

1. What date did you complete this questionnaire? / /

2. What is your date of birth? / /

Screening, surgery and cancer information

3. Since «IntDate», have you had an FOBT? (Includes FOBT for The National Bowel Cancer Screening Program)
A Faecal Occult Blood Test (FOBT) is a test to detect blood in the bowel motion (poo) and is usually done at home using a kit. The kit is then either mailed or delivered back to the laboratory for analysis.

- Yes
- No → go to question 4
- Don't know/ Prefer not to answer → go to question 4

Since «IntDate», how many times have you completed an FOBT kit? mes

How old were you when you had your most recent FOBT? Age

What were the reasons for your most recent FOBT? (Tick all that apply)

- To investigate a new problem
- Family history of colorectal cancer
- Routine exam or check-up
- Follow-up of a previous problem
- National Bowel Cancer Screening Program
- Follow-up of FOBT result
- Gene testing result / Lynch syndrome
- Don't know

4. Since «IntDate», have you had a colonoscopy?

In a colonoscopy, the entire large bowel is examined usually while you are under sedation (asleep). Preparation involves drinking fluids or taking pills to cleanse the bowel.

- Yes
- No → go to question 5
- Don't know / Prefer not to answer → go to question 5

Since «IntDate», how many times have you had a colonoscopy? mes

How old were you when you had your most recent colonoscopy? Age

What were the reasons for your most recent colonoscopy? (Tick 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
- Gene testing result / Lynch syndrome
- Don't know

5. Since «IntDate», have you had a sigmoidoscopy?

A sigmoidoscopy is an endoscopic procedure similar to a colonoscopy but does not require extensive bowel preparation by drinking fluids. It is done with or without sedation after preparation of the bowel with an enema.

- Yes
- No → go to question 6
- Don't know / Prefer not to answer → go to question 6

Since «IntDate», how many times have you had a sigmoidoscopy?

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How old were you when you had your most recent sigmoidoscopy?

		Age
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What were the reasons for your most recent sigmoidoscopy? (Tick 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
- Gene testing result / Lynch syndrome
- Don't know

6. Since «IntDate», has a doctor told you that you had polyps in your colon or rectum? Include all polyps that were found during any procedures since your last interview.

- Yes
- No → go to question 7
- Don't know / Prefer not to answer → go to question 7

If **yes**, since «IntDate», have you had any of these polyps removed? (Usually removed during colonoscopy)

- Yes
- No → go to question 7
- Don't know / Prefer not to answer → go to question 7

Since «IntDate», how many times have you had polyps removed?

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The next questions ask about the first three times you had polyps removed since «IntDate». If you had more procedures, we may need to call you.

Since «IntDate», how old were you the first time you had polyps removed?

		Age
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Where did you have this procedure performed or what is the name of the doctor who has a copy of this result?

Doctor/s _____

Hospital/MedicalCentre _____

_____ City/Town _____ State _____

Since «IntDate», how old were you the second time you had polyps removed?

		Age
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Where did you have this procedure performed or what is the name of the doctor who has a copy of this result?

Doctor/s _____

Hospital/MedicalCentre _____

_____ City/Town _____ State _____

Since «IntDate», how old were you the third time you had polyps removed?

		Age
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Where did you have this procedure performed or what is the name of the doctor who has a copy of this result?

Doctor/s _____

Hospital/MedicalCentre _____

_____ City/Town _____ State _____

7. Since «IntDate», have you had surgery to remove any of your colon or rectum?

- Yes
- No → go to question 8
- Don't know / Prefer not to answer → go to question 8

If yes, how old were you when you had surgery on your colon or rectum?

		Age
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How much did you have removed?

- Partially
- Completely
- Don't know / Prefer not to answer

What was the reason for this surgery?

- Benign or malignant Tumour (including polyps)
- Diverticulitis
- Inflammatory Bowel Disease, such as Ulcerative Colitis or Crohn's Disease
- Other, specify _____
- Don't know / Prefer not to answer

8. If you are female, since «IntDate», have you had any surgery on your ovaries and/or uterus?

- Yes
- No → go to question 9
- Don't know / Prefer not to answer / Not applicable → go to question 9

If yes, how old were you when you had surgery on your uterus or ovary?

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 Age

What type of surgery did you have?

- 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 _____
- Don't know / Prefer not to answer

9. Since «IntDate», have you had a diagnosis of any type of cancer, including leukaemia, lymphoma or any other malignant tumour?

- Yes
- No → go to question 10
- Don't know / Prefer not to answer → go to question 10

Cancer 1 What type of cancer was it? _____ type or site

How old were you when this cancer was diagnosed?

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 Age

Is this cancer diagnosis a

- New cancer
- Recurrence or spread of a previous cancer (metastases)
- Don't know / Prefer not to answer

Did you have radiation treatment for this cancer?

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

Did you have chemotherapy for this cancer?

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

What is the name of the doctor or hospital who can confirm this diagnosis?

Doctor/s _____

Hospital/MedicalCentre _____

_____ City/Town _____ State _____

Cancer 2 What type of cancer was it? _____ type or site

How old were you when this cancer was diagnosed?

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 Age

Is this cancer diagnosis a

- New cancer
- Recurrence or spread of a previous cancer (metastases)
- Don't know / Prefer not to answer

Did you have radiation treatment for this cancer?

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

Did you have chemotherapy for this cancer?

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

What is the name of the doctor or hospital who can confirm this diagnosis?

Doctor/s _____

Hospital/MedicalCentre _____

_____ City/Town _____ State _____

10. Since «IntDate», have any of your blood relatives developed any cancers or tumours? 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 → please write details below
- No → go to question 11
- Don't know / Prefer not to answer → go to question 11

Name	Relationship to you	Type of cancer they had	Date of diagnosis	Location diagnosed (State)

11. Since «IntDate», have any of your blood relatives died? 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 → please write details below
- No → go to question 12
- Don't know / Prefer not to answer → go to question 12

Name	Relationship to you	Cause of their death	Date of Death	Location of Death (City, State)

12. Since «IntDate», have you attended a clinical genetic service or family cancer service?

- Yes → write below, the name and location of the service you attended?

- No → go to question 13
- Don't know / Prefer not to answer → go to question 13

13. Since «IntDate», have you had a blood test to look for genes for bowel cancer? Include genetic tests conducted at a Clinical Genetic Service or Family Cancer Clinic. Please **do not include** if you have had a blood test as a part of this or another research study.

- Yes
- No → go to question 14
- Don't know / Prefer not to answer → go to question 14

Have you received your gene test result?

- Yes → what was the result? _____
- No
- Don't know / Prefer not to answer

General Health and Medication Information

14. In general, compared to others your same age, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know / Prefer not to answer

15. How much do you currently weigh?

- Enter: Kilograms **OR** Stones Pounds
- Don't know / prefer not to answer

16. Since «IntDate», have you taken aspirin medication regularly, that is at least twice a week for more than one month? (This includes low doses used in association with heart conditions)

Examples include: **Aspirin, Disprin, Aspro, Solprin, Cartia, Cardiprin, Astrix**

- Yes
- No → go to question 17
- Don't know / Prefer not to answer → go to question 17

Thinking about when you were taking aspirin at least twice a week for more than one month, how many times a week did you take it?

- Times per week: (E.g. twice per day is 14 times per week)
- Don't know / Prefer not to answer

Since «IntDate», how many months or years in total did you take aspirin when you were taking it at least twice a week for more than one month?

- Number of: Years Months
- Don't know / Prefer not to answer

17. Since «IntDate», have you taken any other non-steroidal anti-inflammatory drugs (NSAIDS) regularly, that is at least twice a week for more than one month?

Examples include: **Ibuprofen, Nurofen, Herron Blue, Advil, Hedafen**
Naproxen, Naprosyn
Diclofenac, Voltaren (oral)
Indocid, Indomethacin, Arthrexin

- Yes
 No → go to question 18
 Don't know / Prefer not to answer → go to question 18

Thinking about when you were taking this type of medication at least twice a week for more than one month, how many times a week did you take it?

- Times per week: (E.g. twice per day is 14 times per week)
 Don't know / Prefer not to answer

Since «IntDate», how many months or years in total did you take this type of medication when you were taking it at least twice a week for more than one month?

- Number of: Years Months
 Don't know / Prefer not to answer

18. Since «IntDate», have you taken any of the following medications regularly, that is at least twice a week for more than one month?

This includes: **Celebrex, Celecoxib, Mobic, Meloxicam, Arcoxia, Etoricoxib**

- Yes
 No → Questionnaire complete
 Don't know / Prefer not to answer → Questionnaire complete

Thinking about when you were taking this type of medication at least twice a week for more than one month, how many times a week did you take it?

- Times per week: (E.g. twice per day is 14 times per week)
 Don't know / Prefer not to answer

Since «IntDate» how many months or years in total did you take this type of medication when you were taking it at least twice a week for more than one month?

- Number of: Years Months
 Don't know / Prefer not to answer

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

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

If you agree, please write the details in the space below.

First Name

Middle Name

Last Name

What is this person's relationship to you? (e.g. mother, aunt, friend) _____

What is their Address?

Street Address _____

City _____ State _____ Postcode _____

What is their phone number and Email address?

Home _____ Mobile _____

Email Address _____

