

Family Health Promotion Project: Questionnaire

Please complete this questionnaire by filling in the bubbles completely. You may use either black ink pen or pencil. Thank you in advance for completing this important questionnaire.

Today's Date (mm/dd/yyyy): ___ ___ / ___ ___ /200 ___

The first set of questions asks you about your general health.

1. Would you say your health in general is?

- Excellent
- Good
- Fair
- Poor

2. When was the last time you had a general check-up or routine physical examination?

- Within the last year (anytime less than twelve months ago)
- 1-2 years ago (greater than 1 year but less than 2 years ago)
- 2-3 years ago (greater than 2 years but less than 3 years ago)
- 3-4 years ago (greater than 3 years but less than 4 years ago)
- 4-5 years ago (greater than 4 years but less than 5 years ago)
- 5 years ago or more
- Never

3. What is your current weight (lbs.)?

___ ___ ___ lbs.

4. How tall are you with your shoes off (ft. in.)?

___ ft. ___ in.

The following questions ask about physical activity. We are interested in two types of physical activity: moderate and vigorous.

- **Moderate activities** cause small increases in breathing or heart rate. These include brisk walking, bicycling, vacuuming, gardening, etc.
- **Vigorous activities** cause large increases in breathing or heart rate. These include running, aerobics, heavy yard work, etc.

5. How many days per week do you do **moderate** activities for at least 10 minutes at a time?

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week
- Do not do any moderate activity for at least 10 minutes at a time
- Don't know/not sure

6. On days when you do **moderate** activities for at least 10 minutes at a time, how much total time per day do you spend doing each activity?

- 10-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- Over 1 hour
- Don't know/not sure
- Does not apply

7. How many days per week do you do **vigorous** activities for at least 10 minutes at a time?

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 or more days per week
- Do not do any vigorous activity for at least 10 minutes at a time
- Don't know/not sure

8. On days when you do **vigorous** activities for at least 10 minutes at a time, how much total time per day do you spend doing each activity?

- 10-20 minutes
- 21-30 minutes
- 31-40 minutes
- 41-50 minutes
- 51-60 minutes
- Over 1 hour
- Don't know/not sure
- Does not apply

The following questions ask about cancer screening. Please refer to the definitions in your study packet.

9. For each cancer screening test listed below, please indicate whether you have **ever** had this screening test (Part A), and if yes, please provide information about your most recent screening. If you were screened 5 years ago or less, please provide your **best estimate** of the date (Part B).

	Part A Ever had screening?			Part B When?	
	No	Don't know	Yes	5 years ago or less	More than 5 years ago
9a. Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
9b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
9c. Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
9d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
9e. Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
Women (only)					
9f. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
9g. Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
Men (only)					
9h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>
9i. Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/> month/year: ___/___	<input type="checkbox"/>

10. For each cancer screening test listed below, please indicate **if** you are planning to have the cancer screening test (Part A), and if yes, indicate **when** you are planning on having the test done (Part B).

	Part A Planning on having?			Part B When?						
	No	Don't know	Yes	Within the next year	Within 1 – 2 years	Within 2 - 3 years	Within 3 – 4 years	5 years or more from now	Don't know	
10a. Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
10b. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
10c. Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
10d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
10e. Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
Women (only)										
10f. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
10g. Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
Men (only)										
10h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						
10i. Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ⇨	<input type="checkbox"/>						

11. For this question we would like your opinion. How effective do you think the following screening tests are in detecting cancer?

	Very effective	Effective	Somewhat effective	Not very effective	Not at all effective	Don't know
11a. Skin Exam	<input type="checkbox"/>					
11b. Colonoscopy	<input type="checkbox"/>					
11c. Sigmoidoscopy	<input type="checkbox"/>					
11d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>					
11e. Barium Enema	<input type="checkbox"/>					
Women (only)						
11f. Mammogram	<input type="checkbox"/>					
11g. Pap Exam	<input type="checkbox"/>					
Men (only)						
11h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>					
11i Digital Rectal Exam (DRE)	<input type="checkbox"/>					

12. How many of your close relatives (parents, siblings and adult children have ever been screened for colon cancer?

- Most
- Some
- None
- Don't know

13. Of your friends that are **50 years or older**, how many do you think get regular colon cancer screening?

- Most
- Some
- None
- Don't know
- No friends over 50

14. Have you ever discussed colon cancer screening **for yourself** with any of your family members and/or friends?

- Yes
- No
- Not sure

15. If you were going to have one or more of the following cancer screening tests. How often do you think **you** should have the test performed?

	Every 1 or 2 years	Every 2 - 5 years	Every 5 - 9 years	Every 10 years or more	Don't know	Never
15a. Skin Exam	<input type="checkbox"/>					
15b. Colonoscopy	<input type="checkbox"/>					
15c. Sigmoidoscopy	<input type="checkbox"/>					
15d. Fecal Occult Blood Test (FOBT)	<input type="checkbox"/>					
15e. Barium Enema	<input type="checkbox"/>					
Women (only)						
15f. Mammogram	<input type="checkbox"/>					
15g. Pap Exam	<input type="checkbox"/>					
Men (only)						
15h. Prostate Specific Antigen (PSA)	<input type="checkbox"/>					
15i. Digital Rectal Exam (DRE)	<input type="checkbox"/>					

16. The following statements are some ideas that people may have about colon cancer screening. Please indicate whether you agree, disagree, or are undecided about each item.

	Agree	Disagree	Undecided
16a. If I eat a healthy diet, I will lower my risk of getting cancer far enough that I probably do not need to be screened for colon cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16b. If I have a rectal exam from a doctor, I don't need to have colon cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16c. Once I have had a couple of tests for colon cancer that showed nothing, I do not need any more tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16d. I probably would not have colon cancer screening unless I had some symptoms like changes in my bowel movements or some abdominal discomfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16e. Colon cancer screening is part of good overall health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16f. People who tell me not to bother being screened for colon cancer are right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16g. If colon cancer screening finds something, whatever is there will be too advanced to do anything about it anyway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16h. Colon cancer screening is not a useful test for people my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16i. Colon cancer screening is not reliable because it only detects a small number of cancers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Below is a list of reasons that some people have for **not getting screened for colon cancer**. For each possible reason listed below, please indicate whether it applies to you.

	Yes	No	Not Sure
17a. I am too young or too old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17b. I feel anxious about the possible results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17c. The cost is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17d. I don't have a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17e. The tests are embarrassing and/or degrading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17f. A screening test has not been recommended by my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17g. Some of the screening tests are frightening or intimidating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17h. I am experiencing other health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17i. I have experienced no symptoms or problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17j. I think that the screening tests could be painful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17k. I fear that I could be injured by the tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17l. I have a busy schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17m. I feel it is unnecessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17n. I feel the fecal occult blood test is disgusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17o. I am worried about the preparation for a colonoscopy or sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17p. I don't have insurance that covers colon cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17q. I feel that the screening doesn't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about two new screening tests for colon cancer.

18. Have you ever heard about virtual colonoscopy?

- Yes
- No → **Please go to question 20**
- Don't know → **Please go to question 20**

Virtual Colonoscopy - A *virtual colonoscopy* is a radiologic (CT scan) test to check the colon for polyps and cancer. A CT scan is performed of the colon while air is inserted into the rectum. The day or two before the test you are asked to modify your diet, drink a lot of liquids, take laxatives, and drink some diluted barium.

19. How effective do you think virtual colonoscopy is in detecting colon cancer?

Very effective	Effective	Somewhat effective	Not very effective	Not at all effective	Don't know
<input type="checkbox"/>					

20. Have you ever heard about the stool DNA test?

- Yes
- No → **Please go to question 22**
- Don't know → **Please go to question 22**

Stool DNA Test - A ***stool DNA test*** is a test that checks for abnormal cells that are shed into the stool. These tests identify DNA that is known to be associated with colon cancer. This test is done at home. A single stool is collected directly into a container that fits on the toilet. The container is sealed and then mailed to the laboratory.

21. How effective do you think the stool DNA test is in detecting colon cancer?

Very effective	Effective	Somewhat effective	Not very effective	Not at all effective	Don't know
<input type="checkbox"/>					

The following questions ask about how members of your family relate to one another. For the purpose of this question, family is defined as your parents, siblings and adult children.

22. Please indicate how often each statement applies to your family.

		Never	Less than half the time	Half the time	More than half the time	All the time
22a.	In our family it is easy for everyone to express his/her opinion.	<input type="checkbox"/>				
22b.	It is easier to discuss problems with people outside the family than with other family members.	<input type="checkbox"/>				
22c.	Each family member has input in major family decisions.	<input type="checkbox"/>				
22d.	Our family tries new ways of dealing with problems.	<input type="checkbox"/>				
22e.	In our family, everyone shares responsibilities.	<input type="checkbox"/>				
22f.	It is difficult to get customs (such as habits and practices) changed in our family.	<input type="checkbox"/>				
22g.	Family members avoid each other.	<input type="checkbox"/>				
22h.	When problems arise, we compromise.	<input type="checkbox"/>				
22i.	Family members are afraid to say what is on their minds.	<input type="checkbox"/>				
22j.	Family members pair up rather than do things as a total family.	<input type="checkbox"/>				
22k.	Family members discuss problems and feel good about the solutions.	<input type="checkbox"/>				
22l.	In our family, everyone goes his/her own way.	<input type="checkbox"/>				
22m.	Family members consult other family members on their decisions.	<input type="checkbox"/>				
22n.	We have difficulty thinking of things to do as a family.	<input type="checkbox"/>				
22o.	Things are fair in our family.	<input type="checkbox"/>				
22p.	Family members feel closer to people outside the family than to other family members.	<input type="checkbox"/>				

The following questions ask about your thoughts regarding your colon cancer risk.

23. What do you think your risk is of getting colon cancer compared with other people your age who **DO NOT** have one or more close relative(s) with colon cancer?

- Much higher
- A little higher
- The same
- A little lower
- Much lower
- Don't know

24. How concerned are you about getting colon cancer?

- Very concerned
- Moderately concerned
- Not very concerned
- Not at all concerned
- Don't know

25. How did the diagnosis of colon cancer in your family make you feel about your own chances of getting colon cancer?

- It made me feel my chances were a lot more
- It made me feel my chances were a little more
- It didn't change my feelings
- It made me feel my chances were less
- Don't know

26. Through your participation in the family cancer registry, please indicate whether you have received information about any of the following:

	Yes	No	Not sure
26a. Your personal risk of colon cancer-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26b. Screening tests for colon cancer-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26c. Genetic testing for colon cancer-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26d. Increasing your physical activity-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26e. Maintaining a healthy weight-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question asks about your experience with colon cancer in your family.

27. How stressful has the diagnosis of colon cancer in your family been for you?

- Very stressful
- Moderately stressful
- Somewhat stressful
- Not at all stressful
- Don't know

28. Please indicate how frequently the following comments were true for you *during the past seven days*. Each statement refers to the *most recent* colon cancer diagnosis in your family.

	Not at all	Rarely	Some- times	Often	Don't know
28a. I thought about my relative's colon cancer when I did not mean to.	<input type="checkbox"/>				
28b. I didn't let myself get upset when I thought about it or was reminded of it. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28c. I tried to remove it from my memory.	<input type="checkbox"/>				
28d. I had trouble falling asleep or staying asleep, because pictures or thoughts about it came into my mind.	<input type="checkbox"/>				
28e. I had waves of strong feelings about it.	<input type="checkbox"/>				
28f. I had dreams about my relative's colon cancer.	<input type="checkbox"/>				
28g. I stayed away from reminders of my relative's colon cancer.	<input type="checkbox"/>				
28h. I felt as if it had not happened or it was not real.	<input type="checkbox"/>				
28i. I tried not to talk about my relative's colon cancer.	<input type="checkbox"/>				
28j. Pictures about it popped into my mind.	<input type="checkbox"/>				
28k. Other things kept making me think about it.	<input type="checkbox"/>				
28l. I was aware that I still had a lot of feelings about it but I didn't deal with them.	<input type="checkbox"/>				
28m. I tried not to think about my relative's colon cancer.	<input type="checkbox"/>				
28n. Any reminder brought back feelings about it.	<input type="checkbox"/>				
28o. My feelings about it were kind of numb.	<input type="checkbox"/>				

The following question asks about your and your family's history of cancer.

29. Please provide information on your biological family members, including yourself, who have developed colon, uterine or stomach cancer. For each person, please do the following:
- Enter the relative code (1 – 7) in Column A
 - Enter whether they are on your mother's side of the family or your father's side of the family, if appropriate, in Column B.
 - Enter type of cancer and age at first diagnosis in Column C. For each relative, please give your best estimate of the age of diagnosis.

Relative Codes

- 1 = You
- 2 = Mother
- 3 = Father
- 4 = Grandparent
- 5 = Aunt or Uncle
- 6 = Sibling
- 7 = Child
- 8 = Cousin
- 9 = Niece or Nephew
- 10 = Great-aunt or Great-uncle

Column A	Column B	Column C	
Relative Code	Side of the Family (if applicable)	Cancer type and age of diagnosis	
□	<input type="radio"/> Mother's side <input type="radio"/> Father's side <input type="radio"/> Not Applicable	<input type="radio"/> Colon Age □□ <input type="radio"/> Uterine Age □□ <input type="radio"/> Stomach Age □□	
□	<input type="radio"/> Mother's side <input type="radio"/> Father's side <input type="radio"/> Not Applicable	<input type="radio"/> Colon Age □□ <input type="radio"/> Uterine Age □□ <input type="radio"/> Stomach Age □□	
□	<input type="radio"/> Mother's side <input type="radio"/> Father's side <input type="radio"/> Not Applicable	<input type="radio"/> Colon Age □□ <input type="radio"/> Uterine Age □□ <input type="radio"/> Stomach Age □□	
□	<input type="radio"/> Mother's side <input type="radio"/> Father's side <input type="radio"/> Not Applicable	<input type="radio"/> Colon Age □□ <input type="radio"/> Uterine Age □□ <input type="radio"/> Stomach Age □□	

30. How important do you think genetics, or having a family history of colon cancer, is in causing colon cancer?

- Very important
- Somewhat important
- Not very important
- Not at all important
- Don't know

The following questions ask about genetic testing. A definition of genetic testing is provided below.

Genetic testing – A **genetic test** for colon cancer involves drawing a blood sample to look for specific changes in genetic material (DNA) known to be associated with an increased risk of developing colon cancer. The testing process usually involves one or more appointments with a genetic counselor and a physician.

	Yes	No	Don't know
31a. Have you ever heard of genetic testing for colon cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31b. Have any of your relatives had genetic testing for colon cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31c. If yes, did any of them test positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31d. Have you ever been advised to consider genetic testing for colon cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31e. Have you ever had genetic testing for colon cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31f. If yes, did you test positive?			
<input type="checkbox"/> Yes, for a mutation previously detected in a family member			
<input type="checkbox"/> Yes, I was the first in my family to test positive			
<input type="checkbox"/> No			
<input type="checkbox"/> Don't know			

The following questions ask about your access to health care.

32. Do you have a regular doctor or clinic that you visit for health care?

- Yes
- No

33. Do you have health insurance of any kind, including private, Medicaid, Medicare, or VA benefits?

- Yes
- No
- Don't know

34. If yes, does your health plan pay for any of the following cancer screening tests?

		Yes	No	Don't know
34a.	Skin Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34b.	Barium enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34c.	Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34d.	Flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34e.	Fecal occult blood test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34f.	Virtual colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34g.	Stool DNA test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Women Only:			
34h.	Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34i.	Pap Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Men Only:			
34j.	Prostate Specific Antigen (PSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34k.	Digital Rectal Exam (DRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The final set of questions asks about your general information.

35. What is your date of birth (mm/dd/yyyy)? ___ ___ / ___ ___ /19 ___ ___

36. Do you consider yourself to be Hispanic or Latino/a?

- Yes
- No
- Don't know
- Prefer not to answer

37. Which of the following most closely describes your race? Select all that apply.

- American Indian or Alaska Native
- Asian (specify) _____
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (specify) _____
- Don't know
- Prefer not to answer

38. What is the highest grade or level of formal education that you have completed?

- Less than high school
- High school graduate/GED
- Some college or technical school
- College graduate
- Post college

The next question asks about your family income. This information, which will be treated as confidential, is important to this study. Scientists have found that screening behaviors are sometimes more or less prevalent for people of different income levels.

39. Which of the following best describes your total annual household income from all sources before taxes?

- Less than \$14,999
- Between \$15,000-\$29,999
- Between \$30,000-\$44,999
- Between \$45,000-\$69,999
- \$70,000 or more
- Prefer not to answer
- Don't know

39a. How many people does this support? _____

Since our last contact with you, has your address or telephone number changed? If so, please provide us with your updated information:

Address:

Home Phone :

Work Phone:

E-mail:

Would you be willing to complete follow-up questionnaires for this study on a secure web-site?

- Yes
- No
- Don't Know

Please check that you have filled out this form completely and return it to us in the postage paid envelope.

Thank you very much for your time and participation.