

LAST INTERVIEW DATE: <IntDte>

ID#: |_|_|_|_|_|_|_|_|_|-|_|_|_|_|_|_|_|_|_|

English Spanish

Zip Code: _____

Email:

Please note that confidentiality of email transmissions cannot be guaranteed. It might be best to provide an email address that is not a work or shared email address. Work emails are often subject to monitoring.

Primary email: _____

Secondary email: _____

II. Screening Questions

5. **Since <IntDte>, have you had a fecal occult blood test (FOBT)?**

This is a test to detect blood in the stool (feces) and is usually done at home using a kit. One type of kit uses cards (Hemoccult) and another type requires that a small sample of stool to be placed into a container (fecal immunochemical or FIT). Both types of FOBTs are either mailed or delivered back to the laboratory for analysis.

- Yes → Continue to Question 5.1
- No → Skip to Question 6
- Do Not Know/Prefer Not to Answer → Skip to Question 6

5.1 **Since <IntDte>, how many separate occasions have you had an FOBT?**

Number of FOBT tests: _____

Do Not Know/Prefer Not to Answer

5.2 **When did you have your most recent FOBT?**

Age: _____ **OR** Year: _____ **OR** # of years since: _____

Do Not Know/Prefer Not to Answer

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 English Spanish5.3 What were the reasons for the **most recent** FOBT (check all that apply)?

- To investigate a new problem
- Family history of colorectal cancer
- Routine exam or check-up
- Follow-up of a previous problem
- Follow-up of FOBT result
- Other: Specify_____
- Do Not Know/Prefer Not to Answer

6. Since <IntDte>, have you had a sigmoidoscopy?

A sigmoidoscopy is an endoscopic procedure similar to a colonoscopy but does not require extensive preparation with oral laxatives the night before the procedure or dietary modification. It is done with or without sedation after preparation of the bowel with an enema.

- Yes → Continue to Question 6.1
- No → Skip to Question 7
- Do Not Know/Prefer Not to Answer → Skip to Question 7

6.1 Since <IntDte>, how **many** separate occasions have you had a sigmoidoscopy?

Number of sigmoidoscopy tests: _____

 Do Not Know/Prefer Not to Answer6.2 When did you have your **most recent** sigmoidoscopy?Age: _____ **OR** Year: _____ **OR** # of years since: _____ Do Not Know/Prefer Not to Answer6.3 What were the reasons for the **most recent** sigmoidoscopy (check all that apply)?

- To investigate a new problem
- Family history of colorectal cancer
- Routine exam or check-up
- Follow-up of a previous problem
- Follow-up of FOBT result
- Other: Specify_____

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Do Not Know/Prefer Not to Answer

7. Since <IntDte>, have you had a colonoscopy?

In a colonoscopy, the entire large bowel is examined and a medication is usually given intravenously to relax you or make you sleepy. It is done in an outpatient day clinic or hospital. Preparation involves drinking fluids or taking pills to cleanse the bowel.

- Yes → Continue to Question 7.1
- No → Skip to Question 8
- Do Not Know/Prefer Not to Answer → Skip to Question 8

7.1 Since <IntDte>, how many separate occasions have you had a colonoscopy?

Number of colonoscopy tests: _____

Do Not Know/Prefer Not to Answer

7.2 When did you have your most recent colonoscopy?

Age: _____ **OR** Year: _____ **OR** # of years since: _____

Do Not Know/Prefer Not to Answer

7.3 What were the reasons for the most recent colonoscopy (check all that apply)?

- To investigate a new problem
- Family history of colorectal cancer
- Routine exam or check-up
- Follow-up of a previous problem
- Follow-up of FOBT result
- Other: Specify_____
- Do Not Know/Prefer Not to Answer

8. Since <IntDte>, have you had a CT Colonograph or Virtual Colonoscopy?

This is not a regular Colonoscopy. It is a procedure that takes x-rays of you while you are lying on a table that slides through a large circular scanner or a tunnel. Typically a tube is inserted to inflate the rectum with air. Preparation may include drinking fluid or taking laxatives to cleanse the bowel. You are not given medications to help you relax or make you sleep. This procedure may also be referred to as a Virtual Colonoscopy (VC).

- Yes → Continue to Question 8.1
- No → Skip to Question 9
- Do Not Know/Prefer Not to Answer → Skip to Question 9

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8.1 Since <IntDte>, how many separate occasions have you had a virtual colonoscopy?

Number of virtual colonoscopy tests: _____

Do Not Know/Prefer Not to Answer

8.2 When did you have your most recent virtual colonoscopy?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

8.3 What were the reasons for the most recent virtual colonoscopy (check all that apply)?

- To investigate a new problem
- Family history of colorectal cancer
- Routine exam or check-up
- Follow-up of a previous problem
- Follow-up of FOBT result
- Other: Specify _____
- Do Not Know/Prefer Not to Answer

9. Since <IntDte>, have you had a barium enema?

A barium enema is an x-ray examination of your colon. X-rays of the colon are taken following a barium enema. Preparation involves fluids, laxatives, and an enema to cleanse the bowel. Barium is a special fluid introduced into the bowel before the x-ray.

- Yes → Continue to Question 9.1
- No → Skip to Question 10
- Do Not Know/Prefer Not to Answer → Skip to Question 10

9.1 Since <IntDte>, how many separate occasions have you had a barium enema?

Number of barium enema tests: _____

Do Not Know/Prefer Not to Answer

9.2 When did you have your most recent barium enema?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

9.3 What were the reasons for the most recent barium enema (check all that apply)?

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- To investigate a new problem
- Family history of colorectal cancer
- Routine exam or check-up
- Follow-up of a previous problem
- Follow-up of FOBT result
- Other: Specify _____
- Do Not Know/Prefer Not to Answer

III. Polyp Removal and Colorectal Surgeries

10. Since <IntDte>, has a doctor told you that you had polyps in your colon or rectum?

Be sure to include all polyps that were found during any of the procedures discussed above that you have had since your last interview and not just polyps that may have been found during your most recent procedure.

- Yes → Continue to Question 10.1
- No → Skip to Question 11
- Do Not Know/Prefer Not to Answer → Skip to Question 11

10.1 Since <IntDte>, have you had any of these polyps removed (usually done during colonoscopy)?

- Yes → Continue to Question 10.2
- No → Skip to Question 11
- Do Not Know/Prefer Not to Answer → Skip to Question 11

10.2 Since <IntDte>, how many separate occasions have you had polyps removed?

Number of times polyps removed: _____

- Do Not Know/Prefer Not to Answer

These next questions ask about the first three procedures since <IntDte>. If you had more than three procedures, please state when these procedures were completed on a separate piece of paper and include when mailing back materials. Alternatively, we may call for this information.

10.3 Since <IntDte>, when was the first time you had polyps removed?

Age: _____ **OR** Year: _____ **OR** # of years since: _____

- Do Not Know/Prefer Not to Answer

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10.4 Since <IntDte>, when was the **second** time you had polyps removed?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

10.5 Since <IntDte>, when was the **third** time you had polyps removed?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

11. Since <IntDte>, have you had surgery to remove any of your colon or rectum?

Yes → Continue to Question 11.1

No → Skip to Question 12

Do Not Know/Prefer Not to Answer → Skip to Question 12

11.1 Since <IntDte>, when was the **first** time you had surgery on your colon or rectum?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

11.2 Was your colon or rectum completely or partially removed?

Partially

Completely

Do Not Know/Prefer Not to Answer

11.3 What was the reason for this surgery?

Benign or malignant tumor (including polyp)

Diverticulitis

Inflammatory bowel disease, such as Ulcerative colitis or Crohn's disease

Other: Specify _____

Do Not Know/Prefer Not to Answer

Answer the questions below if you had more than one surgery on your colon or rectum. Otherwise, skip to Section IV, Question 12.

11.4 Since <IntDte>, when was the **second** time you had surgery on your colon or rectum?

Age: _____ OR Year: _____ OR # of years since: _____

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Do Not Know/Prefer Not to Answer

11.5 **Was your colon or rectum completely or partially removed?**

Partially

Completely

Do Not Know/Prefer Not to Answer

11.6 **What was the reason for this surgery?**

Benign or malignant tumor (including polyp)

Diverticulitis

Inflammatory bowel disease, such as Ulcerative colitis or Crohn’s disease

Other: Specify_____

Do Not Know/Prefer Not to Answer

Women- please answer questions 12 and 13. Men- please skip to question 14.

12. (WOMEN ONLY) **Have you ever had a mammogram?**

A mammogram is an x-ray examination of the breasts.

Yes → Continue to Question 12.1

No → Skip to Question 13

Do Not Know/Prefer Not to Answer → Skip to Question 13

12.1 **What were the reasons you had a mammogram (check all that apply)?**

To investigate a new problem

Family history of cancer

Routine exam or check-up

Follow-up of a previous problem

Other: Specify_____

Do Not Know/Prefer Not to Answer

12.2 **Since <IntDte>, on how many separate occasions have you had a mammogram?**

Number of mammograms: _____

Do Not Know/Prefer Not to Answer

12.3 **When did you have your most recent mammogram?**

Age: _____ **OR** Year: _____ **OR** # of years since: _____

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Do Not Know/Prefer Not to Answer

13. (WOMEN ONLY) Have you ever had a Pap Smear?

This test is performed to check changes in the cervix (the neck of the womb) at the top of the vagina.

- Yes → Continue to Question 13.1
- No → Skip to Question 15
- Do Not Know/Prefer Not to Answer → Skip to Question 15

13.1 What were the reasons you had a pap smear (check all that apply)?

- To investigate a new problem
- Family history of cancer
- Routine exam or check-up
- Follow-up of a previous problem
- Other: Specify _____
- Do Not Know/Prefer Not to Answer → Skip to Question 15

13.2 Since <IntDate> , on how many separate occasions have you had a pap smear?

Number of pap smears: _____

Do Not Know/Prefer Not to Answer

13.3 When did you have your most recent pap smear?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

14. (MEN ONLY) Have you ever had a PSA (Prostate Specific Antigen Testing)?

The PSA test measures the blood level of prostate-specific antigen in your blood. PSA is a protein that is produced by the prostate gland.

- Yes → Continue to Question 14.1
- No → Skip to Question 15
- Do Not Know/Prefer Not to Answer → Skip to Question 15

14.1 What were the reasons you had a PSA (check all that apply)?

- To investigate a new problem
- Family history of cancer
- Routine exam or check-up

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- Follow-up of a previous problem
- Other: Specify _____
- Do Not Know/Prefer Not to Answer

14.2 Since <IntDate>, on how **many** separate occasions have you had a PSA?

Number of PSAs: _____
 Do Not Know/Prefer Not to Answer

14.3 When did you have your most recent PSA?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

IV. General Health and Medication Information

The purpose of these next questions is to gather some background health information about you.

15. How much do you currently weigh?

- Enter pounds: _____
- Enter kilos: _____
- Do Not Know/Prefer Not to Answer

16. Since <IntDte>, have you smoked at least one cigarette a day for 3 months or longer?

- Yes → Continue to Question 16.1
- No → Skip to Question 17
- Do not know/Prefer not to answer → Skip to Question 17

16.1 Do you currently smoke?

- Yes → Skip to Question 17
- No → Continue to Question 16.2
- Do not know/Prefer not to answer → Continue to Question 16.2

16.2 When did you stop or quit smoking?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

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18.1 Since <IntDte>, how often did you take this type of medication (ibuprofen, Advil, Aleve, Motrin, Nuprin, or Medipren), when you were using it at least 2 times a week for more than a month?

Enter times per day: _____

Enter times per week: _____

Do Not Know/Prefer Not to Answer

18.2 Since <IntDte>, how many months or years in total did you take this type of medication (ibuprofen, Advil, Aleve, Motrin, Nuprin, Medipren), at least 2 times a week for more than a month?

Enter number of months: _____

Enter number of years: _____

Do Not Know/Prefer Not to Answer

19. Since <IntDte>, have you ever taken a special type of NSAID such as Celebrex (generic name celecoxib), Vioxx (generic name rofecoxib), or Bextra (generic name valdecoxib), also known as COX-2 inhibitors, at least 2 times a week for more than a month?

Yes → Continue to Question 19.1

No → *Women* - Skip to Section V, Question 20; *Men* – Skip to Section VI, Question 21

Do Not Know/Prefer Not to Answer → *Women* - Skip to Section V, Question 20; *Men* – Skip to Section VI, Question 21

19.1 Since <IntDte>, how often did you take this medication Celebrex (generic name celecoxib), Vioxx (generic name rofecoxib), or Bextra (generic name valdecoxib), when you were using it at least 2 times a week for more than a month?

Enter times per day: _____

Enter times per week: _____

Do Not Know/Prefer Not to Answer

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Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

20.4 What type of surgery did you have the second time?

- Hysterectomy (only the uterus or womb was removed)
- Hysterectomy with ovary or part of an ovary removed
- Hysterectomy with both ovaries removed
- One ovary removed, completely or partly, without hysterectomy
- Both ovaries removed, completely or partly, without hysterectomy
- Other: Specify _____
- Do Not Know/Prefer Not to Answer

VI. Cancer History

21. Since <IntDte>, have you had a diagnosis of any type of cancer, including leukemia, lymphoma or any other malignant tumor?

- Yes → Continue to Question 21.1
- No → Skip to Question 22
- Do Not Know/Prefer Not to Answer → Skip to Question 22

Cancer 1:

21.1 What type of cancer was it? _____

Do Not Know/Prefer Not to Answer

21.2 When were you diagnosed with this cancer?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

21.3 Did you have radiation treatment for this cancer?

- Yes → Continue to Question 21.4
- No → Skip to Question 21.5
- Do Not Know/Prefer Not to Answer → Skip to Question 21.5

21.4 When did you start radiation treatment?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

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21.5 Did you have chemotherapy treatment for this cancer?

- Yes → Continue to Question 21.6
- No → Skip to Question 21.7
- Do Not Know/Prefer Not to Answer → Skip to Question 21.7

21.6 When did you start chemotherapy treatment?

- Age: _____ **OR** Year: _____ **OR** # of years since: _____
- Do Not Know/Prefer Not to Answer

Answer the questions below if you had more than one cancer (including leukemia, lymphoma or any other malignant tumor). If you have had more than two cancers, please state: 1) type of cancer, 2) when you were diagnosed, and 3) if/when you had radiation and/or chemotherapy treatment on a separate piece of paper and include when mailing back materials. Alternatively, we may call for this information.

If you have not had any additional cancer, please skip to Section VII, Question 22.

Cancer 2:

21.7 What type of cancer was it? _____

- Do Not Know/Prefer Not to Answer

21.8 When were you diagnosed with this cancer?

- Age: _____ **OR** Year: _____ **OR** # of years since: _____
- Do Not Know/Prefer Not to Answer

21.9 Did you have radiation treatment for this cancer?

- Yes → Continue to Question 21.10
- No → Skip to Question 21.11
- Do Not Know/Prefer Not to Answer → Skip to Question 21.11

21.10 When did you start radiation treatment?

- Age: _____ **OR** Year: _____ **OR** # of years since: _____
- Do Not Know/Prefer Not to Answer

21.11 Did you have chemotherapy treatment for this cancer?

- Yes → Continue to Question 21.12
- No → Skip to Question 21.13
- Do Not Know/Prefer Not to Answer → Skip to Question 21.13

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21.12 When did you start chemotherapy treatment?

Age: _____ OR Year: _____ OR # of years since: _____

Do Not Know/Prefer Not to Answer

21.13 **Information related to your cancer diagnosis and treatment would be very valuable information for the registry.**

Would you be willing to share this information by signing a form allowing us access to medical records relating to your cancer diagnosis?

If you had colorectal cancer, this form will include a request for "diagnostic materials" which includes samples of tissue from surgeries related to removing cancer tumors in addition to medical records.

Choose one of the following answers

Yes → Continue to Question 22

No → Continue to Question 22

Do Not Know/Maybe → Continue to Question 22

VII. Family History

Over time, one may learn more about their family history of cancer and other diseases. Thus, while you may have told us about your family member's cancer history previously, we need to ask you again to ensure it is as up-to-date and complete as possible.

22. Since <IntDte>, have any of your blood relatives had a diagnosis of any type of cancer, including leukemia, lymphoma or any other malignant tumor?

We are asking about your parents, grandparents, and any children, sisters, brothers, grandchildren, aunts, uncles, nieces, nephews, and any other more distant blood relatives you may have (for example cousins and their children).

Yes → Fill out the **table below**

No → Skip to Question 23

Do Not Know/Prefer Not to Answer → Skip to Question 23

If you answered "YES" to Question 22, fill out as much information as you can on the table below.

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Relative Name (First/M/Last)	Relationship to You (specify side of family if applicable)	Type of Cancer	Age at Diagnosis	Year at Diagnosis	State of Diagnosis

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- Yes → Continue to Question 25.1
- No → Skip to Question 26
- Do Not Know/Prefer Not to Answer → Skip to Question 26

26.1 What is the name of your relative or friend who could provide updated contact information in case your information changes?

First Name: _____

Middle Initial: _____

Last Name: _____

26.2 What is his/her relationship to you?

Relationship: _____

26.3 What is his/her current address?

Street Address: _____

City: _____

State: _____ Country (if not USA): _____

Zip Code: _____

26.4 What are his/her phone numbers (home, work and/or cell)?

Phone Number: (_____) _____ _____

Home/Work/Cell

Phone Number: (_____) _____ _____

Home/Work/Cell

27. Thoughts? We are interested to hear anything you would like to share with us about our study, whether it's your thoughts on how we can improve our study or feedback on what we're doing right. This information will be shared as needed to improve this study or this questionnaire. Please contact your study office at [the number below (*paper version*)] [one of the numbers listed below (*on-line version*)] to discuss any issues of a confidential nature.

