St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

SJLIFE
Home Survey

Finding cures. Saving children.

The questions in this booklet relate to:

Name

Person completing this questionnaire is:

percomp text

Your relationship:

1 ☐ Self 2 ☐ Parent 3 ☐ Other: percode coded

relation

Today's date: ☐☐ / ☐☐ / ☐☐☐☐
m m d d y y y y

datecomp

Our mailing address is:
St. Jude Children's Research Hospital
Department of Epidemiology
Mail Stop 735
262 Danny Thomas Place
Memphis, TN 38105-3678

Toll-free phone number:
1-800-775-2167

e-mail:
SJLIFE@stjude.org

SJLIFEID STUDYNAME Please! Do not mark below this line MRN

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen. Do not use a felt-tip or roller-ball pen. These may cause smudging.
2. When marking boxes, make an x inside the box (see examples below).
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided:

CORRECT INCORRECT

Grape Grape

MARKING EXAMPLES

Below are some examples of how to fill out this questionnaire. Please look these over before you begin.

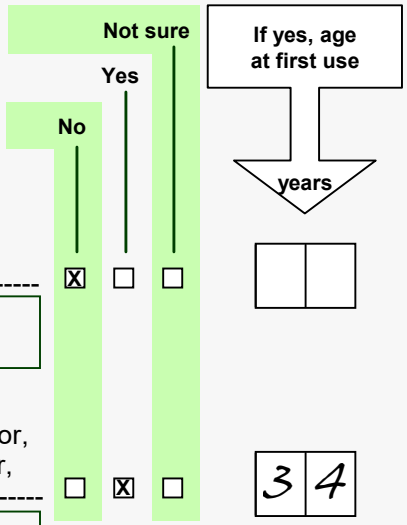
EXAMPLE 1

1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, bicycling, swimming, wheelchair basketball, or walking for exercise?

☐ No ☒ Yes

EXAMPLE 2

2. Have you ever taken. . .



a. BIRTH CONTROL PILLS such as Demulen, Lo-Ovral, Loestrin, Norinyl, Norplant, Ortho-Novum, Ovral, Triphasil---------- ☒ ☐ ☐

If yes, specify the name of the drug(s) or indicate you do not know the specific name

b. MEDICATIONS TO LOWER CHOLESTEROL OR TRIGLYCERIDES, such as Zocor, Pravachol, Lipitor, Colestid (colestipol), Tricor, Lescol, Lopid (gemfibrozil), Mevacor, niacin, or Lorelco---------- ☐ ☒ ☐ 34

If yes, specify the name of the drug(s) or indicate you do not know the specific name

mevacor

EXAMPLE 3

3. When was this condition diagnosed?

04 Month (mm) 1995 Year (yyyy)

Please! Do not mark below this line

A1. What is your date of birth? d_birth

☐☐ / ☐☐ / ☐☐☐☐

m m d d y y y y

A2. What is your sex? sex

1 ☐ Male

2 ☐ Female

A3. To the nearest inch, what is your current height without shoes?

☐ feet, and ☐☐ inches

heightft heightin

A4. To the nearest pound, what is your current weight without shoes? weight

☐☐☐ pounds

A4a. Since this time last year, have you lost more than 10 pounds unintentionally (not due to dieting or exercise)? wgtloss

1 ☐ Yes

2 ☐ No

3 ☐ Not sure

A5. To which one of the following groups do you belong? race

1 ☐ White

2 ☐ Black

3 ☐ American Indian or Alaskan Native

4 ☐ Asian

5 ☐ Pacific Islander

6 ☐ Other

Specify

raceoth coded

A5a. Are you Hispanic? racehsp

2 ☐ No

1 ☐ Yes

A6. Are you a twin or born of a multiple birth? twin

2 ☐ No → *Go to Question A7.*

1 ☐ Yes

A6a. If yes, which type of multiple are you? twin_typ

1 ☐ Identical twin

2 ☐ Fraternal (non-identical) twin, same sex

3 ☐ Fraternal (non-identical) twin, opposite sex

4 ☐ Not sure what type of twin, same sex

5 ☐ More than twin

Specify

twin_sp coded

A7. Were you adopted? adopted

2 ☐ No

1 ☐ Yes

A8. How many full brothers and sisters (living or dead) do/did you have? Include only those brothers and sisters who have the same birth (biological) mother and father as you. n_sibls

☐☐

A9. Concerning your current residence, do you: res
(Mark all that apply)

☐ Own your residence res_own

☐ Rent res_rent

☐ Live with parents res_par

☐ Other res_oth

Specify

res_sp coded

Please! Do not mark below this line

1846378748

Medical Care

The next questions are about health care received during the last two years.

B1. During the last two years, which of the following healthcare providers (excluding dentists) did you see or talk to for medical care? This includes routine and sick care. mdcr
(Mark all that apply)

- ☐ None → *Go to Question B7, next page.* mdcr_none
- ☐ Primary care clinician in the community (e.g., family physician, general internist, pediatrician, nurse practitioner, physician's assistant) mdcr_prim
- ☐ Clinician at a cancer center (e.g., oncologist, nurse practitioner or physician's assistant, other cancer specialist) mdcr_cactr
- ☐ Other Medical specialist (e.g., endocrinologist, cardiologist, surgeon) mdcr_spec
- ☐ Psychiatrist mdcr_psymd
- ☐ Psychologist or counselor mdcr_psy
- ☐ Physical or occupational therapist mdcr_ptot
- ☐ Other mdcr_othprov

If Other, please specify.
dothprov1-10 text

B2. During this last two years, where did you receive your health care? hlcr
(Mark all that apply)

- ☐ Doctor's office hlcr_droff
- ☐ Oncology (cancer) center or clinic hlcr_oncclin
- ☐ Other type of clinic hlcr_othclin
- ☐ Hospital hlcr_hosp
- ☐ Emergency Room or Urgent Care Center hlcr_er
- ☐ Long-term follow-up clinic hlcr_fuclin
- ☐ Other hlcr_oth

Specify
no entry

B3. During this last two years, how many times did you see a physician? visphys

1 ☐ 0 times → *Go to Question B5a.*
2 ☐ 1 - 2 times
3 ☐ 3 - 4 times
4 ☐ 5 - 6 times
5 ☐ 7 - 10 times
6 ☐ 11 - 20 times
7 ☐ More than 20 times

B4. As you know, you were asked to participate in this study because you were once diagnosed with a cancer, leukemia, tumor, or similar illness. How many of the visits to the physician indicated in question B3 (during the past 2 years) were related to this previous illness? cvisphs

1 ☐ 0 visits
2 ☐ 1 - 2 visits
3 ☐ 3 - 4 visits
4 ☐ 5 - 6 visits
5 ☐ 7 - 10 visits
6 ☐ 11 - 20 visits
7 ☐ More than 20 visits

B5a. During this 2 year period, how often did you telephone a doctor's office, regarding an illness or a medical condition you may have had? teldoc

1 ☐ 0 times
2 ☐ 1 - 2 times
3 ☐ 3 - 4 times
4 ☐ 5 - 6 times
5 ☐ 7 - 10 times
6 ☐ 11 - 20 times
7 ☐ More than 20 times

B5b. Of these telephone contacts, how many were to St. Jude? teldocsj

☐☐

B6. During this 2 year period, how many times were you admitted to any hospital? n_hspadm

☐☐

Please! Do not mark below this line

B7. When was your most recent routine check-up where a doctor examined you and did tests to see if you had any health problems from your cancer or your cancer treatment? chkup

1 ☐ Less than 1 year ago
2 ☐ 1-2 years ago
3 ☐ More than 2 years but less than 5 years ago
4 ☐ 5 or more years ago
5 ☐ Never → *Go to Question B7d.*

B7a. Where was this check-up? ***(Mark only one)*** chkuploc

1 ☐ At a cancer survivor clinic
2 ☐ At a cancer center, but not in a cancer survivor clinic
3 ☐ At my primary care doctor's office
4 ☐ Other

If Other, please specify.

chkupoth text

B7b. At this check-up, did your doctor give you advice about what to do to reduce risks or discuss medical screening tests? chkupadv

2 ☐ No
1 ☐ Yes
3 ☐ Not sure

B7c. At this check-up, did your doctor order medical screening tests? chkuptest

2 ☐ No
1 ☐ Yes
3 ☐ Not sure

B7d. When was the last time that you had a medical visit with a cancer specialist (oncologist)? oncologist

1 ☐ Less than 1 year ago
2 ☐ 1-2 years ago
3 ☐ More than 2 years but less than 5 years ago
4 ☐ 5 or more years ago
5 ☐ Don't know

B7e. When was the last time you had a visit to a special clinic for cancer survivors? survclin

1 ☐ Less than 1 year ago
2 ☐ 1-2 years ago
3 ☐ More than 2 years but less than 5 years ago
4 ☐ 5 or more years ago
5 ☐ Never
6 ☐ Don't know

B7f. When do you plan to have your next visit with a doctor in order to examine you for any health problems from your cancer or your cancer treatment? nxtchkup

1 ☐ Less than 1 year from now
2 ☐ 1-2 years from now
3 ☐ 3-4 years from now
4 ☐ 5 or more years from now
5 ☐ Never
6 ☐ Don't know

B7g. During the past 12 months, how many times have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission)? ervisit

☐☐ times

Please! Do not mark below this line

B7h. Do you currently have a cancer survivorship care plan and/or a summary of treatment for your cancer (records from your cancer doctor that have details about your cancer treatment and medical tests you should have to check for future health problems)? survplan

2 ☐ No 1 ☐ Yes 3 ☐ Not sure

B7i. Does your local or primary care doctor have a copy of your cancer survivorship care plan and/or a summary of your treatment for your cancer? plancopy

1 ☐ I don't have a primary care doctor

2 ☐ I have a primary care doctor but he/she does not have a copy of my cancer survivorship care plan and/or a summary of my treatment for my cancer

3 ☐ Yes

4 ☐ Not sure

B7j. How often do you carefully check your whole body (including the skin on your back and back of your legs) for any sign of skin cancer? skinck

1 ☐ Once a month

2 ☐ Every few months

3 ☐ Every 6 months

4 ☐ Every year

5 ☐ Never

B7k. In the <u>past 12 months</u>, has your regular healthcare provider carefully examined your whole body for any sign of skin cancer? skinckdr

2 ☐ No 1 ☐ Yes 3 ☐ Not sure

B8. Please indicate all medicines/drugs you took *regularly* during the <u>last two years</u>.

- We are only asking about medicines/drugs which you took consistently for more than one month, or for 30 days or more in a year.

- Please list only drugs prescribed by a doctor and filled by a pharmacist. Include pills, syrups, injections, patches, or creams.

- Please do NOT include medicines/drugs that you bought without a prescription (over-the-counter drugs).

	3 Not sure / 1 Yes / 2 No	If yes, age at first use	If yes, are you currently taking? 1 Yes / 2 No
1. BIRTH CONTROL MEDICATIONS such as Demulen, Lo-Ovral, Loestrin, Norinyl, Norplant, Ortho-Novum, Ovral, Triphasil, Depo Provera ----------	☐ ☐ ☐ bcpill	years abcpill	☐ ☐ bcpill2
If yes, specify the name of the drug(s) or indicate you do not know the specific name bcpillc1-4 coded			
2. ESTROGENS OR PROGESTERONES (FEMALE HORMONES) such as Estrace, Estraderm, Premarin, Provera, Medroxyprogesterone, Vivelle-------	☐ ☐ ☐ estprog	aestprog	☐ ☐ estprog2
If yes, specify the name of the drug(s) or indicate you do not know the specific name estproc1-6 coded			
3. TESTOSTERONES (MALE HORMONES) such as Androgel, Delatesteral, Testosterone cypionate, Testosterone enanthate----------	☐ ☐ ☐ testot	atestos	☐ ☐ testos2
If yes, specify the name of the drug(s) or indicate you do not know the specific name testosc1-5 coded			

Please! Do not mark below this line

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B8. (Cont) Please indicate all medicines/drugs you took *regularly* during the last two years.

- **We are only asking about medicines/drugs which you took consistently for more than one month, or for 30 days or more in a year.**
- **Please list only drugs prescribed by a doctor and filled by a pharmacist. Include pills, syrups, injections, patches, or creams.**
- **Please do NOT include medicines/drugs that you bought without a prescription (over-the-counter drugs).**

	3 Not sure / 1 Yes / 2 No	If yes, age at first use	If yes, are you currently taking? 1 Yes / 2 No
4. PILLS OR INSULIN FOR DIABETES such as Glucophage (metformin), Glucotrol (glipizide), Glynase (glyburide), Prandin, Amaryl, Avandia, Actos, or insulin injections (such as Humulin, Novolin, Lantus)----------	diadrug	years adiabdr	diabdr2
If yes, specify the name of the drug(s) or indicate you do not know the specific name diabdrc1-7 coded			
5. MEDICATIONS FOR HIGH BLOOD PRESSURE OR HYPERTENSION such as hydrochlorothiazide (HCTZ), Dyazide (triamterene/HCTZ), Tenormin (atenolol), Lopressor (metoprolol), Zestril or Prinivil (lisinopril), Vasotec (enalapril), Cozaar, Hyzaar, Diovan, or others----------	hrtdrg	ahrtdrg	hrtdrg2
If yes, specify the name of the drug(s) or indicate you do not know the specific name hrtdrgc1-5 coded			
6. MEDICATIONS TO LOWER CHOLESTEROL OR TRIGLYCERIDES such as Lovastatin, Zocor (simvastatin), Pravachol (pravastatin), Crestor, Lipitor, Zetia, Tricor, Vytorin, gemfibrozil----------	chodrg	achodrg	chodrg2
If yes, specify the name of the drug(s) or indicate you do not know the specific name chodrgc1-6 coded			
7. MEDICATIONS FOR HEART CONDITIONS, INCLUDING ANGINA, CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE, OR IRREGULAR HEART BEAT----------	hrtcon	ahrtcon	hrtcon2
If yes, specify the name of the drug(s) or indicate you do not know the specific name hrtconc1-7 coded			
8. THYROID MEDICATIONS such as Synthroid (levothyroxine or L-thyroxine), Levothroid, or others----------	thydrug	athydrg	thydrug2
If yes, specify the name of the drug(s) or indicate you do not know the specific name thydrgc1-4 coded			

Please! Do not mark below this line

B8. (Cont) Please indicate all medicines/drugs you took *regularly* during the last two years.

- **We are only asking about medicines/drugs which you took consistently for more than one month, or for 30 days or more in a year.**
- **Please list only drugs prescribed by a doctor and filled by a pharmacist. Include pills, syrups, injections, patches, or creams.**
- **Please do NOT include medicines/drugs that you bought without a prescription (over-the-counter drugs).**

	3 Not sure / 1 Yes / 2 No	If yes, age at first use	If yes, are you currently taking? 1 Yes / 2 No
9. MEDICATIONS FOR DEPRESSION such as Prozac (fluoxetine), Serzone, Celexa, Zoloft, Wellbutrin, Effexor, Desyrel (trazodone), or Vivactil----------	☐ ☐ ☐ antidep	years ☐☐ adepress	☐ ☐ depress2
If yes, specify the name of the drug(s) or indicate you do not know the specific name depressc1-8 coded			
10. MEDICATIONS FOR TREATMENT OF LOW BONE MINERAL DENSITY (OSTEOPOROSIS/OSTEOPENIA) such as Fosamax (alendronate), Boniva (ibandronate), Actonel (risedronate), or Evista (raloxifene)----------	☐ ☐ ☐ lobmd	☐☐ alobmd	☐ ☐ lobmd2
If yes, specify the name of the drug(s) or indicate you do not know the specific name lobmddr1-5 coded			
11. MEDICATIONS TO CORRECT LOW BLOOD LEVELS OF POTASSIUM, MAGNESIUM, PHOSPHOROUS, OR BICARBONATE such as KCl, KPhos, NeutraPhos, or Bicitra----------	☐ ☐ ☐ lowk	☐☐ alowk	☐ ☐ lowk2
If yes, specify the name of the drug(s) or indicate you do not know the specific name loelecd1-5 coded			
12. MEDICATIONS FOR ATTENTION OR MEMORY PROBLEMS such as Ritalin, Adderall, Concerta, Strattera, Aricept (donepezil), or Provigil (modafinil)----------	☐ ☐ ☐ atten	☐☐ aatten	☐ ☐ atten2
If yes, specify the name of the drug(s) or indicate you do not know the specific name attenc1-6 coded			
13. OTHER PRESCRIBED DRUGS----------	☐ ☐ ☐ othpdrug	☐☐ aopdrug	☐ ☐ opdrug2
If yes, specify the name of the drug(s) or indicate you do not know the specific name ***and*** specify the reason the drug was prescribed. opdrugr1-29 opdrugc1-29 coded			

Please! Do not mark below this line

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B9. Please list all over the counter medications (NOT prescribed by a doctor) which you took *regularly* during the last two years.

We are only asking about medications which you took consistently for more than one month, or for 30 days or more in a year. Include pills, syrups, injections, patches, or creams.

otcmed1-13
text

B10. Please list all supplements which you took *regularly* during the last two years.

We are only asking about medicines which you took consistently for more than one month, or for 30 days or more in a year. Include pills, syrups, injections, patches, or creams.

suppl1-19
text

Continue on next page.

Please! Do not mark below this line

Medical Conditions

The next series of questions relate to medical conditions that have ever occurred in your lifetime.

Please indicate, by marking the box (either "No", "Yes", or "Not sure") if a doctor or other health care professional has told you that you have or have had any of the following conditions. In addition, please give your approximate age when the condition first occurred. (If more than one occurrence, please give age at first occurrence.)

Because we need definite responses, it is very important to mark an answer for each question, even if you have never had that condition. Please do not leave any questions blank (unmarked).

DENTAL HEALTH

Questions C1 to C19 are about your general dental health and any dental care you may have received.

In addition to the above instructions, if you answered either "Yes" response to any of the items below, please also mark "Yes" or "No" to whether you have received this care in the last 2 years.

Have you ever. . .

		2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)	Have you received care for this in the last two years? 2 No	1 Yes
C1. Had one or more missing teeth because they did not develop?	mistth	☐	☐	☐	☐	a_mistth		c_mistth
C2. Had a lack of or decreased amount of enamel on surface of teeth (hypoplasia)?	enamel	☐	☐	☐	☐	a_enamel		c_enamel
C3. Had abnormal shaped (small or malformed) teeth?	abntth	☐	☐	☐	☐	a_abntth		c_abntth
C4. Had abnormal root development?	abnrt	☐	☐	☐	☐	a_abnrt		c_abnrt
C5. Had difficulty in producing saliva (dry mouth) that required treatment such as artificial saliva?	drymth	☐	☐	☐	☐	a_drymth		c_drymth
C6. Had severe gingivitis or gum disease requiring surgery or deep cleaning?	gumdis	☐	☐	☐	☐	a_gumdis		c_gumdis
C7. Had root canal therapy?	rtcanl	2☐ No	1☐ Yes	3☐ Not Sure		a_rtcanl		c_rtcanl
C8. Had more than 5 cavities?	cavities	2☐ No	1☐ Yes	3☐ Not Sure				
C9. Lost 6 or more teeth due to decay or gum disease?	lost6th	2☐ No	1☐ Yes	3☐ Not Sure				
C10. Worn a dental bridge (for missing or removed teeth)?	dntbrg	☐	☐	☐	☐	a_dntbrg		c_dntbrg
C11. Worn removable dentures (complete or partial upper or lower or both)?	dentur	☐	☐	☐	☐	a_dentur		c_dentur
C12. Worn a prosthesis to lift your palate to improve the quality of your voice?	dntpros	☐	☐	☐	☐	a_dntpros		c_dntpros
C13. Had other dental treatment or surgery?	othdntx	2☐ No	1☐ Yes	3☐ Not Sure		a_othdntx		c_othdntx
If yes, explain type of procedure. dothdntx1-6 text								
C14. Had any other dental problems?	othdnpr	☐	☐	☐	☐	a_othdnpr		c_othdnpr
If yes, explain type of procedure. dothdnpr1-3 text								

Please! Do not mark below this line

C15. Have you ever had dental braces? dntbrace

2☐ No 1☐ Yes 3☐ Don't know

C16. Do you currently have dental insurance? dntins

2☐ No 1☐ Yes 3☐ Don't know

C17. Have you visited the dentist or a dental clinic within the past year for any reason? dntvisit

2☐ No 1☐ Yes 3☐ Don't know

C18. Have you had your teeth cleaned by the dentist or dental hygienist within the past year? teethcln

2☐ No 1☐ Yes 3☐ Don't know

C19. Do you have problems finding a dentist to help with your dental care because of your previous cancer or similar illness? finddnt

2☐ No 1☐ Yes 3☐ Don't know

HEARING/VISION/SPEECH

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

		2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)
D1. Hearing loss requiring a hearing aid?	hear	☐	☐	☐	☐	a_hear
D2. Deafness in both ears not completely corrected by hearing aid?	deaf1	☐	☐	☐	☐	a_deaf1
D3. Deafness in only one ear not completely corrected by hearing aid?	deaf2	☐	☐	☐	☐	a_deaf2
D4. Tinnitus or ringing in the ears?	tinn	☐	☐	☐	☐	a_tinn
D5. Persistent dizziness or vertigo?	dizzy	☐	☐	☐	☐	a_dizzy
D6. Hearing loss, not requiring a hearing aid?	hearlos	☐	☐	☐	☐	a_hearlos
D7. Any other hearing problems?	othhpr	☐	☐	☐	☐	a_othhpr

If yes, describe the other hearing problem(s). List the age at first occurrence for each problem separately.

dothhpr1-5 coded

aothhpr1-5

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

		2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)
D8. Legally blind in only one eye?	oneeye	☐	☐	☐	☐	a_oneeye
If yes, do you have any sight in this eye?	onesight	2☐ No	1☐ Yes			
D9. Legally blind in both eyes?	twoeye	☐	☐	☐	☐	a_twoeye
If yes, do you have any sight?	twosight	2☐ No	1☐ Yes			
D10. Cataracts?	catar	☐	☐	☐	☐	a_catar
D11. Glaucoma (excess pressure in the eyeball)?	glauc	☐	☐	☐	☐	a_glauc
D12. Problems with double vision?	dblvis	☐	☐	☐	☐	a_dblvis
D13. A detached retina or any other condition of the retina?	retina	☐	☐	☐	☐	a_retina

If yes, describe the other condition(s). List the age at first occurrence for each problem separately.

dretina1-3 coded

aretina1-3

		2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)
D14. Crossed or turned eyes (strabismus)?	croseye	☐	☐	☐	☐	a_croseye
D15. Lazy eye (amblyopia)?	lazyeye	☐	☐	☐	☐	a_lazyeye
D16. Any other trouble seeing with one or both eyes even when wearing glasses?	othsee	☐	☐	☐	☐	a_othsee
D17. Very dry eyes requiring eye drops or ointment?	dryeyes	☐	☐	☐	☐	a_dryeye
D18. Any other eye problems?	otheye	☐	☐	☐	☐	a_otheye

If yes, describe the other eye problem(s). List the age at first occurrence for each problem separately.

dotheye1-5 coded

aotheye1-5

Please! Do not mark below this line

Remember, it is very important that you mark an answer for each of the following questions, even if you have never had that condition.

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

1 Yes, and the condition is still present
2 No
3 Yes, but the condition is no longer present
4 Not sure
If yes, age at first occurrence — years

D19. Stammering or stuttering? . . stammr ☐ ☐ ☐ ☐ a_stammr
D20. Any other speech defects? . . othspk ☐ ☐ ☐ ☐ a_othspk

If yes, describe the other speech defect(s). List the age at first occurrence for each problem separately.

dothspk1-4 coded
aothspk1-4

D21. Abnormal sense of taste? . . . abtast ☐ ☐ ☐ ☐ a_abtast
D22. Loss of taste lasting for 3 months or more? . . . . . tastlos ☐ ☐ ☐ ☐ a_tastlos
D23. Loss of smell lasting for 3 months or more? . . . . . smellos ☐ ☐ ☐ ☐ a_smellos

URINARY SYSTEM

E1. Kidney stones? . . . . . kidstn ☐ ☐ ☐ ☐ a_kidstn
E2. REPEATED (more than 3 in any 12 month period) kidney or bladder infections? . . . . . kidinf ☐ ☐ ☐ ☐ a_kidinf
E3. Dialysis? . . . . . dialys ☐ ☐ ☐ ☐ a_dialys
E4. Blood in your urine? . . . . . urblood ☐ ☐ ☐ ☐ a_urblood
E5. Protein in your urine? . . . . . urprot ☐ ☐ ☐ ☐ a_urprot
E6. Urinary incontinence? . . . . . incont ☐ ☐ ☐ ☐ a_incont
E7. Any other kind of kidney, bladder or urinary tract disorder? . . . . . othkud ☐ ☐ ☐ ☐ a_othkud

If yes, describe the other disorder(s). List the age at first occurrence for each disorder separately.

dothkud1-4 coded
aothkud1-4

HORMONAL SYSTEMS

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

1 Yes, and the condition is still present
2 No
3 Yes, but the condition is no longer present
4 Not sure
If yes, age at first occurrence — years

F1. An overactive thyroid gland (hyperthyroid)? . . . . . ovthyr ☐ ☐ ☐ ☐ a_ovthyr
F2. An underactive thyroid gland (hypothyroid)? . . . . . unthyr ☐ ☐ ☐ ☐ a_unthyr
F3. Thyroid nodules? . . . . . thynod ☐ ☐ ☐ ☐ a_thynod
F4. Swollen or enlarged thyroid gland? . . . . . thyenl ☐ ☐ ☐ ☐ a_thyenl
F5. Diabetes that can be controlled with diet? . . . . . diabd ☐ ☐ ☐ ☐ a_diabd
F6. Diabetes controlled with pills or tablets? . . . . . diabp ☐ ☐ ☐ ☐ a_diabp
F7. Diabetes controlled with insulin shots? . . . . . diabi ☐ ☐ ☐ ☐ a_diabi
F8. Deficiency of growth hormone? . . . . . ghdef ☐ ☐ ☐ ☐ a_ghdef
F9. Have you received injections of growth hormone (such as Nutropin, Genotropin, Humatrope, Norditropin, Saizen)? . . . . . injghr ☐ ☐ ☐ ☐ a_injghr

If yes, do you currently take injections of growth hormone?
2 ☐ No 1 ☐ Yes injghr_c

F10. Osteoporosis or osteopenia (thin, brittle, or fragile bones)? . . . . . ostpor ☐ ☐ ☐ ☐ a_ostpor
F11. Have you ever broken a bone? . . . . . bknbon ☐ ☐ ☐ ☐ a_bknbon

If yes, describe all occurrences of broken bone(s). List the age for each individual occurrence.

bknbon1-16 coded
abknbon1-16

F12. Any other hormonal problems? . . . . . othhor ☐ ☐ ☐ ☐ a_othhor

If yes, describe the other hormonal problem(s). List the age at first occurrence for each problem separately.

dothhor1-4 coded
aothhor1-4

Please! Do not mark below this line

Remember, it is very important that you mark an answer for each of the following questions, even if you have never had that condition.

Males → *Go to Question G1.*

F13. **FEMALES** - Have you had a menstrual period naturally, that is, without needing hormones or medication?

period

2 ☐ No 1 ☐ Yes

If yes, age at first occurrence: a_period ☐☐

If no, → *Go to Question F15.*

F14. **FEMALES** - At what age did you last have a menstrual period naturally, without needing hormones or medication to induce menstruation?

☐☐ **years and** ☐☐ **months old**

periodyr periodmo

F15. **FEMALES** - Which one of the following statements best describes you? **(Select only one)** pdesc

1 ☐ a. I am having regular periods and I am not taking birth control pills or female hormones (example: Premarin, estrogen)

2 ☐ b. I am having regular periods but I am using birth control pills to prevent a pregnancy

3 ☐ c. My menstrual periods are irregular and I am taking birth control pills or female hormones to regulate my periods

8 ☐ d. My menstrual periods are irregular but I am not using birth control pills or female hormones to regulate my periods

4 ☐ e. I am currently pregnant

5 ☐ f. I am not having menstrual periods naturally but I am taking birth control pills or female hormones

6 ☐ g. I am not having menstrual periods naturally and I am not taking birth control pills or female hormones

7 ☐ h. Other

If Other, please describe.

pother textcode

If you selected a, b, c, d or e → *Go to Question G1.*

If you selected f, g, or h → *Go to Question F16.*

F16. **FEMALES** - What caused your menstrual periods to stop? **(Select only one)** pstopwhy

1 ☐ Normal or early menopause

2 ☐ Surgery (example: a hysterectomy)

3 ☐ Pregnancy

9 ☐ Don't know

4 ☐ Other

If Other, please describe.

pstopdes textcode

HEART AND CIRCULATORY SYSTEM

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

	2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)
G1. Congestive heart failure or cardiomyopathy (weak heart muscle)? conghf	☐	☐	☐	☐	a_conghf ☐☐
G2. A myocardial infarction (heart attack)? htatt	☐	☐	☐	☐	a_htatt ☐☐
G3. Irregular heartbeat or palpitations, (Arrhythmia) requiring medication or follow-up by a doctor? arrytm	☐	☐	☐	☐	a_arrytm ☐☐
G4. Coronary heart disease? coronh	☐	☐	☐	☐	a_coronh ☐☐

If yes, describe the type of problem(s). List the age at first occurrence for each problem separately.

coronh1-6 coded

acoronh1-6

G5. Hypertension (high blood pressure) requiring medication? hytmed	☐	☐	☐	☐	a_hytmed ☐☐

If yes, do you currently take hypertension medication?

2 ☐ No 1 ☐ Yes hytmed2

Please! Do not mark below this line

1390378742

It is very important that you mark an answer for each of the following questions, even if you have never had that condition.

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

	2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)
G6. Angina pectoris (chest pains due to lack of oxygen to the heart requiring medication such as nitroglycerin)? angina	☐	☐	☐	☐	a_angina
G7. Pericarditis or fluid around the heart? percis	☐	☐	☐	☐	a_percis
G8. Pericardial constriction (scarring or tightness of the sac around the heart)? percon	☐	☐	☐	☐	a_percon
G9. Stiff or leaking heart valves? slvalv	☐	☐	☐	☐	a_slvalv
G10. Blood clot in head, lung, arm, leg, or pelvis? bclot	☐	☐	☐	☐	a_bclot
G11. Does exercise cause severe chest pain, shortness of breath, or irregular heart beat? exerpn	☐	☐	☐	☐	a_exerpn
G12. High cholesterol (or triglyceride) requiring prescription medication? trigdr1	☐	☐	☐	☐	a_trigdr1
G13. Any other heart or circulatory problems? othhrt	☐	☐	☐	☐	a_othhrt

If yes, do you currently take medication for this?
2☐ No 1☐ Yes trigdr2

If yes, describe the other problem(s). List the age at first occurrence for each problem separately.

dothhrt1-7 coded
aothhrt1-7

G14. Has anyone in your immediate family (biological mother, father, brothers, sisters) had a heart attack before the age of 55? fmi55

2☐ No 1☐ Yes 3☐ Unsure

RESPIRATORY SYSTEM

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

	2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)
H1. Asthma? asthma	☐	☐	☐	☐	a_asthma
H2. Chronic cough or shortness of breath for more than one month? ccough	☐	☐	☐	☐	a_ccough
H3. Have you had a need for extra oxygen? evoxy	☐	☐	☐	☐	a_evoxy
H4. Pneumonia, 3 or more times in the past 2 years? pneum3	☐	☐	☐	☐	a_pneum3
H5. Emphysema or other chronic obstructive pulmonary disease (COPD) emphma	☐	☐	☐	☐	a_emphma
H6. Lung fibrosis or "scarring" of the lung? lngfib	☐	☐	☐	☐	a_lngfib
H7. Problems with breathing while at rest that lasted for more than 3 months? brhprb	☐	☐	☐	☐	a_brhprb
H8. Any other breathing or lung problems? othres	☐	☐	☐	☐	a_othres

If yes, describe the other problem(s). List the age at first occurrence for each problem separately.

dothres1-4 coded
aothres1-4

Continue on next page.

Please! Do not mark below this line

It is very important that you mark an answer for each of the following questions, even if you have never had that condition.

DIGESTIVE SYSTEM

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

1 Yes, and the condition is still present
2 No
3 Yes, but the condition is no longer present
4 Not sure
If yes, age at first occurrence
years

I1. Hepatitis? . . . . . hepats ☐ ☐ ☐ ☐ a_hepats

If yes, what type(s)? ***(Mark all that apply)*** hepatyp
- ☐ Hepatitis A hepatyp_a
- ☐ Hepatitis B hepatyp_b
- ☐ Hepatitis C hepatyp_c
- ☐ Don't know hepatyp_dk
- ☐ Other hepatyp_ot

I2. Cirrhosis of the liver? . . . . . cirliv ☐ ☐ ☐ ☐ a_cirliv

I3. Any other liver trouble? . . . . . othliv ☐ ☐ ☐ ☐ a_othliv

If yes, describe the liver problem(s). List the age at first occurrence for each problem separately.
dothliv1-4
aothliv1-4
coded

I4. Intestinal (colon) polyps? . . . . . polyps ☐ ☐ ☐ ☐ a_polyps

I5. Fatty liver? . . . . . faliv ☐ ☐ ☐ ☐ a_fatliv

I6. Esophageal strictures (narrowing of the esophagus)? . . . . . esophs ☐ ☐ ☐ ☐ a_esophs

I7. Rectal or anal fistula? . . . . . recfis ☐ ☐ ☐ ☐ a_recfis

I8. Rectal or anal stricture (narrowing or scarring)? . . . . . recstr ☐ ☐ ☐ ☐ a_recstr

I9. Stricture (narrowing or scarring) of the small or large intestine? . . . . . intestr ☐ ☐ ☐ ☐ a_intestr

I10. Any other stomach or digestive trouble? . . . . . othdig ☐ ☐ ☐ ☐ a_othdig

If yes, describe the other problem(s). List the age at first occurrence for each problem separately.
dothdig1-6
aothdig1-6
coded

SURGICAL PROCEDURES

Please indicate if you have ever had any of the following surgical procedures done.

1 Yes
2 No
3 Not sure
If yes, age at first occurrence
years

J1. Amputation of an arm, leg, hand, foot? . . . . . amputn ☐ ☐ ☐ a_amputn

If yes, specify (example: left hand, right foot). List the age for each amputation separately.
damputn1-3
aamputn1-3
coded

J2. Scoliosis surgery (insertion of rods or other methods to straighten the spine)? . . . . . sclsis ☐ ☐ ☐ a_sclsis

J3. Other surgery of spinal cord or spine? . . . . . othspn ☐ ☐ ☐ a_othspn

If yes, specify all surgeries of the spinal cord or spine. List the age at which each surgery occurred.
dothspn1-12
aothspn1-12
coded

J4. Leg lengthening or shortening procedures? . . . . . lensht ☐ ☐ ☐ a_lensht

J5. Joint replacement? . . . . . jntrep ☐ ☐ ☐ a_jntrep

If yes, specify all joint replacements. List the age at which each joint replacement occurred.
djntrep1-6
ajntrep1-6
coded

J6. Other bone surgery? . . . . . othbon ☐ ☐ ☐ a_othbon

If yes, specify all other bone surgeries. List the age at which each bone surgery occurred.
dothbon1-10
aothbon1-10
coded

J7. Coronary artery bypass surgery? . . . . . bypass ☐ ☐ ☐ a_bypass

Please! Do not mark below this line

It is very important that you mark an answer for each of the following questions, even if you have never had that procedure.

Please indicate if you have ever had any of the following surgical procedures done.

	2 No	1 Yes	3 Not sure	If yes, age at first occurrence (years)	
J8. Pericardiectomy (stripping of the sac around the heart)? prcdmy	☐	☐	☐		a_prcdmy
J9. Heart catheterization ("heart cath")? htcath	☐	☐	☐		a_htcath
J10. Angioplasty (enlarging a heart vessel using a balloon) or stent placement to keep vessel open? angpty	☐	☐	☐		a_angpty
J11. Surgery for heart valve replacement? valverp	☐	☐	☐		a_valverp
J12. Surgery for pacemaker? pacem	☐	☐	☐		a_pacem
J13. Other heart surgery? othht	☐	☐	☐		a_othht

If yes, specify all other heart surgeries. List the age at which each heart surgery occurred.

dothht1-4
aothht1-4
coded

	2 No	1 Yes	3 Not sure	If yes, age at first occurrence (years)	
J14. Surgery to repair a fistula (an abnormal connection between the intestine or rectum and other structures)? fistul	☐	☐	☐		a_fistul
J15. Surgery for intestinal obstruction (blocked intestines)? intobs	☐	☐	☐		a_intobs
J16. Colostomy or ileostomy (stool going into a bag)? colsty	☐	☐	☐		a_colsty
J17. Removal of part or all of the colon colsty_col	☐	☐	☐		a_colon
J18. Removal of part or all of the rectum colsty_rec	☐	☐	☐		a_rectum
J19. Biopsy or removal of lump in thyroid gland? biothy	☐	☐	☐		a_biothy
J20. Removal of part or all of the thyroid gland? remthy	☐	☐	☐		a_remthy
J21. Removal of the spleen? remspl	☐	☐	☐		a_remspl
J22. Bladder, ureter, or kidney surgery? bladsur	☐	☐	☐		a_bladsur
J23. Removal of all or part of a kidney? remkidn	☐	☐	☐		a_remkidn
J24. Liver or gall bladder surgery? livsur	☐	☐	☐		a_livsur
J25. Ventriculoperitoneal (VP) shunt (tube from the brain to the abdomen under the skin) that removes excess spinal fluid? vpshunt	☐	☐	☐		a_vpshunt
J26. Breast biopsy? brstbio	☐	☐	☐		a_brstbio
J27. Breast-conserving or breast-sparing surgery (lumpectomy)? lumpsur	☐	☐	☐		a_lumpsur
J28. Mastectomy or removal of a breast? mastec	☐	☐	☐		a_mastec

brstspe ***If yes,*** was one or both breasts removed?
1 ☐ Left Only 2 ☐ Right Only 3 ☐ Both

Please! Do not mark below this line

It is very important that you mark an answer for each of the following questions, even if you have never had that procedure.

Please indicate if you have ever had any of the following surgical procedures done.

		2 No	1 Yes	3 Not sure	If yes, age at first occurrence (years)
J29. Any lung surgery?	lungsur	☐	☐	☐	a_lungsur

If yes, specify all other lung surgeries. List the age at which each lung surgery occurred.

dlngsur1-6
coded
alngsur1-6

J30. Periodontal (gum) surgery?	gumsur	☐	☐	☐	a_gumsur
J31. Heart transplant?	hrttrn	☐	☐	☐	a_hrttrn
J32. Lung transplant?	lngtrn	☐	☐	☐	a_lngtrn
J33. Kidney transplant?	kidtrn	☐	☐	☐	a_kidtrn
J34. Liver transplant?	trasliv	☐	☐	☐	a_trasliv
J35. Bone marrow transplant?	bmrtrn	☐	☐	☐	a_bmrtrn
J36. Other organ transplant?	othtrn	☐	☐	☐	a_othtrn

If yes, specify all other organ transplants. List the age for each individual transplant.

dothtrn1-6
coded
aothtrn1-6

		2 No	1 Yes	3 Not sure	If yes, age at first occurrence (years)
J37. Cataract surgery?	catsrg	☐	☐	☐	a_catsrg

Males → Go to Question J42.

J38. Removal of one ovary?	reoneov	☐	☐	☐	a_reoneov
J39. Removal of both ovaries?	retwoov	☐	☐	☐	a_retwoov
J40. Removal of uterus?	reutrs	☐	☐	☐	a_reutrs
J41. Surgery of the vagina?	vagsrg	☐	☐	☐	a_vagsrg

Females → Go to Question J45.

J42. Removal of one testis?	reonete	☐	☐	☐	a_reonete
J43. Removal of both testes?	retwote	☐	☐	☐	a_retwote
J44. Removal of part or all of the prostate gland (prostatectomy)	repros	☐	☐	☐	a_repros
J45. Any other surgery?	othsg	☐	☐	☐	a_othsg

If yes, specify all other surgeries. List the age at which each other surgery occurred.

dothsg1-36
coded
aothsh1-36

Continue on next page.

Please! Do not mark below this line

BRAIN AND NERVOUS SYSTEM

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

4 Not sure
3 Yes, but the condition is no longer present
1 Yes, and the condition is still present
2 No
If yes, age at first occurrence
years

K1. Problems with learning or memory? . . . . . prbmem ☐ ☐ ☐ ☐ a_prbmem

If yes and still present, please rate the severity of these problems: prbmem2

1 ☐ Mild; does not interfere with my work, school, or general life. I did not need special help in school.

2 ☐ Moderate; interferes with my work, school, or general life, but I am capable of independent living. I used special help in school.

3 ☐ Severe; I am significantly impaired in my school or work performance or in my general life.

4 ☐ Disabling; I am unable to perform daily activities such as taking care of myself; I require full-time help or I am living in an institution for people with disabling conditions.

K2. Epilepsy, repeated seizures, convulsions, or blackouts? . . . eplpsy ☐ ☐ ☐ ☐ a_eplpsy

If yes, describe this problem(s). List the age at first occurrence for each problem separately.

deplpsy1-6
aeplpsy1-6
coded

If yes, are you currently taking medication for this? eplpsy2
2 ☐ No 1 ☐ Yes

If yes, name of medications

meplpsy1-6 coded

Date of last seizure

M M / D D / Y Y Y Y seizdt

4 Not sure
3 Yes, but the condition is no longer present
1 Yes, and the condition is still present
2 No
If yes, age at first occurrence
years

K3. Migraine? . . . . . migrne ☐ ☐ ☐ ☐ a_migrne

K4. Other severe headaches? . . . hdache ☐ ☐ ☐ ☐ a_hdache

K5. Other repeated headaches? . . rhache ☐ ☐ ☐ ☐ a_rhache

If yes, list medications required to control migraine or other severe headaches.

mhdache1-8
ahdache1-8
coded

K6. Problems with balance, equilibrium, or ability to reach for or manipulate objects? . . . balnce ☐ ☐ ☐ ☐ a_balnce

If yes and still present, please rate the severity of these problems: balnce2

1 ☐ Mild; does not affect walking or my daily routine.

2 ☐ Moderate; it is bothersome and affects my walking but I am able to do my daily routine.

3 ☐ Severe; this problem significantly affects my walking and my daily routine.

4 ☐ Disabling; I require a wheelchair or cannot walk because of this problem.

K7. Tremors or problems with movements? . . . . . tremor ☐ ☐ ☐ ☐ a_tremor

K8. Problems chewing or swallowing solids or liquids? . . chwswl ☐ ☐ ☐ ☐ a_chwswl

K9. Decreased sense of touch or feeling in hands, fingers, arms or legs? . . . . . touch ☐ ☐ ☐ ☐ a_touch

K10. Prolonged pain in arms or legs. . . . . armlegpn ☐ ☐ ☐ ☐ a_armlegpn

K11. Prolonged pain in back . . . . backpn ☐ ☐ ☐ ☐ a_backpn

K12. Abnormal sensation in arms, legs or back? . . . . . absens ☐ ☐ ☐ ☐ a_absens

K13. Weakness or inability to move arm(s)? . . . . . movarm ☐ ☐ ☐ ☐ a_movarm

Please! Do not mark below this line

Just a reminder - it is very important that you mark an answer for each of the following questions, even if you have never had that condition.

Have you ever been told by a doctor or other health care professional that you have, or have had. . .

	2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure	If yes, age at first occurrence (years)
K14. Weakness or inability to move leg(s)? movleg	☐	☐	☐	☐	a_movleg
K15. Paralysis of any kind? parlys	☐	☐	☐	☐	a_parlys

If yes, describe the paralysis. List the age at first occurrence for each episode of paralysis separately.

daparlys1-6 coded
aparlys1-6

K16. Stroke? srk1	☐	☐	☐	☐	a_srk1

If no → Go to K18.

If yes, as a result of the stroke . . .

a. Did the symptoms last more than 24 hours?
2☐ No 1☐ Yes srkday

Did the stroke affect:

b. Speech. srkspch	☐	☐	☐	☐
c. Balance and coordination. srkbal	☐	☐	☐	☐
Only one side of the body . srkbal1	☐	☐	☐	☐
Both sides of the body . . . srkbal2	☐	☐	☐	☐
d. Did you lose consciousness? 2☐ No 1☐ Yes srkcons				
e. Did you experience sensory loss (vision, taste, smell)? strsens	☐	☐	☐	☐
Only one side of the body . srksens1	☐	☐	☐	☐
Both sides of the body . . . srksens2	☐	☐	☐	☐
f. Did you have weakness or inability to move arm(s)?. . srkmar	☐	☐	☐	☐
Only one side of the body . srkmar1	☐	☐	☐	☐
Both sides of the body . . . srkmar2	☐	☐	☐	☐
g. Did you have weakness or inability to move leg(s)?. . srkmlg	☐	☐	☐	☐
Only one side of the body . srkmlg1	☐	☐	☐	☐
Both sides of the body . . . srkmlg2	☐	☐	☐	☐

	2 No	1 Yes, and the condition is still present	3 Yes, but the condition is no longer present	4 Not sure
h. Did you have paralysis of any kind?. . . . . srkpar	☐	☐	☐	☐
Only one side of the body . srkpar1	☐	☐	☐	☐
Both sides of the body . . . srkpar2	☐	☐	☐	☐

If yes, describe the paralysis. List the age at first occurrence for each episode of paralysis separately.

dsrkpar1-7 coded
asrkpar1-7

K17. In your lifetime, how many strokes have you had? . . . . . srknum ☐☐

K18. Any other brain or nervous system problems? . . . . . othbns ☐ ☐ ☐ ☐ — If yes, age at first occurrence (years) a_othbns ☐☐

If yes, describe the other problem(s). List the age at first occurrence for each problem separately.

dbnspro1-10 coded
abnspro1-10

K19. Do you have any driving restrictions because of brain or nervous system problems (such as seizures)? drrestr

2 ☐ No
1 ☐ Yes, but I am able to drive
4 ☐ Yes, I am unable to drive
3 ☐ Unsure

K20. Do you have any work restrictions because of brain or nervous system problems (such as seizures)? wkrestr

2 ☐ No
1 ☐ Yes, but I am able to work
4 ☐ Yes, I am unable to work
3 ☐ Unsure

Please! Do not mark below this line

CANCER, LEUKEMIA, OR TUMORS

L1. At any time following your original diagnosis, were you diagnosed with another cancer, leukemia, tumor, or similar illness? (Include any relapse or recurrence of your original diagnosis). cancer2

2 ☐ No → *Go to Question M1, page 22.*

1 ☐ Yes

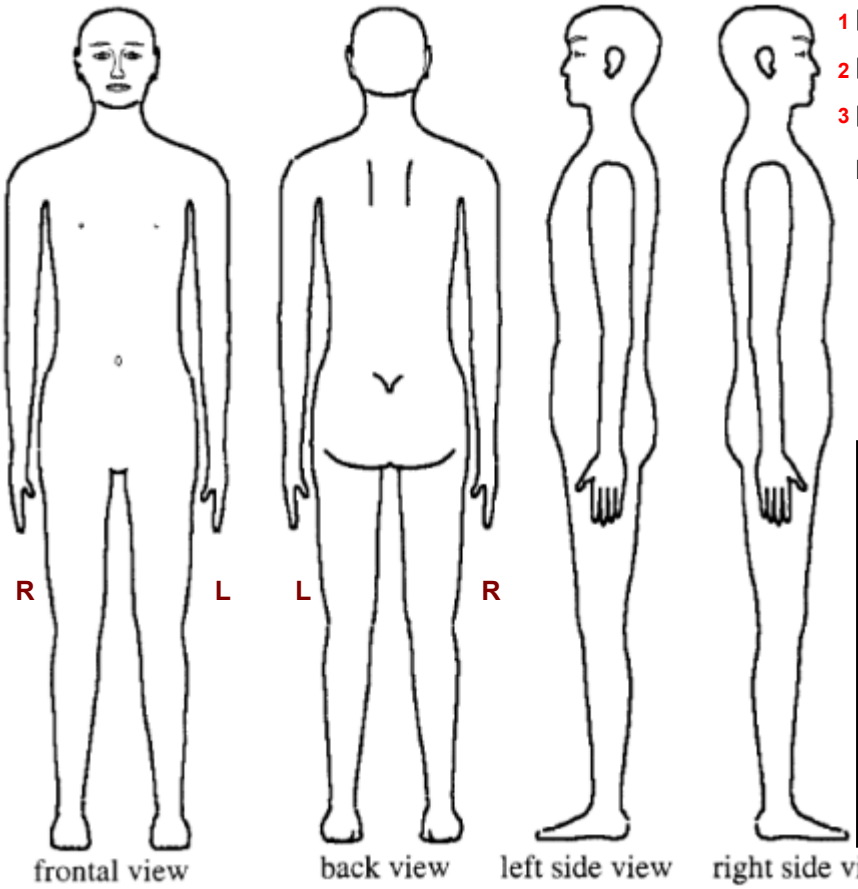
L2. What was the name of this disease?

cond2 text

L3. Where was it located? (Example: right upper arm, left ear)

loc2_1-9 text

If the condition in item L2 above was a skin cancer or solid tumor (not a leukemia), please mark an "X" at the location(s) of your cancer(s). We are interested in the most exact location(s) you can provide so please be as specific as possible.



L4. Did you have treatment for this disease? txcond2

2 ☐ No → *Skip L4a and go to Question L5.*

1 ☐ Yes → **L4a. What treatments did you receive?** ***(Mark all that apply)*** tx2

☐ Chemotherapy tx2_chemo

☐ Radiation therapy tx2_rt

☐ Surgery tx2_surg

L5. Where was this diagnosed?

Doctor's name
Hospital or clinic
Address
City, State, Zip code

L6. Was this a: recucon2

1 ☐ Recurrence of original diagnosis

2 ☐ New cancer, leukemia, tumor, or similar illness

3 ☐ Don't know

Date of Recurrence or New Diagnosis:

Month (mm) mocon2 **Year (yyyy)** yrcon2

Please use this space to provide any additional details on tumor location.

locdet2 text

Please! Do not mark below this line

L7. Have you had any additional cancers, leukemias, tumors, or similar illnesses after this second one? cancer3

2 ☐ No → *Go to Question M1, next page.*

1 ☐ Yes

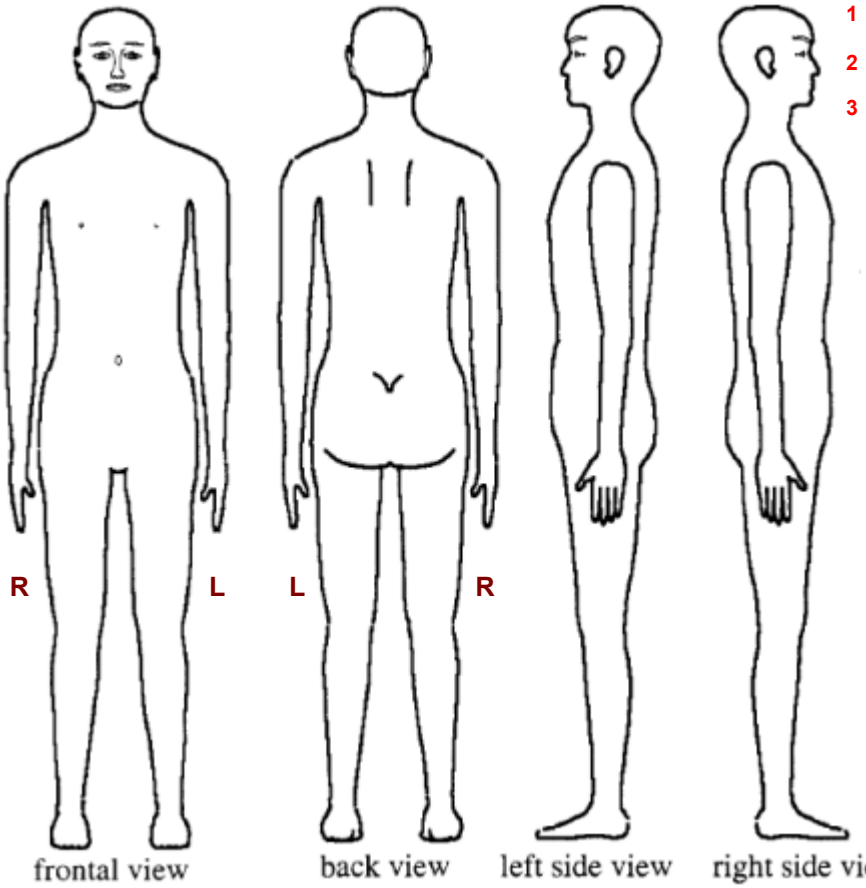
L8. What was the name of this disease?

cond3 text

L9. Where was it located? (Example: right upper arm, left ear)

loc3_1-4 text

If the condition in item L8 above was a skin cancer or solid tumor (not a leukemia), please mark an "X" at the location(s) of your cancer(s). We are interested in the most exact location(s) you can provide so please be as specific as possible.



L10. Did you have treatment for this disease? txcond3

2 ☐ No → *Skip L10a and go to Question L11.*

1 ☐ Yes → **L10a. What treatments did you receive?** ***(Mark all that apply)*** tx3

☐ Chemotherapy tx3_chemo

☐ Radiation therapy tx3_rt

☐ Surgery tx3_surg

L11. Where was this diagnosed?

Doctor's name
Hospital or clinic
Address
City, State, Zip code

L12. Was this a: recucon3

1 ☐ Recurrence of original diagnosis

2 ☐ New cancer, leukemia, tumor, or similar illness

3 ☐ Don't know

Date of Recurrence or New Diagnosis:

Month (mm) mocon3 **Year (yyyy)** yrcon3

Please use this space to provide any additional details on tumor location.

locset3
text

Please use a separate sheet of paper for additional cancers

Please! Do not mark below this line

OFFSPRING/PREGNANCY HISTORY

M1. Have you ever been sexually active (had sexual intercourse)? evsexac

2 ☐ No → *Go to Question N1, page 24.*

1 ☐ Yes

Continue on next page.

M2. Are you currently sexually active? nowsexac

2 ☐ No

1 ☐ Yes

M3. Have you or your partner had:
(Mark all that apply) vasctub

☐ A vasectomy → *At what age?* a_vasctmy
vasctub_vas

☐ A tubal ligation → *At what age?*
vasctub_tub

a_tublign

M4. Was there ever a period in your life when you and a partner tried for one year or more to become pregnant, without success? trypreg

2 ☐ No

1 ☐ Yes

M5. Have you and a partner ever become pregnant?

2 ☐ No → *Go to Question N1, page 24.* everpreg

1 ☐ Yes

M6. Including live births, stillbirths, miscarriages, and abortions, how many times have you become pregnant or had a woman become pregnant by you? n_preg

☐☐ **times**

Please! Do not mark below this line

Female

M7. Have you ever had any pregnancies? pregyn_f

2 ☐ No → *Go to Question N1.*

1 ☐ Yes

M8. Are you currently pregnant? pregnow_f

2 ☐ No

1 ☐ Yes

Continue to Question M11 below.

Male

M9. Has a woman ever been pregnant by you? pregyn_m

2 ☐ No → *Go to Question N1.*

1 ☐ Yes

M10. Is she currently pregnant? pregnow_m

2 ☐ No

1 ☐ Yes

Continue to Question M11 below.

M11. Please fill in the following information for each of your pregnancies, or each time a woman has become pregnant by you, regardless of the outcome.

Pregnancy outcome

	1 Live birth	2 Stillbirth	3 Miscarriage	4 Medical abortion	5 Currently pregnant	Your age at start of pregnancy	Partner's age at start of pregnancy	Weeks pregnancy lasted
Pregnancy 1 pregout1	☐	☐	☐	☐	☐	a_preg1	a_ppreg1	wkspreg1
Pregnancy 2 pregout2	☐	☐	☐	☐	☐	a_preg2	a_ppreg2	wkspreg2
Pregnancy 3 pregout3	☐	☐	☐	☐	☐	a_preg3	a_ppreg3	wkspreg3
Pregnancy 4 pregout4	☐	☐	☐	☐	☐	a_preg4	a_ppreg4	wkspreg4
Pregnancy 5 pregout5	☐	☐	☐	☐	☐	a_preg5	a_ppreg5	wkspreg5
Pregnancy 6 pregout6	☐	☐	☐	☐	☐	a_preg6	a_ppreg6	wkspreg6
Pregnancy 7 pregout7	☐	☐	☐	☐	☐	a_preg7	a_ppreg7	wkspreg7
Pregnancy 8 pregout8	☐	☐	☐	☐	☐	a_preg8	a_ppreg8	wkspreg8

Please attach a separate sheet of paper, if more than 8 pregnancies

Please! Do not mark below this line

0239378743

HEALTH BEHAVIORS

Alternative Medicine

N1. In this section, we would like to know about any alternative therapy or complementary healing techniques that you have used during the last year. ***(Mark all that apply)***

		2 No	1 Yes	3 Not sure
a.	Acupuncture amaccp	☐	☐	☐
b.	Biofeedback ambio	☐	☐	☐
c.	Chiropractor amchir	☐	☐	☐
d.	Crystals/magnets ammag	☐	☐	☐
e.	Nutritional supplements (such as Omega-3 fatty acids) amnusp	☐	☐	☐
f.	Herbal remedies (such as St. John's Wort, Echinacea) amhebr	☐	☐	☐
g.	Homeopathic remedies amhopa	☐	☐	☐
h.	Hypnosis/guided imagery amhyp	☐	☐	☐
i.	Massage/body work ammas	☐	☐	☐
j.	Meditation/relaxation amrelx	☐	☐	☐
k.	Modified diet (gluten-free, vegan) ammodi	☐	☐	☐
l.	Naturopathic treatments amnatu	☐	☐	☐
m.	Spiritual healing/prayer amspir	☐	☐	☐
n.	Therapeutic touch amther	☐	☐	☐
o.	Vitamins/minerals (not regular multi-vitamin, but high dose C, zinc, etc.) amvit	☐	☐	☐
p.	Yoga/Tai Chi/Qi Gong/special exercise amyoga	☐	☐	☐
q.	Other amoth	☐	☐	☐

If Other, please specify.

damoth1-9

text

N2. Some people get a general physical examination from a doctor once in a while even though they are feeling well and have not been sick. When was the last time you had a general physical examination when you were not sick? wellexam

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N3. When was the last time you had an echocardiogram (ultrasound of the heart to look at the heart muscle and heart valves)? echoexam

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N4. When was the last time you had a test to measure your bone strength or bone mineral density (such as a DEXA, quantitative CT scan, or ultrasound)? dexaexam

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

Please! Do not mark below this line

N5. How long has it been since you last went to a dentist? dentexam

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N6. When was the last time you had an MRI of your heart (you were placed inside a scanner, like a long tube)? heartmri

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N7. When was the last time you had an MRI of your head or brain? headmri

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N8. When was the last time you had an ultrasound of the thyroid gland? thyus

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N9. When was the last time you had an ultrasound of the carotid arteries (blood vessels in the neck)? carotidus

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N10. When was the last time you had a skin exam for cancer by a healthcare provider? skinexam

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N11. When was the last time you had a home blood stool test to determine whether your stool contains blood? stooltest

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N12. When was the last time you had a sigmoidoscopy or colonoscopy to view the colon for signs of cancer or other problems? colonexam

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

Please! Do not mark below this line

N13. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? fluvac

1☐ Yes 2☐ No 3☐ Don't Know

N14. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? pneumovac

1☐ Yes 2☐ No 3☐ Don't Know

N15a. Have you ever had zoster (shingles)? shingles_yn

2 ☐ No → *Go to Question N16.*

1 ☐ Yes

If yes, indicate number of times and date(s) of occurrence(s).

Times	Month	Year	shingmo3-6 shingyr3-6
shingno	shingmo1	shingyr1	
	shingmo2	shingyr2	

Please use a separate sheet of paper for additional dates.

N15b. Since completing your cancer treatment, did you take chronic medications because of shingles? shingmed

2☐ No 1☐ Yes

N15c. Do you currently take chronic (for more than 1 month) medications because of shingles? shmednow

2☐ No 1☐ Yes

N16. Since completing your cancer treatment, have you ever been hospitalized for infection? infecthosp

2☐ No 1☐ Yes

Note date(s) and sites(s) of infection:

Date of infection	Site of infection (lung, blood, sinus, brain, etc.)
infdte1-8	infeste1-8
	text

Please use a separate sheet of paper for additional dates and sites.

Males → *Go to Question N27 next page.*

N17. FEMALES - How often do you perform monthly breast self-examinations? breastex

1 ☐ Regularly (once a month)

2 ☐ Occasionally

3 ☐ Rarely or never

N18. FEMALES - Have you ever required surgical treatment for an abnormal Pap smear (cone biopsy, laser surgery, loop electrosurgical excision (LEEP), removal of cervix, etc.)? abpapsmr

2☐ No 1☐ Yes

N19. FEMALES - When was the last time you had a breast examination by a doctor or a health care professional? lstbrex

1 ☐ Never

2 ☐ Less than 1 year ago

3 ☐ 1-2 years ago

4 ☐ More than 2 years ago but less than 5 years ago

5 ☐ 5 or more years ago

6 ☐ I don't know if I ever had one

7 ☐ I had one, but I don't recall when

N20. FEMALES - Have you ever had a mammogram?

1☐ Yes 2☐ No → *Go to Question N21.*

mamgrm

N20a. How old were you when you had your first mammogram? . . . . a_mamo

N20b. When was the last time you had a mammogram? lstmamgrm

1 ☐ Never

2 ☐ Less than 1 year ago

3 ☐ 1-2 years ago

4 ☐ More than 2 years ago but less than 5 years ago

5 ☐ 5 or more years ago

6 ☐ I don't know if I ever had one

7 ☐ I had one, but I don't recall when

N21. FEMALES - When was the last time you had a breast ultrasound? breastus

1 ☐ Never

2 ☐ Less than 1 year ago

3 ☐ 1-2 years ago

4 ☐ More than 2 years ago but less than 5 years ago

5 ☐ 5 or more years ago

6 ☐ I don't know if I ever had one

7 ☐ I had one, but I don't recall when

Please! Do not mark below this line

N22. FEMALES - When was the last time you had a breast MRI? breastmri

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

N23. FEMALES - There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or human papillomavirus test. Have you ever had a test to check for cervical cancer? cervicaltest_yn

1 ☐ Yes → *Go to Question N24.*
2 ☐ No → *Go to Question N27.*
3 ☐ Refused → *Go to Question N27.*
4 ☐ Don't know → *Go to Question N27.*

N24. FEMALES - When did you have your most recent test to check for cervical cancer? cervicaltest_recent

1 ☐ Within the past year (anytime less than 12 months ago)
2 ☐ Within the past 2 years (1 year but less than 2 years ago)
3 ☐ Within the past 3 years (2 years but less than 3 years ago)
4 ☐ Within the past 5 years (3 years but less than 5 years ago)
5 ☐ Within the past 10 years (5 years but less than 10 year ago)
6 ☐ 10 years ago or more
7 ☐ Refused
8 ☐ Don't know

N25. FEMALES - At your most recent cervical cancer screening, did you have a Pap test? paptest

1 ☐ Yes
2 ☐ No
3 ☐ Refused
4 ☐ Don't know

N26. FEMALES - At your most recent cervical cancer screening, did you have an HPV test? hpvtest

1 ☐ Yes
2 ☐ No
3 ☐ Refused
4 ☐ Don't know

N27. MALES AND FEMALES-
HPV is the Human Papillomavirus. The HPV vaccine is a series of 2 or 3 shots, depending on what age the shots are started. Have you ever received the HPV shot or vaccine? hpvvacfm

1 ☐ Yes
2 ☐ No → *Go to Question N30.*
3 ☐ Don't Know → *Go to Question N30.*

N28. How old were you when you received the first dose of the HPV vaccine . . . . . . ☐☐

a_hpvvacfm

N29. How many shots of the HPV vaccine did you receive? nhpvvacfm

1 ☐ 1 shot 2 ☐ 2 shots 3 ☐ 3 shots 4 ☐ Don't Know

N30. How likely is it that you will receive the HPV vaccine in the next 12 months? vaccine_12mons

1 ☐ Very likely
2 ☐ Somewhat likely
3 ☐ Not too likely
4 ☐ Not likely at all
5 ☐ Refused
6 ☐ Don't know

N31. MALES - When was the last time you had a PSA or blood test to detect prostate cancer? psatest

1 ☐ Never
2 ☐ Less than 1 year ago
3 ☐ 1-2 years ago
4 ☐ More than 2 years ago but less than 5 years ago
5 ☐ 5 or more years ago
6 ☐ I don't know if I ever had one
7 ☐ I had one, but I don't recall when

Please! Do not mark below this line

HOSPITALIZATIONS

We are interested in any admissions to the hospital for illness, surgical, or diagnostic procedures, including psychiatric/mental health hospitalization or short stays of 24 hours or less that you may have had in the last 12 months. DO NOT INCLUDE PREGNANCY RELATED ADMISSIONS or EMERGENCY ROOM VISITS.

O1. Have you been admitted to a hospital in the last 12 months? hospadm

2 ☐ No → *Go to Section P, next page.*

1 ☐ Yes

O2. How many times have you been admitted to a hospital in the last 12 months? hosadmn

O3. What was the reason for the first hospitalization?

ha1reason1-6 coded

O3a. What procedures/surgeries were performed?

ha1proced1-9 coded

O3b. Where were you hospitalized?

Hospital
Address
City, State, Zip code
Doctor's name

O3c. Date of first hospitalization:

Month (mm) ha1mo Year (yyyy) ha1yr

O3d. How many days were you hospitalized?

ha1days

Days

O4. What was the reason for the second hospitalization?

ha2reason1-4 coded

O4a. What procedures/surgeries were performed?

ha2proced1-6 coded

O4b. Where were you hospitalized?

Hospital
Address
City, State, Zip code
Doctor's name

O4c. Date of second hospitalization:

Month (mm) ha2mo Year (yyyy) ha2yr

O4d. How many days were you hospitalized?

ha2days

Days

Please use a separate sheet of paper for additional hospitalizations

ha3reason-ha5reason ha3mo-ha5mo

ha3proced-ha5proced ha3yr-ha5yr

Please! Do not mark below this line

GENETIC CONDITIONS

Please mark the appropriate box (either "No", "Yes", or "Not sure") for each of the listed conditions. Indicate "Yes" only if a physician has told you that you were born with, or have the condition.

Because we need definite responses, and questions left blank are difficult to interpret, it is very important that you mark an answer for each of the following questions, even if you have never had that condition. If you have never heard of these conditions, it is unlikely that you have had them.

P1a. Have you ever been told by a doctor that you have. . .

	2 No	1 Yes	3 Not sure
a. Ataxia telangiectasia. . . . . gcataxtg	☐	☐	☐
b. Beckwith-Wiedemann syndrome . . . . . gcbwsynd	☐	☐	☐
c. Bilateral acoustic neurofibromatosis (Neurofibromatosis Type 2) gcnf2	☐	☐	☐
d. Bloom's syndrome . . . . . gcbloom	☐	☐	☐
e. Down syndrome . . . . . gcdown	☐	☐	☐
f. Klinefelter's syndrome. . . . . gckline	☐	☐	☐
g. Fanconi's anemia. . . . . gcfanemia	☐	☐	☐
h. Multiple exostoses . . . . . gcmexos	☐	☐	☐
i. Familial adenomatous polyposis (FAP or Gardner syndrome). . . . . gcfap	☐	☐	☐
j. Neurofibromatosis (Type 1). gcnf1	☐	☐	☐
k. Nevoid basal cell carcinoma syndrome . gcnevbcc	☐	☐	☐
l. Turner's syndrome. . . . . gcturner	☐	☐	☐
m. Von Hippel-Lindau syndrome. . . . . gcvhl	☐	☐	☐
n. Wiskott-Aldrich syndrome. . . . . gcwasynd	☐	☐	☐
o. Xeroderma pigmentosum. . . . . gcpigment	☐	☐	☐
p. Polycystic kidney disease. . . . . gcpkd	☐	☐	☐
q. WAGR syndrome. . . . . gcwagr	☐	☐	☐
r. Li-Fraumeni syndrome (p53 gene abnormality). gcp53	☐	☐	☐
s. Any other genetic disorder . . . . . gcoth	☐	☐	☐

If yes, describe this disorder.

dgcoth1-3
coded

P1b. Has anyone in your immediate family (blood relatives only) or your spouse ever had any of the conditions in question P1a? *(Mark all that apply)*

gc

	What conditions?
☐ Mother → gc_mom	dgcmom1-4 coded
☐ Father → gc_dad	dgcdad1-4 coded
☐ Full brother → gc_bro	dgcbro1-4 coded
☐ Full sister → gc_sis	dgcsis1-4 coded
☐ Son → gc_son	dgcson1-4 coded
☐ Daughter → gc_dau	dgcdau1-4 coded
☐ Spouse → gc_spo	dgcspo1-4 coded

CONDITIONS PRESENT AT BIRTH

Because we need definite responses, and questions left blank are difficult to interpret, it is very important that you mark an answer for each of the following questions, even if you have never had that condition. If you have never heard of these conditions, it is unlikely that you have had them.

P2. Have you ever had genetic counseling for cancer risk? grcounsel

2 ☐ No

1 ☐ Yes

Continue on next page.

Please! Do not mark below this line

P3a. To the best of your knowledge, were you born with. . .

		2 No	1 Yes	3 Not sure
a. Cleft lip or palate	bdcleft	☐	☐	☐
b. Club foot	bdclub	☐	☐	☐
c. Large or multiple birthmarks (any 1 larger than a quarter, or 6 larger than a dime)	bdmarks	☐	☐	☐
d. Deafness or impaired hearing at birth	bdhear	☐	☐	☐
e. Blindness or difficulty seeing at birth	bdsee	☐	☐	☐
f. Eyes different colors or missing an iris (the colored part of the eye)	bdeye	☐	☐	☐
g. Hydrocephalus (excessive water around or within the brain)	bdhydro	☐	☐	☐
h. Spina bifida or other neural tube defect	bdnt	☐	☐	☐
i. Unusually small head (microcephaly)	bdhead	☐	☐	☐
j. Unequal sized limbs (hemihypertrophy).	bdlimbs	☐	☐	☐
k. Extra fingers, deformed chest, shortened limbs or any other skeletal abnormality	bdskel	☐	☐	☐
l. Hole in the heart or other congenital heart defect	bdheart	☐	☐	☐

If other defect, please specify.

dbdhrt1-5
coded

		2 No	1 Yes	3 Not sure
m. Any congenital abnormality of the pancreas, liver, or digestive tract (stomach, intestines).	bddigest	☐	☐	☐
n. Any kidney, bladder, or genital abnormalities.	bdurin	☐	☐	☐
o. Undescended testes.	bdtestes	☐	☐	☐
p. Any other birth defects	bdoth	☐	☐	☐

If other, please specify.

dbdoth1-3
coded

P3b. Has anyone in your immediate family (blood relatives only) or your spouse ever had any of the conditions in Question P3a? *(Mark all that apply)*

bd

	What conditions?	
☐ Mother bd_mom	dbdmom1-4	coded
☐ Father bd_dad	dbddad1-4	coded
☐ Full brother bd_bro	dbdbro1-4	coded
☐ Full sister bd_sis	dbdsis1-4	coded
☐ Son bd_son	dbdson1-4	coded
☐ Daughter bd_dau	dbddau1-6	coded
☐ Spouse bd_spo	dbdspo1-4	coded

P4. Has anyone in your immediate family (blood relatives only) or your spouse ever had cancer? *(Mark all that apply)*

catypes

	What types?	
☐ Mother catypes_mom	dcamom1-5	coded
☐ Father catypes_dad	dcadad1-8	coded
☐ Full brother catypes_bro	dcabro1-4	coded
☐ Full sister catypes_sis	dcasis1-4	coded
☐ Son catypes_son	dcason1-4	coded
☐ Daughter catypes_dau	dcadau1-4	coded
☐ Spouse catypes_spo	dcaspo1-4	coded

Please! Do not mark below this line

CONTACT INFORMATION

1. Do you use a cell phone? cellyn

☐ Yes 1 ☐ No 2 → *Go to question 3.*

1a. Would you be willing to send/receive study-related texts? textsyn

1 ☐ Yes

2 ☐ No

3 ☐ My phone is not text capable

2. Do you use a "smartphone" that can access the internet or download "apps" (e.g. iPhone, Android, Blackberry, Windows)? smartyn

1 ☐ Yes

2 ☐ No

3. Which of the following types of devices do you use to access the internet? *(Mark all that apply)* devices

☐ Computer or laptop devices_comp

☐ Tablet (iPad or similar) devices_tab

☐ Smartphone devices_smrtphn

☐ Other, specify: devices_oth othdevs_1-2 text

☐ I don't access the internet devices_noint

4. If you can recall, what was your home address <u>at the time you were treated for childhood cancer</u>?

Address trtaddr	
City trtcity	State trtst
Zip Code trtzip	

We have your current address and phone as:

addr

city

state

zipcode

homephone

phonenumber2

Is this information correct, or are you planning on moving in the next 6 months? addrstat

1 ☐ Correct 2 ☐ Not correct 3 ☐ Moving

Do you have an email address we could use to contact you? emailyn

2 ☐ No 1 ☐ Yes

Your Email Address

email

Please give us your correct address or location (if different from above):

Address upaddr		
City upcity		State upstate
Zip Code upzip	Home Phone Number uphomeph	Cell Phone Number upcellph

Please provide the name and address of someone who could give us your new address should you move. We will contact this person only if we are unable to reach you at your home address.

Name cntname	
Address cntaddr	Relationship to you cntrel
City cntcity	State cntst
Zip Code cntzip	Phone Number cntph

Please! Do not mark below this line

For our future planning, what type of information or help do you think should be available to survivors of childhood cancer, leukemia, tumor, or similar illnesses?

comments

text

Attach additional pages, if necessary.

When you have completed this questionnaire please return it to us in the enclosed envelope.

Mail to:

SJLIFE STUDY
St. Jude Children's Research Hospital
Department of Epidemiology
Mail Stop 735
262 Danny Thomas Place
Memphis, TN 38105-3678

Thank you!

Please! Do not mark below this line