

# Historical Purposes Only. Survey is No Longer Open.

## Ohio University Online Consent Form

**Title of Research:** Vinton County Cancer Research Study

**Principal Investigator:**  
Melissa Thomas, PhD

**Co-Investigators:**  
Randy Yates, Kim McManis, and Barbara Prater

**IRB number:** 19-X-92

You are being asked by an Ohio University researcher to participate in research related to cancer in Vinton County. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks of the research project. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to participate in this study. You may print a copy of this document to take with you.

### Summary of Study

This study is examining cancer cases in Vinton County and environmental health issues that may impact cancer.

Your information will be kept confidential in a locked drawer in office of the Principal Investigator. Additionally, any computer files will be password protected. While some of the questions may be uncomfortable, your participation may help us identify ways to reduce the burden of cancer in Vinton County.

### Explanation of Study

This study is being done to better understand cancer rates and environmental health issues that may impact cancer in Vinton County.

If you agree to participate, you will be asked to take a brief survey.

You should not participate in this study if you are under the age of 18 and/or do not know anybody who has had cancer in Vinton County.

Your participation in the study will last no more than 20-30 minutes.

### Risks and Discomforts

You may feel some discomfort due to the content of the questions about your attitudes toward different cultures. If any questions make you feel uncomfortable, you do not have to answer them. Your participation is completely voluntary. You may withdraw from this study at any time without penalty.

### Benefits

This study is important to identify environmental health factors that may impact cancer rates in Vinton County.

You may not benefit, personally by participating in this study.

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### Confidentiality and Records

Your study information will be kept confidential. All materials will be stored in a secure or password protected location and access to the files will be restricted to research team members.

For maximum confidentiality, if completing the survey online, please clear your browser history and close the browser before leaving the computer.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:

- \* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- \* Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU;

### Compensation

At the end of the survey, you will be entered into a drawing to win a \$100 gift card. The gift card will be sent to you electronically or via standard mail if preferred. The odds of winning the gift card are based on the number of completed surveys, with the highest odds of 1 in 3000.

### Future Use Statement

Identifiers might be removed from data/samples collected, and after such removal, the data/samples may be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you or your legally authorized representative.

### Contact Information

If you have any questions regarding this study, please contact the investigators *Melissa Thomas, PhD*, [thomasm5@ohio.edu](mailto:thomasm5@ohio.edu), 740.593.2217.

If you have any questions regarding your rights as a research participant, please contact Dr. Chris Hayhow, Director of Research Compliance, Ohio University, (740)593-0664 or [hayhow@ohio.edu](mailto:hayhow@ohio.edu).

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By agreeing to participate in this study, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
- you have been informed of potential risks and they have been explained to your satisfaction;
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- you are 18 years of age or older;
- your participation in this research is completely voluntary;
- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

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***This survey asks a series of questions about people who have had cancer in Vinton County. You can complete the survey for yourself, or you can answer the questions on behalf of somebody who has had cancer. If you know somebody with cancer, it is best for that individual to complete the survey. However, if the person is unable to complete the survey, please answer the question to the best of your knowledge. The more accurate the information, the better. Each survey asks questions for just one individual, so if you know more than one person, you must complete a survey for each.***

1. What is your age? \_\_\_\_\_ (must be 18 or over to complete the survey)
  
2. Have you or anybody you know in Vinton County had cancer?
  - a. \_\_\_\_\_ No (End of survey)
  - b. \_\_\_\_\_ Yes
  
3. Are you completing the survey
  - a. \_\_\_\_\_ For yourself? (Skip to Q4)
  - b. \_\_\_\_\_ For somebody else?
    - i. Name \_\_\_\_\_
    - ii. Address \_\_\_\_\_
    - iii. City, State, Zip \_\_\_\_\_
    - iv. Township
      1. Brown
      2. Clinton
      3. Eagle
      4. Elk
      5. Harrison
      6. Jackson
      7. Knox
      8. Madison
      9. Richland
      10. Swan
      11. Vinton
      12. Wilkesville
    - v. If lived in more than one township, please list previous township where lived most number of years.
      1. Brown
      2. Clinton
      3. Eagle
      4. Elk
      5. Harrison
      6. Jackson
      7. Knox
      8. Madison
      9. Richland
      10. Swan
      11. Vinton
      12. Wilkesville
  - c. Relationship to you
    - i. Relative \_\_\_\_\_
    - ii. Myself
    - iii. Neighbor
    - iv. Friend
    - v. Co-worker
      1. Name of employer: \_\_\_\_\_
  
4. Please state the current status of the cancer/community member.
  - a. The cancer is in remission.
  - b. The cancer is currently being treated.
  - c. The individual is deceased.
    - i. Date of death (list month/date/year) \_\_\_\_\_
    - ii. Cause of death \_\_\_\_\_

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5. Was the person listed in Question 2 diagnosed with more than one cancer?

1. \_\_\_ No

2. \_\_\_ Yes

a. How many? \_\_\_\_\_

b. When was the first diagnosis? \_\_\_\_\_ Month \_\_\_\_\_ Year

i. What type of cancer?

1. Bone

2. Brain

3. Breast

4. Cervical

5. Colon

6. Leukemia (youth)

7. Leukemia (adult)

8. Lung

9. Ovarian

10. Pancreatic

11. Prostate

12. Skin

13. Other \_\_\_\_\_

ii. Stage of Cancer

1. One

2. Two

3. Three

4. Four

5. Don't Know

iii. Age at diagnosis \_\_\_\_\_

c. When was the second diagnosis? \_\_\_\_\_ Month \_\_\_\_\_ Year

i. What type of cancer?

1. Bone

2. Brain

3. Breast

4. Cervical

5. Colon

6. Leukemia (youth)

7. Leukemia (adult)

8. Lung

9. Ovarian

10. Pancreatic

11. Prostate

12. Skin

13. Other \_\_\_\_\_

ii. Stage of Cancer

1. One

2. Two

3. Three

4. Four

5. Don't Know

iii. Age at diagnosis \_\_\_\_\_

d. When was the third diagnosis? \_\_\_\_\_ Month \_\_\_\_\_ Year

i. What type of cancer?

1. Bone

2. Brain

3. Breast

4. Cervical

5. Colon

6. Leukemia (youth)

7. Leukemia (adult)

8. Lung

9. Ovarian

10. Pancreatic

11. Prostate

12. Skin

13. Other \_\_\_\_\_

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- ii. Stage of Cancer
  - 1. One
  - 2. Two
  - 3. Three
  - 4. Four
  - 5. Don't Know
- iii. Age at diagnosis \_\_\_\_\_

***The following questions should be answered about the individual listed in Question 2 (yourself or somebody you know who has had cancer). If you are filling out this survey about somebody other than yourself, answer the following questions about that particular person.***

- 6. Please describe your tobacco smoking status (circle all that apply):
  - a. I have never smoked.
  - b. I used to smoke. How many years? \_\_\_\_\_
  - c. I live with somebody who smokes. How many years? \_\_\_\_\_
  - d. My parents smoked.
  - e. I currently smoke. How many years? \_\_\_\_\_
- 7. Have you ever had a job where you were exposed to hazardous materials, e.g benzene, coal dust ?
  - a. Yes. Please describe: \_\_\_\_\_
  - b. No
  - c. Don't Know
- 8. Have you ever lived at a place where there were concerns of exposure to hazardous substances, e.g. asbestos ?
  - a. Yes. Please describe: \_\_\_\_\_
  - b. No
  - c. Don't Know
- 9. Do you have a garden?
  - \_\_\_ Yes
  - \_\_\_ No
- 10. How many hours do you spend in your garden or yard per day?
  - \_\_\_ Less than an hour
  - \_\_\_ 1-3 hours
  - \_\_\_ 4-6 hours
  - \_\_\_ 7-9 hours
  - \_\_\_ 10 or more
- 11. How do you keep insects and weeds away from your garden and/or yard?
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

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12. How many hours do you spend outside on an average day?

- Less than an hour
- 1-3 hours
- 4-6 hours
- 7-9 hours
- 10 or more

13. What type of water do you use in your home (*check all that apply*):

- Well water
- City water
- Bottled water
- Cistern water
- Other (*Please specify*):

14. Do you have the following on your property? (*check all that apply*):

- Oil well
- Natural gas well
- Fracking well
- Live near a fracking well (Distance from the well: \_\_\_\_\_)
- Other (*Please specify*): \_\_\_\_\_

15. Do you live on a farm? (*If no, move to question 17*)

- Yes (How many acres? \_\_\_\_\_)
- No

16. If you live on a farm, check all that apply:

- Grow crops
- Have a crop rotation with corn/soybeans
- Have an organic farm
- Raise animals
- Other (*Please specify*): \_\_\_\_\_

Is there anything else about your farm you would like us to know?

\_\_\_\_\_

17. How do you wash and dry clothes? (*check all that apply*)

- Hand wash/hang dry
- Laundromat
- Washer/dryer
- Dry clean
- Other (*Please specify*):

18. Have you ever been told by a doctor that you had any of the following conditions? **Check all that apply**

- |   |  |   |
|---|--|---|
| a. <input type="checkbox"/> High blood pressure | d. <input type="checkbox"/> Diabetes         | g. <input type="checkbox"/> Gallstones or kidney stones |
| b. <input type="checkbox"/> Heart Disease       | e. <input type="checkbox"/> High Cholesterol | h. <input type="checkbox"/> Stomach Ulcers              |
| c. <input type="checkbox"/> Stroke              | f. <input type="checkbox"/> Thyroid Disease  | i. <input type="checkbox"/> Depression                  |
|   |  | j. <input type="checkbox"/> Other _____                 |

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19. Are you?
- Male
  - Female
  - Non-binary/third gender
  - Prefer to self-describe \_\_\_\_\_
  - Prefer not to say
20. Did you have any children?
- \_\_\_ No (Skip to Q21)
  - \_\_\_ Yes
    - How many children do you have? \_\_\_\_\_
    - How old were you during your first full term pregnancy? \_\_\_\_\_
    - How old were you when you had your first menstrual cycle, or period? \_\_\_\_\_
21. What is your highest level of education completed?
- \_\_\_ 8<sup>th</sup> grade  
\_\_\_ High school  
\_\_\_ College  
\_\_\_ Post-graduate
22. In the past year, have you had access to the usual source of care (ex. Primary care provider)?
- \_\_\_ Yes  
\_\_\_ No
23. In the past year, have you postponed needed medical care?
- \_\_\_ Yes What medical care did you need? *List here:* \_\_\_\_\_  
\_\_\_ No
24. In the past year, have you postponed getting prescribed or recommended medication?
- \_\_\_ Yes What medication did you need? *List here:* \_\_\_\_\_  
\_\_\_ No
25. Name \_\_\_\_\_
- Address \_\_\_\_\_
  - City, State, Zip \_\_\_\_\_
  - Number of years living at this address: \_\_\_\_\_
  - Township
    - Brown
    - Clinton
    - Eagle
    - Elk
    - Harrison
    - Jackson
    - Knox
    - Madison
    - Richland
    - Swan
    - Vinton
    - Wilkesville
  - If lived in more than one township, please list previous township where lived most number of years.
    - Brown
    - Clinton
    - Eagle
    - Elk
    - Harrison
    - Jackson
    - Knox
    - Madison
    - Richland
    - Swan
    - Vinton
    - Wilkesville

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26. What is your employment status?

- a. Unemployed
- b. Employed
  - i. Name of employer: \_\_\_\_\_
  - ii. If a teacher, name school: \_\_\_\_\_
  - iii. Part-time
  - iv. Full-time
- c. Retired
  - i. List all employers when working and number of years at each  
\_\_\_\_\_
  - ii. If a teacher, name school: \_\_\_\_\_

27. What is your biggest health concern for Vinton County? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. What do you think is the biggest need for individuals with cancer in Vinton County?  
\_\_\_\_\_  
\_\_\_\_\_

29. Do you have any environmental concerns around where you live and/or work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Any other questions/comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Please provide your email address and/or phone number so that we may contact you if you win the \$100 gift card drawing.

- a. Phone number: \_\_\_\_\_
- b. Email: \_\_\_\_\_

32. If we have any questions, may we contact you?

- a. Yes
- b. No

***Thank you so much for completing the survey! You may drop off your completed survey in a sealed envelope and marked "Vinton County Cancer Survey" at the following locations: Herbert Wescoat Memorial Library; Church locations in Vinton County; Vinton County School District; Vinton County Senior Citizens Center; Vinton County Courthouse; Vinton County Health Department.***

***You may also mail the survey to Dr. Melissa Thomas, Ohio University Heritage College of Osteopathic Medicine, 350 Grosvenor Hall, 1 Ohio University, Athens, OH 45701.***