



LAST INTERVIEW DATE: <IntDte>

ID#: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

English  Spanish

Secondary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Type: \_\_\_\_\_  
Home/Cell/Work

Best times: \_\_\_\_\_ AM/PM  Weekdays  Weekends

**Mailing Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country (if not USA): \_\_\_\_\_

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. There are two types of tests (hemocult and fecal immunochemical test or FIT). Both types of FOBTs use cards and 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



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

English  Spanish

6.3 **What were the reasons for the most recent DNA-based whole stool test (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

7. **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 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 sigmoidoscopy?**

Number of sigmoidoscopy tests: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

7.2 **When did you have your most recent sigmoidoscopy?**

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

7.3 **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

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

 English  Spanish Other: Specify \_\_\_\_\_ Do Not Know/Prefer Not to Answer**8. 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 8.1
- No → Skip to Question 9
- Do Not Know/Prefer Not to Answer → Skip to Question 9

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

Number of colonoscopy tests: \_\_\_\_\_

 Do Not Know/Prefer Not to Answer**8.2 When did you have your most recent 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 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

**III. Polyp Removal and Colorectal Surgeries****9. 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 9.1
- No → Skip to Question 10

ID#: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

English  Spanish

Do Not Know/Prefer Not to Answer → Skip to Question 10

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

- Yes → Continue to Question 9.2
- No → Skip to Question 10
- Do Not Know/Prefer Not to Answer → Skip to Question 10

**9.2 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.*

**9.3 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

**9.4 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

**9.5 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

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

- 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>, when was the first time you had surgery on your colon or rectum?**

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

LAST INTERVIEW DATE: <IntDte>

CCF & CSMC Version 2.0 (Revised from USC Version 1.0)

Last Revised: September 24, 2018

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

English  Spanish

Do Not Know/Prefer Not to Answer

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

Partially

Completely

Do Not Know/Prefer Not to Answer

**10.3 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 11.*

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

Age: \_\_\_\_\_ OR Year: \_\_\_\_\_ OR # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

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

Partially

Completely

Do Not Know/Prefer Not to Answer

**10.6 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

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

English  Spanish

### IV. General Health and Medication Information

*The purpose of these questions is to gather some background health information from you.*

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

- Excellent
- Very Good
- Good
- Fair
- Poor
- Do Not Know/Prefer Not to Answer

**12. How much do you currently weigh?**

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

**13. Since “LastInterviewDate», have you smoked at least one cigarette a day for 3 months or longer?**

- Yes → Continue to Question 13.1
- No → Skip to Question 14
- Do not know/Prefer not to answer → Skip to Question 14

**13.1 Do you currently smoke?**

- Yes → Skip to Question 14
- No → Continue to Question 13.2
- Do not know/Prefer not to answer → Continue to Question 13.2

**13.2 When did you stop or quit smoking?**

Age: \_\_\_\_\_ OR Year: \_\_\_\_\_ OR # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

*These next questions ask about medications you may have taken since your last interview, beginning with a number of types of common pain relievers such as aspirin, NSAIDS and ibuprofen.*

**14. Since “LastInterviewDate», have you ever taken aspirin, such as Anacin, Bufferin, Bayer, Excedrin, or Ecotrin, at least 2 times a week for more than a month? This includes low doses used in association with heart conditions.**

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





ID#: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

 English  Spanish

**16. 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 16.1
- No → *Women* - Skip to Section V, Question 17; *Men* – Skip to Section VI, Question 18
- Do Not Know/Prefer Not to Answer → *Women* - Skip to Section V, Question 17; *Men* – Skip to Section VI, Question 18

**16.1 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

**16.2. Since <IntDte>, how many months or years in total did you take this type of medication Celebrex (generic name celecoxib), Vioxx (generic name rofecoxib), or Bextra (generic name valdecoxib), 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

## V. Reproductive Health (Women Only)

*This section asks questions that are only applicable to women. If you are male, please skip to section VI (Question 18).*

**17. Since "LastInterviewDate», have you had any surgery on your ovaries and/or uterus?**

- Yes → Continue to Question 17.1
- No → Skip to Question 18
- Do Not Know/Prefer Not to Answer → Skip to Question 18

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

English  Spanish

**17.1** Since “LastInterviewDate», when was the first time you had surgery on your uterus or ovary?

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

**17.2** What type of surgery did you have the first 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

*Answer the questions below if you had more than one surgery on your uterus or ovary, otherwise skip to Section VI, Question 18.*

**17.3** Since “LastInterviewDate», when was the second time you had surgery on your uterus or ovary?

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

**17.4** 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

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

English  Spanish

## VI. Cancer History

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

- Yes → Continue to Question 18.1
- No → Skip to Question 19
- Do Not Know/Prefer Not to Answer → Skip to Question 19

**18.1 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 consent form allowing us access to medical records relating to your cancer diagnosis?*

*If you had colorectal cancer, this consent 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.*

Yes  
*Thank You! We will send you a consent for release of information. This form will need to be signed and returned in order to give us permission to access these records.*

No  
*No problem. If you ever change your mind, feel free to contact us.*

Do not know/Maybe  
*Thank You! We will send you a consent for release of information which you can sign if you decide to share your medical records.*

### **Cancer 1:**

**18.2 What type of cancer was it?** \_\_\_\_\_

Do Not Know/Prefer Not to Answer

**18.2.1 Is this cancer diagnosis a... (check all that apply)**

- New cancer
- Recurrence or spread (metastases) of a prior cancer
- Don't know/Prefer Not to Answer

**18.3 When were you diagnosed with this cancer?**

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

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

English  Spanish

**18.4 In what state were you diagnosed with this cancer (WA, OR, etc.)?**

(Location of the medical institution where you were diagnosed)

State: \_\_\_\_\_

Do not know/Prefer not to answer

**18.5 Did you have radiation treatment for this cancer?**

Yes → Continue to Question 18.6

No → Skip to Question 18.7

Do Not Know/Prefer Not to Answer → Skip to Question 18.7

**18.6 When did you start radiation treatment?**

Age: \_\_\_\_\_ OR Year: \_\_\_\_\_ OR # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

**18.7 Did you have chemotherapy treatment for this cancer?**

Yes → Continue to Question 18.8

No → Skip to Question 18.9

Do Not Know/Prefer Not to Answer → Skip to Question 18.9

**18.8 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 19.*

**Cancer 2:**

**18.9 What type of cancer was it?**

\_\_\_\_\_

Do Not Know/Prefer Not to Answer

**18.9.1 Is this cancer diagnosis a... (check all that apply)**

New cancer

Recurrence or spread (metastases) of a prior cancer

ID#: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

English  Spanish

Don't know/Prefer Not to Answer

**18.10 When were you diagnosed with this cancer?**

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

**18.11 In what state were you diagnosed with this cancer (WA, OR, etc.)?**

*(Location of the medical institution where you were diagnosed)*

State: \_\_\_\_\_

Do not know/Prefer not to answer

**18.12 Did you have radiation treatment for this cancer?**

Yes → Continue to Question 18.13

No → Skip to Question 18.14

Do Not Know/Prefer Not to Answer → Skip to Question 18.14

**18.13 When did you start radiation treatment?**

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer

**18.14 Did you have chemotherapy treatment for this cancer?**

Yes → Continue to Question 18.15

No → Skip to Question 19

Do Not Know/Prefer Not to Answer → Skip to Question 19

**18.15 When did you start chemotherapy treatment?**

Age: \_\_\_\_\_ **OR** Year: \_\_\_\_\_ **OR** # of years since: \_\_\_\_\_

Do Not Know/Prefer Not to Answer



ID#: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

English  Spanish

20 Since <IntDte>, 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 → Fill out the *table below*
- No → Skip to Question 21
- Do Not Know/Prefer Not to Answer → Skip to Question 21

If you answered "YES" to Question 20, fill out as much information as you can on the table below.

Relative Name (First/M/Last)	Relationship to You (specify side of family if applicable)	Sex (M/F)	Year of Death	Age at Death	Cause of Death	Place of Death (City, State)

**VIII. Genetic Testing**

21 Since <IntDte>, have you had a blood test to look for changes in specific genes that indicate a possible increased risk for colorectal cancer?

Please **do not include** if you had a blood test as a part of this research study.

- Yes → Continue to Question 21.1
- No → Skip to Question 22



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

English  Spanish

Do Not Know/Prefer Not to Answer → Skip to Question 22

**21.1 Have you received your results from this genetic test?**

- Yes → Continue to 21.2
- No → Skip to Question 21.3
- Do Not Know/Prefer Not to Answer → Skip to Question 21.3

**21.2 What was the result of your gene test?**

- I tested positive for one of the genes for colon cancer risk
- I did not test positive for one of the genes for colon cancer risk
- the results were inconclusive
- I don't know what the result was

Please describe: \_\_\_\_\_

- Do Not Know/Prefer Not to Answer

**21.3 This would be very valuable information for the registry. Would you be willing to share your test results by providing a signed consent release of information form so we can review that information in your medical records?**

- Yes  
*Thank You! We will send you a consent for release of information. This form will need to be signed and returned in order to give us permission to access these records.*
- No  
*No problem. If you ever change your mind feel free to contact us.*
- Do Not Know/Maybe  
*Thank You! We will send you a consent for release of information which you can sign if you decide to share your genetic test results.*

**IX. Alternate Contact (*For local database; not Limesurvey*)**

**22 In case we are unable to contact you in the future due to a change in address, email, or phone number; may we please have the name of someone who is NOT living with you whom we might write or call for your new contact information?**

- Yes → Continue to Question 22.1
- No → Skip to Question 23
- Do Not Know/Prefer Not to Answer → Skip to Question 23

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

English  Spanish

**22.1 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: \_\_\_\_\_

**22.2 What is his/her relationship to you?**

Relationship: \_\_\_\_\_

**22.3 What is his/her current address?**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Country (if not USA): \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Home/Work/Cell

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Home/Work/Cell

LAST INTERVIEW DATE: <IntDte>

ID#: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

English  Spanish

23 **Thoughts?** We would love 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.

**THANK YOU FOR COMPLETING THE FOLLOW UP SURVEY!**

Please send the survey back in the pre-paid envelope that was provided in the packet.  
If you have any questions, comments or concerns please feel free to contact us!

Phone: (310) 423-4209  
Email: [Nathalie.Nguyen@cshs.org](mailto:Nathalie.Nguyen@cshs.org)