Aching? Yes No

Hip swelling? Yes No

Groin swelling? For example, genital or labia/vulvar swelling. Yes No

Pockets of fluid? Yes No

SECTION E: MATERIALS COLLECTION

It is now time for me to collect the consents, questionnaires, worksheets and any completed biospecimen kits that were mailed to you before the home visit. Do you have any questions about these forms or the kits?

E1a. Was a vaginal swab sample collected?

Yes → **SKIP TO E2**

No

E1b. Why wasn't a vaginal swab sample collected?

Participant refused

Kit problem, replacement kit left with participant for return by FedEx → **SKIP TO E5a**

Kit problem, replacement kit not accepted

Participant hasn't completed yet but plans to – left FedEx return label/packaging to ship → **SKIP TO E5a**

E1c. It will help us to know why you are not interested in providing the vaginal swab sample. Please select the reason that best describes why you have chosen not to participate:

I am not comfortable with providing the vaginal swab sample → **SKIP TO E5a**

I am too busy and do not have enough time to complete this → **SKIP TO E5a**

I am too ill or busy with my cancer treatment to complete this → **SKIP TO E5a**

The payment is not enough for me to be willing to participate → **SKIP TO E5a**

Other, specify: _____ → **SKIP TO E5a**

E2. In the past 2 months, have you:

Had a vaginal yeast infection? Yes No

Been diagnosed with a sexually transmitted infection? Yes No

E3. Have you ever been diagnosed with bacterial vaginosis?

Yes

No

E4a. Overall, how comfortable did you feel about providing a vaginal swab sample?

- Very comfortable → SKIP TO E5a
 Comfortable → SKIP TO E5a
 Neither → SKIP TO E5a
 Uncomfortable
 Very uncomfortable

E4b. Please share with us why you felt uncomfortable and/or provide any suggestions for how we can improve the collection process:

E5a. Was a fecal/stool sample collected?

- Yes → SKIP TO E6a
 No

E5b. Why wasn't a fecal/stool sample collected?

- Participant refused
 Kit problem, replacement kit left with participant for return by FedEx → SKIP TO E7
 Kit problem, replacement kit not accepted
 Participant hasn't completed yet but plans to – left FedEx return label/packaging to ship → SKIP TO E7

E5c. It will help us to know why you are not interested in providing the fecal/stool sample. Please select the reason that best describes why you have chosen not to participate:

- I am not comfortable with providing the fecal/stool sample → SKIP TO E7
 I am too busy and do not have enough time to complete this → SKIP TO E7
 I am too ill or busy with my cancer treatment to complete this → SKIP TO E7
 The payment is not enough for me to be willing to participate → SKIP TO E7
 Other, specify: _____ → SKIP TO E7

E6a. Overall, how comfortable did you feel about providing a fecal/stool sample?

- Very comfortable
- Comfortable
- Neither
- Uncomfortable
- Very uncomfortable

→ SKIP TO E7
→ SKIP TO E7
→ SKIP TO E7

E6b. Please share with us why you felt uncomfortable and/or provide any suggestions for how we can improve the collection process:
