

<input type="checkbox"/>	5 YEAR FOLLOW-UP
<input type="checkbox"/>	10 YEAR FOLLOW-UP

Last Interview:: _____ / _____
[MONTH, YEAR]

ID#:

PHASE III FOLLOW-UP QUESTIONNAIRE

FOR COLORECTAL CANCER FAMILY REGISTRY

UNIVERSITY OF SOUTHERN CALIFORNIA CONSORTIUM

Interviewer: _____

Date of Interview:

_____ / _____ / _____ Month Day Year	_____ / _____ / _____ Month Day Year
Start time: _____ am/pm	Start time: _____ am/pm
Stop time: _____ am/pm	Stop time: _____ am/pm

Language:	
<input type="checkbox"/>	ENGLISH
<input type="checkbox"/>	SPANISH

Edited on: _____ / _____ / _____	_____ Initials
Data entry 1: _____ / _____ / _____	_____ Initials
Data entry 2: _____ / _____ / _____	_____ Initials

SECTION A: IDENTIFICATION, INTRODUCTION

You completed the last questionnaire/health survey for us in _____ / _____.
 The questions we will be asking you today are about the [MONTH, YEAR]
 period since that interview.

A1. What is your date of birth?

MONTH: |_|_|_|_|
 DAY: |_|_|_|_|
 YEAR: |_|_|_|_|_|_|_|_|

SECTION B: PERSONAL MEDICAL HISTORY, SCREENING

The next questions ask about medical tests you might have had since we last interviewed you in MM/YY.

PROCEDURE — BARIUM ENEMA

A **barium enema** is an x-ray examination of your colon. In this procedure, an x-ray of the colon is taken following a barium enema. Preparation involves fluids, laxatives and an enema to cleanse the bowel.

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

<p>5 YEAR FOLLOW-UP:</p> <p>B1a. Have you <u>ever</u> had a barium enema ?</p> <p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO (GO TO B2a)</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED (GO TO B2a)</p> <p style="text-align: center;">OR</p> <p>10 YEAR FOLLOW-UP:</p> <p>B1b. Have you had a barium enema since your last interview?</p> <p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO (GO TO B2a)</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED (GO TO B2a)</p>	<p>B1c. [IF YES] how <u>many</u> separate tests have you had?</p> <p> _ _ _ NUMBER OF BARIUM ENEMAS SINCE LAST SURVEY</p> <p><input type="checkbox"/> DON'T KNOW</p> <hr/> <p>B1d. <u>When</u> did you have the most recent test?</p> <p> _ _ _ AGE AT MOST RECENT TEST</p> <p> _ _ _ _ YEAR OF MOST RECENT TEST</p> <p> _ _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p> <hr/> <p>B1e. What were the reasons for the most recent test? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> To investigate a new problem</p> <p><input type="checkbox"/> Family history of colorectal cancer</p> <p><input type="checkbox"/> Routine exam or check-up</p> <p><input type="checkbox"/> Follow-up of a previous problem</p> <p><input type="checkbox"/> Follow-up of a previous fecal blood test (FOBT)</p> <p><input type="checkbox"/> Other [SPECIFY] _____</p> <p><input type="checkbox"/> Don't know / Refused</p>
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PROCEDURE — VIRTUAL COLONOSCOPY

A CT colonograph or virtual colonoscopy is a procedure in which you are not given medication to relax you or make you sleep. It is done using x-rays with you lying on a table that is slid through a large circular scanner or a tunnel. Typically a tube is inserted to inflate the rectum with air. Preparation involves drinking fluids or taking pills to cleanse the bowel. Most often no recovery time is needed.

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

<p>5 YEAR FOLLOW-UP:</p> <p>B2a. Have you <u>ever</u> had a virtual colonoscopy?</p> <p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO (GO TO B3)</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED (GO TO B3)</p> <p style="text-align: center;">OR</p> <p>10 YEAR FOLLOW-UP:</p> <p>B2b. Have you had a virtual colonoscopy since your last interview?</p> <p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO (GO TO B3)</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED (GO TO B3)</p>	<p>B2c. [IF YES] how <u>many</u> separate tests have you had?</p> <p> _ _ NUMBER OF VIRTUAL COLONOSCOPIES SINCE LAST SURVEY</p> <p><input type="checkbox"/> DON'T KNOW</p> <hr/> <p>B2d. <u>When</u> did you have the <u>most recent</u> test?</p> <p> _ _ AGE AT MOST RECENT TEST</p> <p> _ _ _ YEAR OF MOST RECENT TEST</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p> <hr/> <p>B2e. What were the reasons for the <u>most recent</u> test? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> To investigate a new problem</p> <p><input type="checkbox"/> Family history of colorectal cancer</p> <p><input type="checkbox"/> Routine exam or check-up</p> <p><input type="checkbox"/> Follow-up of a previous problem</p> <p><input type="checkbox"/> Follow-up of a previous fecal blood test (FOBT)</p> <p><input type="checkbox"/> Other [SPECIFY] _____</p> <p><input type="checkbox"/> Don't know / Refused</p>
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PROCEDURE — FECAL OCCULT BLOOD TEST (FOBT)

A fecal occult blood test (FOBT) is a test using specially-treated cards to detect blood in the stool. It is also called a stool smear test or a hemoccult test. This test is typically done at home using a kit containing 3 treated cards.

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

<p>B3. Have you had a fecal occult blood test (FOBT) since your last interview?</p> <p><input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO (GO TO B4)</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED (GO TO B4)</p> <p style="text-align: center;">↓</p>	<p>B3a. [IF YES] how <u>many</u> separate tests have you had?</p> <p>____ NUMBER OF TESTS SINCE LAST SURVEY</p> <p><input type="checkbox"/> DON'T KNOW</p>
	<p>B3b. <u>When</u> did you have the <u>most recent</u> test?</p> <p>____ AGE AT MOST RECENT TEST</p> <p>____ YEAR OF MOST RECENT TEST</p> <p>____ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
	<p>B3c. What were the reasons for the <u>most recent</u> test? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> To investigate a new problem</p> <p><input type="checkbox"/> Family history of colorectal cancer</p> <p><input type="checkbox"/> Routine exam or check-up</p> <p><input type="checkbox"/> Follow-up of a previous problem</p> <p><input type="checkbox"/> Follow-up of previous fecal blood test (FOBT)</p> <p><input type="checkbox"/> Other [SPECIFY] _____</p> <p><input type="checkbox"/> Don't know / Refused</p>

PROCEDURE — SIGMOIDOSCOPY OR COLONOSCOPY

There are two procedures that look inside the bowel using a lighted tube. In a **sigmoidoscopy**, the examination is limited to the lower colon and rectum and is sometimes done in a doctor's office without medication to relax you or make you sleepy. Preparation involves enemas and sometimes drinking fluids or taking pills to cleanse the bowel.

In a **colonoscopy**, the entire large colon is examined and a medication is usually given intravenously to relax you or make you sleepy. Preparation involves drinking fluids or taking pills to cleanse the bowel.

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

<p>B4. Have you had a sigmoidoscopy since your last interview?</p> <p><input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO (GO TO B5)</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED (GO TO B5)</p> <p>↓</p>	<p>B4a. [IF YES] how <u>many</u> separate tests have you had?</p> <p>____ NUMBER OF SIGMOIDOSCOPIES SINCE LAST SURVEY</p> <p><input type="checkbox"/> DON'T KNOW</p> <hr/> <p>B4b. When did you have the most recent sigmoidoscopy?</p> <p>____ AGE AT MOST RECENT SIGMOIDOSCOPY</p> <p>____ YEAR OF MOST RECENT SIGMOIDOSCOPY</p> <p>____ years ago</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p> <hr/> <p>B4c. What were the reasons for the most recent sigmoidoscopy? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> To investigate a new problem</p> <p><input type="checkbox"/> Family history of colorectal cancer</p> <p><input type="checkbox"/> Routine exam or check-up</p> <p><input type="checkbox"/> Follow-up of a previous problem</p> <p><input type="checkbox"/> Follow-up of previous fecal blood test (FOBT)</p> <p><input type="checkbox"/> Other [SPECIFY] _____</p> <p><input type="checkbox"/> Don't know / Refused</p>
<p>B5. Have you had a colonoscopy since your last interview?</p> <p><input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO (GO TO B6)</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED (GO TO B6)</p> <p>↓</p>	<p>B5a. [IF YES] how <u>many</u> separate tests have you had?</p> <p>____ NUMBER OF COLONOSCOPIES SINCE LAST SURVEY</p> <p><input type="checkbox"/> DON'T KNOW</p> <hr/> <p>B5b. When did you have the most recent colonoscopy?</p> <p>____ AGE AT MOST RECENT COLONOSCOPY</p> <p>____ YEAR OF MOST RECENT COLONOSCOPY</p> <p>____ years ago</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p> <hr/> <p>B5c. What were the reasons for the most recent colonoscopy? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> To investigate a new problem</p> <p><input type="checkbox"/> Family history of colorectal cancer</p> <p><input type="checkbox"/> Routine exam or check-up</p> <p><input type="checkbox"/> Follow-up of a previous problem</p> <p><input type="checkbox"/> Follow-up of previous fecal blood test (FOBT)</p> <p><input type="checkbox"/> Other [SPECIFY] _____</p> <p><input type="checkbox"/> Don't know / Refused</p>

POLYPS

B6. Since your last interview in (MM/YY), 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 you just reported since your last interview—not just ones that may have been found during your most recent procedure.

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

- YES
- NO (GO TO **B7**)
- DON'T KNOW / REFUSED (GO TO **B7**)

B6a. Since your last interview have you had any of these polyps removed?

- YES
- NO (GO TO **B7**)
- DON'T KNOW / REFUSED (GO TO **B7**)

B6b. Since your last interview, on how many separate occasions have you had polyps removed from your colon or rectum?

- |_|_| NUMBER OF POLYPECTOMY PROCEDURES
- DON'T KNOW

When did you have these polyps removed (since your last interview, from earliest to most recent)?
<p>B6c1. 1st time polyps were removed</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>B6c2. 2nd time polyps were removed</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>B6c3. 3rd time polyps were removed</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>B6c4. 4th time polyps were removed</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>B6c5. 5th time polyps were removed</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>

COLORECTAL SURGERIES

B7. Since your last interview, have you had surgery to remove any of your colon or rectum? Please do not include any procedures where only polyp(s) were removed during a colonoscopy or sigmoidoscopy.

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

- YES
- NO (GO TO **SECTION C**)
- DON'T KNOW / REFUSED (GO TO **SECTION C**)

B7a. Since your last interview, how many surgeries on your colon or rectum have you had?

|_|_| NUMBER OF SURGERIES

- DON'T KNOW

When did you have this surgery on your colon or rectum (since your last interview, from earliest to most recent)?		
FIRST CR SURGERY	SECOND CR SURGERY	THIRD CR SURGERY
<p>B7b1. 1st Surgery</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>B7c1. 2nd Surgery</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>B7d1. 3rd Surgery</p> <p> _ _ AGE</p> <p> _ _ _ YEAR</p> <p> _ _ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>B7b2. During that surgery, was your colon or rectum completely, or only partially, removed?</p> <p><input type="checkbox"/> COMPLETELY REMOVED</p> <p><input type="checkbox"/> PARTIALLY REMOVED</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>B7c2. During that surgery, was your colon or rectum completely, or only partially, removed?</p> <p><input type="checkbox"/> COMPLETELY REMOVED</p> <p><input type="checkbox"/> PARTIALLY REMOVED</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>B7d2. During that surgery, was your colon or rectum completely, or only partially, removed?</p> <p><input type="checkbox"/> COMPLETELY REMOVED</p> <p><input type="checkbox"/> PARTIALLY REMOVED</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>B7b3. What were the reason(s) for that surgery? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> Benign or malignant tumor</p> <p><input type="checkbox"/> Diverticular disease</p> <p><input type="checkbox"/> Inflammatory bowel disease, including ulcerative colitis and Crohn's disease</p> <p><input type="checkbox"/> Other [SPECIFY]: _____</p> <p><input type="checkbox"/> Don't know / Refused</p> <p>[IF ONLY 1 SURGERY, GO TO C1.]</p>	<p>B7c3. What were the reason(s) for that surgery? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> Benign or malignant tumor</p> <p><input type="checkbox"/> Diverticular disease</p> <p><input type="checkbox"/> Inflammatory bowel disease, including ulcerative colitis and Crohn's disease</p> <p><input type="checkbox"/> Other [SPECIFY]: _____</p> <p><input type="checkbox"/> Don't know / Refused</p> <p>[IF ONLY 2 SURGERIES, GO TO C1.]</p>	<p>B7d3. What were the reason(s) for that surgery? [SELECT ALL THAT APPLY]</p> <p><input type="checkbox"/> Benign or malignant tumor</p> <p><input type="checkbox"/> Diverticular disease</p> <p><input type="checkbox"/> Inflammatory bowel disease, including ulcerative colitis and Crohn's disease</p> <p><input type="checkbox"/> Other [SPECIFY]: _____</p> <p><input type="checkbox"/> Don't know / Refused</p> <p>[GO TO C1.]</p>

SECTION C: PERSONAL CANCER HISTORY

C1. Since your last interview, has a doctor told you that you had any type of cancer such as leukemia, lymphoma or malignant tumor? [PROBE TO CONFIRM IF NEW CANCER.]

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

- YES
- NO (GO TO **SECTION D**)
- DON'T KNOW / REFUSED (GO TO **SECTION D**)

What type of cancer was it? PLEASE LIST ALL THAT APPLY. (IF SKIN CANCER, PROBE FOR TYPE OF SKIN CANCER - MELANOMA V. NON-MELANOMA. EXCLUDE METASASES.)		
FIRST CANCER	SECOND CANCER	THIRD CANCER
<p>C2a. Type of cancer:</p> <p>_____</p> <p>_____</p>	<p>C3a. Type of cancer:</p> <p>_____</p> <p>_____</p>	<p>C4a. Type of cancer:</p> <p>_____</p> <p>_____</p>
<p>C2b. When were you diagnosed?</p> <p>____ ____ AGE</p> <p>____ ____ - ____ ____ - ____ ____ ____ </p> <p>MONTH DAY YEAR</p> <p>____ ____ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>C3b. When were you diagnosed?</p> <p>____ ____ AGE</p> <p>____ ____ - ____ ____ - ____ ____ ____ </p> <p>MONTH DAY YEAR</p> <p>____ ____ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>C4b. When were you diagnosed?</p> <p>____ ____ AGE</p> <p>____ ____ - ____ ____ - ____ ____ ____ </p> <p>MONTH DAY YEAR</p> <p>____ ____ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>C2c. Did you receive chemotherapy for this cancer?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>C3c. Did you receive chemotherapy for this cancer?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>C4c. Did you receive chemotherapy for this cancer?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>C2d. Did you receive radiation for this cancer?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p> <p>[IF ONLY 1 CANCER, GO TO D1.]</p>	<p>C3d. Did you receive radiation for this cancer?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p> <p>[IF ONLY 2 CANCERS, GO TO D1.]</p>	<p>C4d. Did you receive radiation for this cancer?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p> <p>[GO TO D1.]</p>

MEN - STUDY ENDS HERE

SECTION D: GYNECOLOGICAL SURGERIES (WOMEN ONLY)

D1. Since the date of your last survey, have you had any surgeries on your ovaries and/or uterus?

[INTERVIEWER CAN USE FOLLOW-UP SUMMARY INFORMATION TO PROBE, IF NEEDED.]

- YES
- NO
- DON'T KNOW / REFUSED

D2. [IF YES] since your last interview, how many surgeries have you had on your ovaries and/or uterus?

____ NUMBER OF SURGERIES SINCE LAST SURVEY

- DON'T KNOW

FIRST GYNECOLOGICAL SURGERY	SECOND GYNECOLOGICAL SURGERY
<p>D3a. When did you have this surgery (since your last interview)?</p> <p>____ AGE ____ YEAR ____ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>	<p>D4a. When did you have this surgery (since your last interview)?</p> <p>____ AGE ____ YEAR ____ YEARS AGO</p> <p><input type="checkbox"/> DON'T KNOW / REFUSED</p>
<p>D3b. What type of surgery did you have?</p> <ul style="list-style-type: none"> <input type="checkbox"/> HYSTERECTOMY WITH ONE OVARY OR PARTIAL OVARY REMOVED <input type="checkbox"/> HYSTERECTOMY WITH BOTH OVARIES REMOVED <input type="checkbox"/> HYSTERECTOMY ONLY [PROMPT: ONLY THE UTERUS OR WOMB WAS REMOVED] <input type="checkbox"/> ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY <input type="checkbox"/> BOTH OVARIES WERE REMOVED, WITHOUT HYSTERECTOMY <input type="checkbox"/> OTHER [SPECIFY] _____ <input type="checkbox"/> DON'T KNOW / REFUSED 	<p>D4b. What type of surgery did you have?</p> <ul style="list-style-type: none"> <input type="checkbox"/> HYSTERECTOMY WITH ONE OVARY OR PARTIAL OVARY REMOVED <input type="checkbox"/> HYSTERECTOMY WITH BOTH OVARIES REMOVED <input type="checkbox"/> HYSTERECTOMY ONLY [PROMPT: ONLY THE UTERUS OR WOMB WAS REMOVED] <input type="checkbox"/> ONE OVARY WAS REMOVED, IN WHOLE OR PART, WITHOUT HYSTERECTOMY <input type="checkbox"/> BOTH OVARIES WERE REMOVED, WITHOUT HYSTERECTOMY <input type="checkbox"/> OTHER [SPECIFY] _____ <input type="checkbox"/> DON'T KNOW / REFUSED