

**Ontario
Familial Colorectal Cancer Registry**



**Follow-up
Personal History Questionnaire**

Four years ago, you completed a personal history questionnaire (PHQ) about factors that may relate to a person's risk of developing cancer. It is important to update this information and seek additional information for scientific research. We encourage you to answer **all** questions.

If you come to a question that you do not want to answer, please write "prefer not to answer" beside it and continue to answer the remaining questions. Should you wish to talk to someone about this questionnaire, you may call (416) 217-1310 or toll free 1-866-225-2728, or email us at OFCCR@cancercare.on.ca

Thank you very much for taking the time to fill out this questionnaire. We appreciate your participation.

69. From time to time we would like to tell you about the progress of the study. Please let us know if there are any changes to your name and address information.

Name: _____
Surname First name Middle initial

Address: _____
Street name and number Apartment #

Town/City Province/State

Postal code/Zip Country

Telephone number (home): (_____) _____ - _____
Area code

Telephone number (work): (_____) _____ - _____
Area code

Email: _____
we will keep this information confidential

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

Name of relative or friend: _____

Relationship (e.g., sister, friend): _____

Address: _____
Street name and number Apartment #

Town/City Province/State

Postal code/Zip Country

Telephone number (home): (_____) _____ - _____
Area code

Telephone number (work): (_____) _____ - _____
Area code

Email: _____
we will keep this information confidential

66. Since you last completed the PHQ, have you used an alternative healthcare provider, such as a chiropractor, acupuncturist, herbalist, naturopath or massage therapist?

- yes *please specify* _____
- no
- don't know

Ethnicity, Race, Study, Address and Contact Information

67. Ethnicity and race sometimes affect disease risk. Scientists have found that some genetic traits are more common or less common among people of different backgrounds. We would like to know if this is true for genes associated with colorectal cancer. What is your ethnic or racial background? *Please tick **all** that apply.*

- Black
- White
- First Nations (e.g. Indian, Inuit)
- Latino/Hispanic (e.g. Spanish)
- Middle Eastern (e.g. Iranian)
- South East Asian (e.g. Chinese, Vietnamese, Korean, etc.)
- South Asian (e.g. East Indian, Pakistani)
- other *please specify* _____
- don't know

68. Are you currently participating in any other genetic or family-based cancer studies?

- yes *Please list all studies. Please use the back cover of this questionnaire if you need additional space.*

- no
- don't know

Please write in your answers where space is provided, or place tick marks in circles ☒

What date are you filling out this questionnaire? ____ / ____ / ____
day month year

Identifying Information

1. What is your age today? ____ years
 don't know
2. What is your date of birth?
day ____
month ____
year ____
 don't know day
 don't know month
 don't know year

We last heard from you when you completed a **personal history questionnaire (PHQ)** for this study approximately four years ago. We would now like to update some of the information you already provided. We would also like to ask for some additional information. *Please refer to the date that you last completed your personal history questionnaire. This date appears on the yellow sticker attached to the upper right corner of this questionnaire.*

Bowel Screening, Personal Medical History

A test for **blood in your stool** is called a **smear test** or a **hemocult test**. This test is done by using specially treated cards and frequently done as part of a routine physical examination. It can also be done at home using a kit.

3. Since you last completed the PHQ, have you had a test for blood in your stool, called a **smear test** or a **hemocult test**?

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
- no → *please go to # 7*
- don't know → *please go to # 7*

4. Since you last completed the PHQ, how many times have you had this test?

- number of tests _____
- don't know

5. When was **the most recent** test?
 age at **most recent** test _____ *or*
 year of **most recent** test _____ *or*
 I had the **most recent** test _____ years ago
 don't know

6. What were the reasons for **the most recent** test? *Please tick all that apply.*
- to investigate a new problem
 - family history of colorectal cancer
 - routine examination or check-up
 - follow-up of a previous problem
 - other *please specify* _____
 - don't know

7. Endoscopy involves looking inside the bowel using a lighted instrument. There are two endoscopic procedures to examine the large bowel. A **sigmoidoscopy examines the lower bowel and rectum** and is usually done in a doctor's office **without** any medication. In a **colonoscopy, the entire large bowel is examined, using a long flexible instrument.** You are generally given medication to relax you or make you sleepy. In preparing for the colonoscopy, you will have had an enema or taken ¼ to 1 gallon of liquid preparation, such as Golytely, Oral Fleets, Fleet PhospaSoda, Colyte, Magnesium Citrate or Klean-Prep, the day before the procedure to completely empty your bowels.

Since you last completed the PHQ, have you had a **sigmoidoscopy**?

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
 - no → *please go to # 11*
 - don't know → *please go to # 11*
8. **Since you last completed the PHQ**, how many times have you had a sigmoidoscopy?
 number of tests _____
 don't know
9. **Since you last completed the PHQ**, when did you have **the most recent** sigmoidoscopy?
 age at **most recent** test _____ *or*
 year of **most recent** test _____ *or*
 I had the **most recent** test _____ years ago
 don't know

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of **any emotional problems** (such as feeling depressed or anxious)?

- | | | | | | | |
|---|-----------------------|----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|
| | | <i>all of the
time</i> | <i>most of
the time</i> | <i>some of
the time</i> | <i>a little of
the time</i> | <i>none of
the time</i> |
| 58. Have you accomplished less than you would like? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 59. Did you work or perform other activities less carefully than usual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 60. During the past 4 weeks , how much did pain interfere with your normal work, including both work outside the home and housework? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These questions are about how you feel and how things have been with you **during the past 4 weeks**.

- | | | | | | | |
|--|-----------------------|----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|
| | | <i>all of the
time</i> | <i>most of
the time</i> | <i>some of
the time</i> | <i>a little of
the time</i> | <i>none of
the time</i> |
| 61. Have you felt calm and peaceful? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62. Did you have a lot of energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. Have you felt downhearted and depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. Has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you have ever been diagnosed with colon or rectal cancer, please go to # 66.

65. Do you think your chance of getting colon (bowel) cancer is higher or lower than the average person of your age and sex? *Please answer this question only if you have never had colon or rectal (bowel) cancer. We are very interested in your opinion.*
- much lower
 somewhat lower
 the same
 somewhat higher
 much higher

Health Issues

We would now like to know about your current health status.

52. In **general** would you say your health is:

- excellent very good good fair poor

53. How much do you currently weigh?

- ___ ___ pounds *or*
___ ___ kilograms
 don't know

Following is a list of activities you might do during a typical day. We would like to know if **your health now limits** you in these activities.

- | | yes, limited
a lot | yes, limited
a little | no, not limited
at all |
|--|-----------------------|--------------------------|---------------------------|
| 54. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 55. Climbing several flights of stairs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your **physical health**?

- | | all of the
time | most of
the time | some of
the time | a little of
the time | none of
the time |
|---|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| 56. Have you accomplished less than you would like? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 57. Were you limited in the kind of work or other activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. What were the reasons for **the most recent** sigmoidoscopy? *Please tick all that apply.*

- to investigate a new problem
 family history of colorectal cancer
 routine examination or check-up
 follow-up of a previous problem
 other *please specify* _____
 don't know

11. **Since you last completed the PHQ**, have you had a **colonoscopy**?

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
 no → *please go to # 16*
 don't know → *please go to # 16*

12. **Since you last completed the PHQ**, how many times have you had a colonoscopy?

- number of tests _____
 don't know

13. **Since you last completed the PHQ**, when did you have **the most recent** colonoscopy?

- age at **most recent** test _____ *or*
year of **most recent** test _____ *or*
I had the **most recent** test _____ years ago
 don't know

14. What were the reasons for **the most recent** colonoscopy? *Please tick all that apply.*

- to investigate a new problem
 family history of colorectal cancer
 routine examination or check-up
 follow-up of a previous problem
 other *please specify* _____
 don't know

15. Where did you have **the most recent** colonoscopy?

Name of physician Dr. _____

Hospital _____

City/Town _____

Province/State _____

Country _____

don't know

16. A **barium enema (BE)** is a x-ray examination of your colon. In this procedure, a barium solution, and usually air, is infused into the colon or bowel through the rectum, allowing these organs to be seen on the x-ray.

Have you **ever** had a **barium enema**?

yes

no → *please go to # 22*

don't know → *please go to # 22*

17. How times have you had a barium enema?

number of barium enemas _____

don't know

18. When did you **first** have this test?

age when **first** tested _____ *or*

year of **first** test _____ *or*

I had the **first** test _____ years ago

don't know

19. What were the reasons for **your first** test? *Please tick all that apply.*

to investigate a new problem

family history of colorectal cancer

routine examination or check-up

follow-up of a previous problem

other *please specify* _____

don't know

49. **When did you first have surgery on your uterus and/or ovaries?**

age at surgery _____
or

year of surgery _____
or

the surgery was _____ years ago

don't know

What type of surgery did you have the first time?

hysterectomy (only the uterus or womb 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 without hysterectomy

other, specify _____

don't know

Where was this surgery performed?

Name of surgeon _____

Hospital/Clinic _____

Town/City _____

Province/State _____

Country _____

don't know

50. **Since you last completed the PHQ,** have you had any other surgery to remove your uterus and/or ovaries?

Please refer to the yellow sticker for the date when you completed the PHQ.

yes

no → *please go to # 52*

don't know → *please go to # 52*

51. **When did you next have surgery on your uterus and/or ovaries?**

age at surgery _____
or

year of surgery _____
or

the surgery was _____ years ago

don't know

What type of surgery did you have the next time?

hysterectomy (only the uterus or womb 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 without hysterectomy

other, specify _____

don't know

Where was this surgery performed?

Name of surgeon _____

Hospital/Clinic _____

Town/City _____

Province/State _____

Country _____

don't know

Men: please go to # 52; Women: please continue

Female Hormones and Surgery

46. Since you last completed the PHQ, have you taken an estrogen pill or used a patch, alone or in combination with another hormone continuously for at least 6 months? Please **do not** include hormone therapy that was prescribed for birth control, infertility or hormonal therapy delivered by injections, vaginal creams or suppositories or herbal or soy products.

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
- no → please go to # 48
- don't know → please go to # 48

47. Since you last completed the PHQ, (please refer to the yellow sticker for the date when you completed the PHQ), how long, **in total** did you take any of these preparations containing estrogen (alone or in combination)? If you started and stopped and then started again, please count only the time you were taking this medication.

- number of months _____ or
- number of years _____ or
- don't know

48. Since you last completed the PHQ, have you had any surgery to remove your reproductive organs, such as uterus (hysterectomy), and/or ovaries?

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
- no → please go to # 52
- don't know → please go to # 52

20. When did you have the **most recent** barium enema?

age at **most recent** test _____ or
year of **most recent** test _____ or
I had the **most recent** test _____ years ago
 don't know

21. What were the reasons for the **most recent** barium enema? Please tick all that apply.

- to investigate a new problem
- family history of colorectal cancer
- routine examination or check-up
- follow-up of a previous problem
- other please specify _____
- don't know

22. A **virtual colonoscopy or colonograph** uses a CAT Scan (CT) or Magnetic Resonance Imaging (MRI scan) to create an image of the colon. This procedure is not widely available at this time, but is used on an experimental basis in some parts of the province. Virtual colonoscopy is often done **in combination** with another test like sigmoidoscopy or colonoscopy.

Have you ever had a **virtual colonoscopy or colonograph**?

- yes
- no
- don't know

23. Since you last completed the PHQ, has a doctor told you that you had **polyps** in your large bowel or colon or rectum? Please think about **all** polyps that were found in any of the procedures you had since you last completed the PHQ.

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
- no → please go to # 31
- don't know → please go to # 31

24. Were any of these polyps **removed**?

- yes
- no → please go to # 31
- don't know → please go to # 31

25. On how many separate occasions were these polyps removed?
 _____ number of times polyps were removed
 don't know
26. **Since you last completed the PHQ**, when did you **first** have polyps removed?
 age polyp removed _____ **or**
 year polyp removed _____ **or**
 removed _____ years ago
 don't know
27. **Since you last completed the PHQ** when did you have polyps removed the **second** time?
If polyps were not removed a second time, please go to # 30.
 age polyp removed _____ **or**
 year polyp removed _____ **or**
 removed _____ years ago
 don't know
28. **Since you last completed the PHQ**, when did you have polyps removed the **third** time?
If polyps were not removed a third time, please go to # 30.
 age polyp removed _____ **or**
 year polyp removed _____ **or**
 removed _____ years ago
 don't know
29. **Since you last completed the PHQ**, when did you have polyps removed the **fourth** time?
If polyps were not removed a fourth time, please go to # 30.
 age polyp removed _____ **or**
 year polyp removed _____ **or**
 removed _____ years ago
 don't know
30. Where were the polyps removed?
- | | | | | |
|---------------------------|--|---|--|---|
| | Polyps removed
the first time | Polyps removed
the second time | Polyps removed
the third time | Polyps removed
the fourth time |
| Name of Physician | _____ | _____ | _____ | _____ |
| Hospital/Clinic | _____ | _____ | _____ | _____ |
| City/Town, Province/State | _____ | _____ | _____ | _____ |
| Country | _____ | _____ | _____ | _____ |
| | <input type="radio"/> don't know | <input type="radio"/> don't know | <input type="radio"/> don't know | <input type="radio"/> don't know |

Please use the back cover of this questionnaire if you need additional space.

Sun Exposure

45. Please answer the following questions about your exposure to the sun during different periods of your life. Please include all sun exposure **at work** and **in your leisure time**.

	On a typical weekday in the summer (May–September), about how many hours per day did you spend outside in the sun?	On a typical weekend (Saturday and Sunday) in the summer (May–September), about how many hours per day did you spend outside in the sun?	When in the sun, did you wear sunscreen or protective clothing such as long sleeves etc.?	Please indicate all the place(s) of residence where you have lived for at least one year?
In your teens	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> never <input type="radio"/> sometimes <input type="radio"/> always <input type="radio"/> don't know	City/Country _____ no. of years _____ _____ _____
In your 20s and 30s	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> never <input type="radio"/> sometimes <input type="radio"/> always <input type="radio"/> don't know	City/Country _____ no. of years _____ _____ _____
In your 40s and 50s	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> never <input type="radio"/> sometimes <input type="radio"/> always <input type="radio"/> don't know	City/Country _____ no. of years _____ _____ _____
In your 60s and 70s	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> less than 1 hour <input type="radio"/> 1 to 2 hours <input type="radio"/> 3 to 4 hours <input type="radio"/> more than 4 hours <input type="radio"/> don't know	<input type="radio"/> never <input type="radio"/> sometimes <input type="radio"/> always <input type="radio"/> don't know	City/Country _____ no. of years _____ _____ _____

Medications

44. **Since you last completed the PHQ**, have you ever taken any of the following medications regularly (at least twice a week for more than a month)?

Please refer to the yellow sticker for the date when you completed the PHQ.

Medication	Since you last completed the PHQ, have you taken this medication regularly , i.e. at least twice a week for more than a month?	Since you last completed the PHQ, how often did you usually take it when you were taking it regularly ? (that is, at least twice a week for more than a month)	Since you last completed the PHQ, how long in total have you taken this medication regularly ? <i>If you started and stopped, then started again, please count only the time you were taking this medication.</i>
	<i>Please tick only one category for each medication</i>	<i>Please tick only one category for each medication</i>	<i>Please tick only one category for each medication</i>
ASPIRIN (such as Anacin, Bufferin; Bayer, Excedrin, etc.)	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know
ACETAMINOPHEN (such as Tylenol, Anacin-3, Panadol, etc.)	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know
NSAIDS - Non steroidal anti-inflammatory drugs (such as Advil, Aleve, Motrin, Nuprin, Medipren, Indocid, Naprosyn, Sulindac, Clinoril)	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know
COX 2 Inhibitor NSAIDS (such as Celebrex, Vioxx, Mobicox.)	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know
MULTIVITAMIN SUPPLEMENTS (such as One-A-Day, Centrum, Unicap). Not individual vitamins.	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know
FOLIC ACID or FOLATE pills or tablets	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know
CALCIUM pills or tablets	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know
CALCIUM BASED ANTACIDS (such as Tums, Rolaids, Extra-strength Rolaids, Alkamints, Chooze antacid gums)	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	_____ times per day _____ times per week <input type="radio"/> don't know	_____ months _____ years <input type="radio"/> don't know

31. **Since you last completed the PHQ**, have you had any surgery to remove any part of your large bowel or colon? Please do **not** include any surgeries where **only polyp(s)** were removed.

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
- no → *please go to # 34*
- don't know → *please go to # 34*

32. **Since you last completed the PHQ**, how many times have you had this surgery?

number of times you had this surgery _____

- don't know

33. **Since you last completed the PHQ** (please refer to the yellow sticker for the date when you completed the PHQ), **when was the:**

	First time you had this surgery?	Second time you had this surgery?	Third time you had this surgery?
	age at surgery ____ <i>or</i> year of surgery ____ <i>or</i> I had surgery ____ years ago <input type="radio"/> don't know	age at surgery ____ <i>or</i> year of surgery ____ <i>or</i> I had surgery ____ years ago <input type="radio"/> don't know	age at surgery ____ <i>or</i> year of surgery ____ <i>or</i> I had surgery ____ years ago <input type="radio"/> don't know
Your colon was removed	<input type="radio"/> partially <input type="radio"/> completely <input type="radio"/> don't know	<input type="radio"/> partially <input type="radio"/> completely <input type="radio"/> don't know	<input type="radio"/> partially <input type="radio"/> completely <input type="radio"/> don't know
Reason for this surgery was	<input type="radio"/> diverticulitis <input type="radio"/> ulcerative colitis <input type="radio"/> inflammatory bowel disease <input type="radio"/> Crohn's disease <input type="radio"/> cancer <input type="radio"/> other, specify _____ <input type="radio"/> don't know	<input type="radio"/> diverticulitis <input type="radio"/> ulcerative colitis <input type="radio"/> inflammatory bowel disease <input type="radio"/> Crohn's disease <input type="radio"/> cancer <input type="radio"/> other, specify _____ <input type="radio"/> don't know	<input type="radio"/> diverticulitis <input type="radio"/> ulcerative colitis <input type="radio"/> inflammatory bowel disease <input type="radio"/> Crohn's disease <input type="radio"/> cancer <input type="radio"/> other, specify _____ <input type="radio"/> don't know
Place of surgery	Name of surgeon _____ Hospital/Clinic _____ Town/city _____ Province/State _____ Country _____ <input type="radio"/> don't know	Name of surgeon _____ Hospital/Clinic _____ Town/City _____ Province/State _____ Country _____ <input type="radio"/> don't know	Name of surgeon _____ Hospital/Clinic _____ Town/City _____ Province/State _____ Country _____ <input type="radio"/> don't know

34. Since you last completed the PHQ, has a doctor told you that you had **any type of cancer**?

Please refer to the yellow sticker for the date when you completed the PHQ.

- yes
- no → *please go to # 43*
- don't know → *please go to # 43*

35. What type of cancer was it?

_____ cancer

- don't know

36. Since you last completed the PHQ, when did the doctor **first** tell you that you had this type of cancer?

age at **diagnosis** _____ *or*

year of **diagnosis** _____ *or*

it was **diagnosed** _____ years ago

- don't know

37. Since you last completed the PHQ, has a doctor told you that you had **any other type of cancer**?

- yes
- no → *please go to # 43*
- don't know → *please go to # 43*

38. What type of cancer was it?

_____ cancer

- don't know

39. Since you last completed the PHQ, when did the doctor tell you that you had this type of cancer?

age at **diagnosis** _____ *or*

year of **diagnosis** _____ *or*

it was **diagnosed** _____ years ago

- don't know

40. Since you last completed the PHQ, has a doctor told you that you had **any other type of cancer**?

- yes
- no → *please go to # 43*
- don't know → *please go to # 43*

41. What type of cancer was it?

_____ cancer

- don't know

42. Since you last completed the PHQ, when did the doctor tell you that you had this type of cancer?

age at **diagnosis** _____ *or*

year of **diagnosis** _____ *or*

it was **diagnosed** _____ years ago

- don't know

43. Have you **ever** had a blood test to look for genes for colorectal cancer as part of your health care? *Please **do not include** it if you had a blood test as a part of this or another research study.*

- yes
- no
- don't know