A: PARTICIPANT INFORMATION

1. What is your age today?

___ ___ Years of age

2. What is the date of your birth?

Month: __ __ Day: __ __ Year: __ __ __ __

Most of the questions we will be asking you in this follow-up questionnaire are about the time period since the date of your last questionnaire. Please refer to the following date when answering the questions.

You completed your <u>Last Questionnaire</u> on:

Month: __ __ Day: __ __ Year: __ __ __ __

B: MEDICAL HISTORY

These questions ask about medical tests that you might have had. *(Check the correct answer in the left column. If yes, also answer the questions in all columns to the right).*

Since your last questionnaire, have you Have you EVER had any of the following medical tests?	**How many separate tests have you had?**	**When did you have the most recent test?**	**What were the reasons for the most recent test? *(check all that apply)***
1. Barium enema An X-ray exam of the large bowel. An enema containing a barium solution is used to outline the inside of the colon and rectum. 1. ❑ Yes → 2. ❑ No	___ ___ Total number of tests	Years of age: ___ ___ **OR** Year: ___ ___ ___ ___	1. ❑ To investigate a new problem 2. ❑ Family history of colorectal cancer 3. ❑ Routine exam or check-up 4. ❑ Follow-up of a previous problem 5. ❑ Follow-up of FOBT (fecal occult blood test) result 6. ❑ Other (please specify) _____ 9. ❑ Don't know
2. CT Colonography or Virtual Colonoscopy Procedure using X-rays while you are in a circular scanner. Preparation includes fluids, laxatives or enemas to cleanse the bowel. During the procedure, the bowel is inflated with air, and because medications that make you sleepy are not used, recovery time is minimal. 1. ❑ Yes → 2. ❑ No	___ ___ Total number of tests	Years of age: ___ ___ **OR** Year: ___ ___ ___ ___	1. ❑ To investigate a new problem 2. ❑ Family history of colorectal cancer 3. ❑ Routine exam or check-up 4. ❑ Follow-up of a previous problem 5. ❑ Follow-up of FOBT (fecal occult blood test) result 6. ❑ Other (please specify) _____ 9. ❑ Don't know

These questions ask about medical tests that you might have had <u>since the date that you completed your last questionnaire</u>. *(Check the correct answer in the left column. <u>If yes</u>, also answer the questions in <u>all</u> columns to the right).*

<u>Since your last questionnaire</u>, have you had any of the following medical tests?	**<u>Since your last questionnaire</u>, how many separate tests have you had?**	**When did you have the <u>most recent</u> test?**	**What were the reasons for the <u>most recent</u> test? *(check <u>all</u> that apply)***
3. Fecal Occult Blood Test (FOBT) (or hemoccult or stool smear test) Done as part of a routine exam, the test uses cards to detect blood in your stool. 1. ❑ Yes → 2. ❑ No	—— —— Total number of tests since last questionnaire	Years of age —— —— **OR** Year — — — —	1. ❑ To investigate a new problem 2. ❑ Family history of colorectal cancer 3. ❑ Routine exam or check-up 4. ❑ Follow-up of a previous problem 5. ❑ Follow-up of FOBT result 6. ❑ Other (please specify) _____ 9. ❑ Don't know
4. Sigmoidoscopy Procedure to look inside the <u>lower</u> bowel with a lighted tube, usually without anesthesia. Medications to empty the bowel are given beforehand. 1. ❑ Yes → 2. ❑ No	—— —— Total number of tests since last questionnaire	Years of age —— —— **OR** Year — — — —	1. ❑ To investigate a new problem 2. ❑ Family history of colorectal cancer 3. ❑ Routine exam or check-up 4. ❑ Follow-up of a previous problem 5. ❑ Follow-up of FOBT result 6. ❑ Other (please specify) _____ 9. ❑ Don't know
5. Colonoscopy Procedure to look inside the <u>entire</u> bowel with a lighted tube. A medication is usually given in a vein to help relax you or make you sleepy. Medicines to empty the bowel are also given beforehand. 1. ❑ Yes → 2. ❑ No	—— —— Total number of tests since last questionnaire	Years of age —— —— **OR** Year — — — —	1. ❑ To investigate a new problem 2. ❑ Family history of colorectal cancer 3. ❑ Routine exam or check-up 4. ❑ Follow-up of a previous problem 5. ❑ Follow-up of FOBT result 6. ❑ Other (please specify) _____ 9. ❑ Don't know

POLYPS

6. <u>Since the date of your last questionnaire</u>, has a doctor told you that you had <u>polyps</u> in your large bowel or colon or rectum? Be sure to think about all polyps that were found in any of the procedures you have had since your last questionnaire – not just polyps that may have been found during your most recent procedure.

1. ❑ Yes (go to question 7)
2. ❑ No (go to question 13 on the next page)
9. ❑ Don't know (go to question 13 on the next page)

7. <u>Since the date of your last questionnaire</u>, have you had any polyps removed?

1. ❑ Yes (go to question 8)
2. ❑ No (go to question 13 on next page)
9. ❑ Don't know (go to question 13 on next page)

8. Since <u>the date of your last questionnaire</u>, on how many separate occasions have you had polyps removed?

___ ___ Number of separate occasions you had polyps removed since the date of your last questionnaire (go to question 9)

Please answer the questions below for each occasion that you had polyps removed.

9. First polyp removal	**10. Second polyp removal**
Since the date of your last questionnaire, when did you **first** have polyps removed? Years of age: __ __ **OR** Year: __ __ __ __	When did you **next** have polyps removed? Years of age: __ __ **OR** Year: __ __ __ __
11. Third polyp removal	**12. Fourth polyp removal**
When did you **next** have polyps removed? Years of age: __ __ **OR** Year: __ __ __ __	When did you **next** have polyps removed? Years of age: __ __ **OR** Year: __ __ __ __

COLORECTAL SURGERIES

13. <u>Since the date of your last questionnaire</u>, have you had surgery to remove any part of your colon or rectum? Please do not include any surgeries where only polyp(s) were removed.

1. ❑ Yes (go to question 14)
2. ❑ No (go to question 18 on the next page)
9. ❑ Don't know (go to question 18 on the next page)

14. <u>Since the date of your last questionnaire</u>, how many surgeries on your colon or rectum have you had?

___ ___ Number of surgeries since last questionnaire (go to question 15)

(Please respond to the questions in the column for each surgery)

15. First Surgery Since date of last questionnaire	**16. Second Surgery** Since date of last questionnaire	**17. Third Surgery** Since date of last questionnaire
When did you **first** have this surgery? Years of age: ___ ___ **OR** Year: ___ ___ ___ ___	When did you **next** have this surgery? Years of age: ___ ___ **OR** Year: ___ ___ ___ ___	When did you **next** have this surgery? Years of age: ___ ___ **OR** Year: ___ ___ ___ ___
During this surgery, was your colon or rectum completely or partially removed? 1. ❑ Completely removed 2. ❑ Partially removed 9. ❑ Don't know	During this surgery, was your colon or rectum completely or partially removed? 1. ❑ Completely removed 2. ❑ Partially removed 9. ❑ Don't know	During this surgery, was your colon or rectum completely or partially removed? 1. ❑ Completely removed 2. ❑ Partially removed 9. ❑ Don't know
What was the reason for this surgery? (Check all that apply) 1. ❑ Benign or malignant tumor 2. ❑ Diverticular Disease 4. ❑ Inflammatory Bowel Disease, including Ulcerative Colitis and Crohn's Disease 6. ❑ Other: (specify) _____ 9. ❑ Don't know	What was the reason for this surgery? (Check all that apply) 1. ❑ Benign or malignant tumor 2. ❑ Diverticular Disease 4. ❑ Inflammatory Bowel Disease, including Ulcerative Colitis and Crohn's Disease 6. ❑ Other: (specify) _____ 9. ❑ Don't know	What was the reason for this surgery? (Check all that apply) 1. ❑ Benign or malignant tumor 2. ❑ Diverticular Disease 4. ❑ Inflammatory Bowel Disease, including Ulcerative Colitis and Crohn's Disease 6. ❑ Other: (specify) _____ 9. ❑ Don't know

18. <u>Since the date that you completed your last questionnaire</u>, has any doctor told you that you had any type of cancer, such as leukemia, lymphoma or malignant tumor?

1. ❑ Yes (go to question 19)
2. ❑ No (go to next page)
9. ❑ Don't know (go to next page)

19. <u>Since your last questionnaire</u>, how many cancer diagnoses have you had?

___ ___ Number of cancer diagnoses since last questionnaire (go to question 20)

Please answer questions below for each cancer diagnosis you have had since your last questionnaire.

20. First Cancer	**21. Second Cancer**	**22. Third Cancer**
What type of cancer was it? _____ (__ __ __ __)	What type of cancer was it? _____ (__ __ __ __)	What type of cancer was it? _____ (__ __ __ __)
When did your doctor **first** tell you that you had this type of cancer? Years of age: ___ ___ **OR** Year: __ __ __ __	When did your doctor **first** tell you that you had this type of cancer? Years of age: ___ ___ **OR** Year: __ __ __ __	When did your doctor **first** tell you that you had this type of cancer? Years of age: ___ ___ **OR** Year: __ __ __ __
Did you receive radiation or chemotherapy for this cancer? 1. ❑ Yes, chemotherapy 2. ❑ Yes, radiation 3. ❑ Yes, both 4. ❑ No, neither 9. ❑ Don't know	Did you receive radiation or chemotherapy for this cancer? 1. ❑ Yes, chemotherapy 2. ❑ Yes, radiation 3. ❑ Yes, both 4. ❑ No, neither 9. ❑ Don't know	Did you receive radiation or chemotherapy for this cancer? 1. ❑ Yes, chemotherapy 2. ❑ Yes, radiation 3. ❑ Yes, both 4. ❑ No, neither 9. ❑ Don't know

C: WOMEN'S HEALTH

Men, go to Section D →

1. <u>Since completing your last questionnaire</u>, have you had surgery on your ovaries and/or uterus (womb)?

1. ❑ Yes (go to question 2)
2. ❑ No (go to next page)
9. ❑ Don't know (go to next page)

2. ___ ___ Number of surgeries since last questionnaire (go to question 3)

Answer the questions below for each gynecological surgery that you've had since completing your last questionnaire.

3. First Surgery	4. Second Surgery	5. Third Surgery
<u>Since your last questionnaire</u>, when did you **first** have this surgery? Years of age: __ __ **OR** Year: __ __ __ __	<u>Since your last questionnaire</u>, when did you **next** have this surgery? Years of age: __ __ **OR** Year: __ __ __ __	<u>Since your last questionnaire</u>, when did you **next** have this surgery? Years of age: __ __ **OR** Year: __ __ __ __
Which female organs were removed during this surgery? (Check <u>all</u> that apply) 1. ❑ Hysterectomy along with one ovary or partial ovary 2. ❑ Hysterectomy along with both ovaries 3. ❑ Hysterectomy only (only uterus or womb removed) 4. ❑ One ovary was removed, in whole or part, without hysterectomy 5. ❑ Both ovaries were removed, without hysterectomy 6. ❑ Other (specify) _____ 9. ❑ Don't know	Which female organs were removed during this surgery? (Check <u>all</u> that apply) 1. ❑ Hysterectomy along with one ovary or partial ovary 2. ❑ Hysterectomy along with both ovaries 3. ❑ Hysterectomy only (only uterus or womb removed) 4. ❑ One ovary was removed, in whole or part, without hysterectomy 5. ❑ Both ovaries were removed, without hysterectomy 6. ❑ Other (specify) _____ 9. ❑ Don't know	Which female organs were removed during this surgery? (Check <u>all</u> that apply) 1. ❑ Hysterectomy along with one ovary or partial ovary 2. ❑ Hysterectomy along with both ovaries 3. ❑ Hysterectomy only (only uterus or womb removed) 4. ❑ One ovary was removed, in whole or part, without hysterectomy 5. ❑ Both ovaries were removed, without hysterectomy 6. ❑ Other (specify) _____ 9. ❑ Don't know

D: YOUR HEALTH

Have you <u>ever</u> participated in any genetic or family-based cancer studies, other than this study, or had a blood test to look for genes for colorectal cancer as part of your health care?

1. ❑ Yes
2. ❑ No
9. ❑ Don't know

E: NEW ADULTS

Since your last questionnaire, have there been any brothers, sisters or children that have turned 18 or older?

❑ Yes (go to questions below)
❑ No (go to section F)

Relationship to you?	Full name?	Birth date?	May we contact them?	If yes…contact information?
_____ Relationship	_____ First _____ Middle _____ Last	____/____/_____ Date of birth OR _____ Current age	❑ Yes → ❑ No (go to next row)	_____ (Street Address) _____ (City) (State) (Zip Code) _____ (Telephone Number)
Relationship to you?	**Full name?**	**Birth date?**	**May we contact them?**	**If yes…contact information?**
_____ Relationship	_____ First _____ Middle _____ Last	____/____/_____ Date of birth OR _____ Current age	❑ Yes → ❑ No (go to next row)	_____ (Street Address) _____ (City) (State) (Zip Code) _____ (Telephone Number)

ID: __ __ __ __ -- __ __ __

NEW ADULTS

(Continued…)

Relationship to you?	Full name?	Birth date?	May we contact them?	If yes…contact information?
_____ Relationship	_____ First _____ Middle _____ Last	____/____/_____ Date of birth OR _____ Current age	❑ Yes → ❑ No (go to next row)	_____ (Street Address) _____ (City) (State) (Zip Code) _____ (Telephone Number)
Relationship to you?	**Full name?**	**Birth date?**	**May we contact them?**	**If yes…contact information?**
_____ Relationship	_____ First _____ Middle _____ Last	____/____/_____ Date of birth OR _____ Current age	❑ Yes → ❑ No (go to next section)	_____ (Street Address) _____ (City) (State) (Zip Code) _____ (Telephone Number)

F: Family History

Please list the following:

- any cancer diagnosis in your immediate and extended family
- any deaths in your immediate family

Full Name	Relationship to You	Birth Date	Living? Y or N	Death Date	Ever Had Cancer?	Type of Cancer?	Age at Diagnoses?
Sample: *John Doe*	*Cousin, father's brother's son*	*1/1/1901*	*N*	*1/1/2001*	*Y*	*Lung Prostate*	*89 99*

G: Contact Information

Would you prefer to have study information or newsletters e-mailed to you should this become possible in the future?

1. ❑ Yes

2. ❑ No

If yes, what is your e-mail address: _____

In case we need to contact you in the future, and you have moved, could we have the name of someone who is not living with you to whom we might write or call for your new address?

First name: _____

Last name: _____

Relationship to you: _____

Street Address: _____

City**:** _____

State**:** _____

Country (if not USA): _____

Zip code: _____

Phone number including area code: _____

E-mail address: _____

ID: __ __ __ __ -- __ __ __