

**COLON CFR PHASE II - VI**  
**FOLLOW-UP EPIDEMIOLOGIC QUESTIONNAIRE (QNR)**



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**NOTES:**

**Note-1:** This QNR is an internal *consolidated version representing core* Phase-II to -VI Follow-up Epi/Risk Factor Questionnaires with Phase-specific and CCFR site-specific variations noted. For brevity, minimal clarifying and probing script is included and some symbols and abbreviations were used (see below). It is not formatted for participant self-completion but for investigators working with these data. Included are question numbering consistent with the data dictionary, VARIABLE NAMES, allowable values, *question text*, and skip patterns.

**Note-2:** “Don’t know” captures “Don’t know” and “Prefer not to answer” and “refused” responses.

**Note-3:** Questions asking WHEN an event occurred, can be answered by participants in one of 3 ways:

As Age at event \_\_\_ \_\_\_ \_\_\_ **or** Year of event \_\_\_ \_\_\_ \_\_\_ \_\_\_ **or** # of years since event: \_\_\_ \_\_\_.

All responses are submitted to IC as ‘Age at event’ as shown in this document.

**Note 4:** *Questions appear in italicized font.*

**Note 5:** Site- and/or Phase-specific notes and clarifying notes are in [brackets and blue font] or a table/grid.

**Note 6:** Data values of **8, 88, 888, or 8888=question was not asked**. These are not shown on this or site QNRs.

**Note 7:** UCSF joined the CCFR in Phase II, started follow-up in Phase III.

**ABBREVIATIONS / SYMBOLS:**

QNR – questionnaire (typically, the last questionnaire the participant completed)

→ Continue with next question in series.

↓ Skip to question indicated.

↻ Repeat questions for subsequent occurrences.

**①, ②, etc.** Phase-specific and/or site-specific variation notations. Site names are abbreviated as below:

CENTER_NO	11	12	13	14	15	16	17, SF
Site	Ontario	USCC	Australia	Hawaii	Mayo	Seattle	UCSF
Abbreviations	O	U	A	H	M	S	SF

## GENERAL

### 1. CENTER\_NO [INTERNAL]

11. Sinai Health Systems (formerly Cancer Care Ontario)
12. USC Consortium
13. University of Melbourne
14. University of Hawaii Cancer Center
15. Mayo Clinic
16. Seattle/Fred Hutch
17. U of California, San Francisco (UCSF, formerly CPIC, originally NCCC)

### 3. FU\_ID. [INTERNAL] Follow-up questionnaire that participant completed.

1. 1<sup>st</sup> Follow-up
2. 2<sup>nd</sup> Follow-up
3. 3<sup>rd</sup> Follow-up
4. 4<sup>th</sup> Follow-up
5. 5<sup>th</sup> Follow-up

### 4. FU\_PHASE. [INTERNAL] Funding phase during which the Follow-up QNR was completed/administered.

1. Phase II
2. Phase III
3. Phase IV
4. Phase V
5. Phase VI

### 5. FU\_METHOD [INTERNAL] Method of QNR completion.

1. Self-completed, on-line survey
2. Self-completed, paper survey
3. Interviewer facilitated over telephone
9. Don't know

### 6. CmplDATE\_FU. Today's date (date of completion)

    \_\_ \_\_ \_\_ \_\_      \_\_ \_\_      \_\_ \_\_  
    Year (YYYY)      Month (MM)      Day (DD)  
    9999=don't know    99=don't know    99=don't know

### 7. AGE\_EPI\_FU.

*How old are you?*

Age \_\_ \_\_ \_\_ (years)

[18-120 or 999=don't know]

### 8. SEX. [INTERNAL] Participant's sex

1. male
2. female
3. other
9. unknown/prefers not to answer

**RACE AND ETHNIC BACKGROUND:** [Race / ethnicity was asked at baseline and in Phase-II FU1]

9. ETHNIC\_FU

*Do you consider yourself to be Hispanic or Latino?*

1. yes, Hispanic or Latino
2. no, not Hispanic or Latino
9. don't know

10. S\_RACE1\_FU, 11. S\_RACE1\_OTH\_FU

12. S\_RACE2\_FU, 13. S\_RACE2\_OTH\_FU

14. S\_RACE3\_FU, 15. S\_RACE3\_OTH\_FU

16. S\_RACE4\_FU, 17. S\_RACE4\_OTH\_FU

*What is your race?* [✓all that apply]

1. Caucasian/White
2. African American/Black (except African; Except Caribbean)
3. Latino, Hispanic, Mexican American, Mexican, Cuban, Puerto Rican
4. Japanese (includes Okinawan)
5. Chinese
6. Filipino, Malay, Indonesian
7. Korean
8. Southeast Asian (Except Chinese) (such as Vietnamese, Laotian, Thai, Hmong, Kampuchean)
9. South Asian (such as Indian, Pakistani, Sri Lankan)
10. Native American, Inuit, Aleutian, First Nations Person
11. Polynesian (such as Hawaiian, Maori, Samoan, Tongan, Tahitian, Cook Islander)
12. Micronesian (such as Chamorran, Guamanian)
13. Australian Aboriginal
14. Melanesian (such as Fijian, New Guinean)
15. Caribbean Black (such as Jamaican, Trinidadian, Tobagonian)
16. Central/South American (such as Costa Rica, Salvadorian, Colombian, Brazilian)
17. Black African
18. North African (such as Egyptian, Algerian, Moroccan)
19. Middle Eastern (such as Iranian, Lebanese, Kuwaiti, Saudi)
20. Asian, NOS
98. Other, specify: \_\_\_\_\_
99. Don't know

**COLORECTAL CANCER SCREENING** [See end of screening questions (page 6) for notation descriptions]

**A fecal occult blood test (FOBT)** is a test to detect blood in the stool (feces) and is usually done at home using a kit. There are two types of tests (hemocult and fecal immunochemical test or FIT). Most types of FOBTs use cards that are mailed or delivered back to a lab for analysis.

18. HEMOCCULT_FU Since your last QNR, have you had a...	19. HEMOCCULT_NO_FU How many tests have you had?	20. HEMOCCULT_LST_AGE_FU When was your most recent test?	What was the reason for most recent test/was the reason...? [Each reason is coded as: 1-Yes, 2-No, or 9=don't know]
...fecal occult blood test (FOBT)? 1. yes → Q19 2. no ↓ Q28 9. don't know ↓ Q28	_____ # FOBT [1-80 or 99=don't know]	Age _____ (years) [18-120 or 999=don't know]	21. H_LST_PROBLEM_FU: To investigate a new problem 22. H_LST_FAMHX_FU: Family history of colorectal cancer 23. H_LST_ROUTINE: Routine exam or check-up 24. H_LST_FU_PROB_FU: Follow-up of a previous problem 25. H_FU_FOBT_FU: Follow-up of most recent FOBT test ① 26. H_LST_OTHER_FU: Other reason 27. H_LST_OTH_TXT_FU: text Nati'l Bowel Cancer Screening Prgm ② Gene test result / Lynch syndrome ③

**A DNA-based whole stool test (like Cologuard)** is a test to detect altered DNA and/or blood in the stool (feces) and is usually done at home using a kit requiring a whole stool sample that is mailed or delivered to a lab for analysis. ④

28. COLOGUARD_FU Since your last QNR, have you had a...	29. COLOGUARD_NO_FU How many tests have you had?	30. COLOGUARD_LST_AGE_FU When was your most recent test?	What was the reason for most recent test/was the reason...? [Each reason is coded as: 1-Yes, 2-No, or 9=don't know]
...DNA-based stool test (like Cologuard)? 1. yes → Q29 2. no ↓ Q38 9. don't know ↓ Q38	_____ # DNA-based stool tests [1-10 or 99=don't know]	Age _____ (years) [18-120 or 999=don't know]	31. CGUARD_LST_PROBLEM_FU: To investigate a new problem 32. CGUARD_LST_FAMHX_FU: Family history of colorectal cancer 33. CGUARD_LST_ROUTINE: Routine exam or check-up 34. CGUARD_LST_FU_PROB_FU: Follow-up of a previous problem 35. CGUARD_FU_FOBT_FU: Follow-up of most recent FOBT test ① 36. CGUARD_LST_OTHER_FU: Other 37. CGUARD_LST_OTH_TEXT_FU: text

**A sigmoidoscopy** is an endoscopic procedure similar to a colonoscopy but does not require extensive preparation with oral laxatives the night before the procedure or dietary modification. It is done with or without sedation after preparation of the bowel with an enema.

38. SIGSCOPE_FU Since your last QNR, have you had a...	39. SIGSCOPE_NO_FU How many tests have you had?	40.SIGSCOPE_LST_AGE_FU When was your most recent test?	What was the reason for most recent test/was the reason...? [Each reason is coded as: 1-Yes, 2-No, or 9=Don't know]
...sigmoidoscopy? 1. yes → Q39 2. no ↓ Q48 9. don't know ↓ Q48	____ # sigmoidoscopies [1-30 or 99=don't know]	Age ____ (years) [18-120 or 999=don't know]	41. S_LST_PROBLEM_FU: To investigate a new problem 42. S_LST_FAMHX_FU: Family history of colorectal cancer 43. S_LST_ROUTINE: Routine exam or check-up 44. S_LST_FU_PROB_FU: Follow-up of a previous problem 45. S_FU_FOBT_FU: Follow-up of most recent FOBT test ① 46. S_LST_OTHER_FU: Other reason 47. S_LST_OTH_TEXT_FU: Other text Gene test result / Lynch syndrome ③

**In a colonoscopy**, the entire large bowel 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.

48. COLSCOPE_FU Since your last QNR, have you had a...	49. COLSCOPE_NO_FU How many tests have you had?	50.COLSCOPE_LST_AGE_FU When was your most recent test?	What was the reason for most recent test/was the reason...? [Each reason is coded as: 1-Yes, 2-No, or 9=don't know]
...colonoscopy? 1. yes → Q49 2. no ↓ Q58 9. don't know ↓ Q58	____ # colonoscopies [1-30 or 99=don't know]	Age ____ (years) [18-120 or 999=don't know]	51. C_LST_PROBLEM_FU: To investigate a new problem 52. C_LST_FAMHX_FU: Family history of colorectal cancer 53. C_LST_ROUTINE: Routine exam or check-up 54. C_LST_FU_PROB_FU: Follow-up of a previous problem 55. C_FU_FOBT_FU: Follow-up of most recent FOBT test ① 56. C_LST_OTHER_FU: Other reason 57. C_LST_OTH_TEXT_FU: Other text Gene test result / Lynch syndrome ③

**A barium enema** is an x-ray examination of your colon. X-rays of the colon are taken following a barium enema. Preparation involves fluids, laxatives, and an enema to cleanse the bowel. Barium is a special fluid introduced into the bowel before the x-ray 5

58. BARIUM_EVER_FU Have you <u>ever</u> had...	59. BARIUM_EVER_NO_FU How many tests have you had?	62. BARIUM_FST_AGE_FU When was your <b>FIRST</b> test?	What was the reason for most recent test/was the reason...? [Each reason is coded as: 1-Yes, 2-No, or 9=don't know]
...barium enema? 1. yes → Q59 2. no ↓ Q78 9. don't know ↓ Q78	____ # barium enemas [1-80 or 99=don't know]	Age ____ (years) [1-120 or 999=don't know]	63. B_FST_PROBLEM_FU: To investigate a new problem 64. B_FST_FAMHX_FU: Family history of colorectal cancer 65. B_FST_ROUTINE: Routine exam or check-up 66. B_FST_FU_PROB_FU: Follow-up of a previous problem 67. B_FST_FU_FOBT_FU: Follow-up of most recent FOBT test ① 68. B_FST_OTHER_FU: Other reason 69. B_FST_OTH_TEXT_FU: Other text
60. BARIUM_SINCE_FU Since the date of your last interview, have you had a barium enema?	61. BARIUM_SINCE_NO_FU How many separate barium enemas have you had since your last interview?	70. BARIUM_LST_AGE_FU When was your <b>LAST</b> test?	What was the reason for most recent test/was the reason...? [Each reason is coded as: 1-Yes, 2-No, or 9=don't know]
1. yes → Q69 2. no ↓ Q78 9. don't know ↓ Q78	____ # barium enemas [1-30 or 99=don't know]	Age ____ (years) [1-120 or 999=don't know]	71. B_LST_PROBLEM_FU: To investigate a new problem 72. B_LST_FAMHX_FU: Family history of colorectal cancer 73. B_LST_ROUTINE: Routine exam or check-up 74. B_LST_FU_PROB_FU: Follow-up of a previous problem 75. B_LST_FU_FOBT_FU: Follow-up of most recent FOBT test ① 76. B_LST_OTHER_FU: Other reason 77. B_LST_OTH_TEXT_FU: Other text

A CT Colonograph or Virtual Colonoscopy is a procedure done using x-rays with you lying on a table that slides through a large circular scanner or tunnel. Typically, a tube is inserted to inflate the rectum with air. Preparation may include drinking fluid or taking laxatives to cleanse the bowel. You are not given medications to relax you or make you sleep. This procedure is not widely available. Do not include whole body scan. ⑤

78. VIRTUAL_C_EVER_FU Have you <u>ever</u> had a...	79. VIRTUAL_C_NO_FU How many tests have you had?	80. VIRTUAL_C_SINCE_FU Since the date of your last interview, have you had a...	81. VIRTUAL_C_SINCE_NO_FU How many tests have you had?
...virtual colonoscopy? 1. yes → Q79 2. no ↓Q90 9. don't know ↓ Q90	_____ # virtual colonoscopies [1-30 or 99=don't know]	...virtual colonoscopy? 1. yes → Q7 2. no ↓Q90 9. don't know ↓ Q90	_____ # virtual colonoscopies [1-30 or 99=don't know]
82. VIRTUAL_C_LST_AGE_FU When was your <u>LAST</u> test?	What was the reason for most recent test/was the reason...? [Each reason is coded as: 1-Yes, 2-No, or 9=don't know]		
Age ___ __ (years) [1-120 or 999=don't know]	83. VC_LST_PROBLEM_FU: To investigate a new problem 84. VC_LST_FAMHX_FU: Family history of colorectal cancer 85. VC_LST_ROUTINE: Routine exam or check-up 86. VC_LST_FU_PROB_FU: Follow-up of a previous problem 87. VC_LST_FU_FOBT_FU: Follow-up of most recent FOBT test ① 88. VC_LST_OTHER_FU: Other reason 89. VC_LST_OTH_TEXT_FU: text		
① Follow-up of most recent FOBT test was added as a reason for CRC screening in Phase III. ② Australia's National Bowel Cancer Screening Program was added as a reason for FOBT by A in Ph IV. ③ Gene testing result / Lynch syndrome reason was added to CRC screening by A in Ph V. ④ DNA-based whole stool test (like Cologuard) was added as a CRC screening type by all sites but A in Ph-V. ⑤ Barium enema and CT colonography testing were asked in Ph III & IV (A in Ph II-IV). The reference period for 1 <sup>st</sup> time asked was EVER and subsequently was SINCE LAST QNR.			

**COVID-19 PANDEMIC** [Phase VI only]

<p>90. CRSCR_DELAY_FU  <i>Has your colorectal cancer screening been delayed or cancelled due to the COVID-19 pandemic?</i>                  0. not applicable (no screening was due)                  1. yes → Q91                  2. no ↓ Q93                  9. don't know ↓ Q93</p>	<p>91. DELAY_TIME_FU                  92. DELAY_TIME_OTH_TXT_FU  <i>[If yes] How long was it delayed?</i>                  1. 0-3 months                  2. 4-7 months                  3. 8-12 months                  4. Other: Specify _____                  9. don't know</p>
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**POLYPS**

<p>93. POLYPS_FU  <i>Since your last QNR, has a doctor told you that you had polyps in your colon or rectum? Be sure to include all polyps that were found during any of the procedures discussed above and not just polyps found during your most recent procedure.</i></p>	<p>94. POLYPS_REM_FU  <i>Since your last QNR, have you had any of these polyps removed (usually done during a colonoscopy)?</i></p>	<p>95. POLYPS_REM_NO_FU  <i>Since your last QNR, how many separate occasions have you had polyps removed?</i></p>
<p>1. yes → Q94                  2. no ↓ Q101                  9. don't know ↓ Q101</p>	<p>1. yes → Q95                  2. no ↓ Q101                  9. don't know ↓ Q101</p>	<p>_____ # separate occasions                  [1-20 or 99=don't know]</p>
<p>96. POLYP_REM1_AGE_FU  <i>Since your last QNR, when was the 1<sup>st</sup> time polyps were removed?</i></p>	<p>↻ [Repeat for additional times polyps were removed, if any]                  97. POLYP_REM2_AGE_FU (2<sup>nd</sup> time)                  98. POLYP_REM3_AGE_FU (3<sup>rd</sup> time)                  99. POLYP_REM4_AGE_FU (4<sup>th</sup> time)                  100. POLYP_REM5_AGE_FU (5<sup>th</sup> time)  <i>When was the next time polyps were removed?</i></p>	
<p>Age _____ (years)                  [18-120 or 999=don't know]</p>	<p>Age _____ (years)                  [18-120 or 999=don't know]</p>	



## COLORECTAL SURGERIES

101. CRSRG\_FU

Since your last QNR, have you had surgery to remove any of your colon or rectum?

1. yes → Q102
2. no ↓ Q158
9. don't know ↓ Q158

102. CRSRG\_NO\_FU

Since your last QNR, how many separate surgeries to remove any of your colon or rectum?

\_\_\_\_ # surgeries  
[1-10 or 99=don't know]

[First surgery]	[↻ Repeat for additional surgeries, if any]
<p>103. CRSRG1_AGE_FU <i>When was the first time you had surgery on your colon or rectum?</i> Age ____ (years) [18-120, or 999=don't know]</p>	<p>114. CRSRG2_AGE_FU (2<sup>ND</sup> surgery) 125. CRSRG3_AGE_FU (3<sup>rd</sup> surgery) 136. CRSRG4_AGE_FU (4<sup>th</sup> surgery) 147. CRSRG5_AGE_FU (5<sup>th</sup> surgery) <i>When was the next time you had surgery on your colon or rectum?</i> Age ____ (years) [18-120, or 999=don't know]</p>
<p>104. CRSRG1_T_FU <i>How much did you have removed?</i> 1. partially 3. completely 9. don't know</p>	<p>115. CRSRG2_T_FU (2<sup>nd</sup>) 126. CRSRG3_T_FU (3<sup>rd</sup>) 137. CRSRG4_T_FU (4<sup>th</sup>) 148. CRSRG5_T_FU (5<sup>th</sup>) <i>How much did you have removed?</i> 1. partially 3. completely 9. don't know</p>
<p><i>What was the reason for this surgery/was the reason...? (select all that apply)</i> [Each reason is coded as: 1=yes, 2=no, or 9=don't know] 105. CRSRG1_R_TUMOR_FU: Tumor (benign or malignant) 106. CRSRG1_R_CAN_FU: Cancer (malignant tumor) 107. CRSRG1_R_BENIGN_FU: Benign tumor (including polyps) 108. CRSRG1_R_DIV_FU: Diverticular disease 109. CRSRG1_R_COLITIS_FU: Ulcerative colitis 110. CRSRG1_R_IBD_FU: Inflammatory bowel disease 111. CRSRG1_R_CROHN_FU: Crohn's disease 112. CRSRG1_R_OTHER_FU: Other 113. CRSRG1_R_OTH_TXT_FU: Other, text</p>	<p>2<sup>nd</sup>:116-124, 3<sup>rd</sup>: 127-135, 4<sup>th</sup>: 138-146, 5<sup>th</sup>: 149-157 <i>What was the reason for this surgery/was the reason...? (Select all that apply) [See left]</i> CRSRG[2-5]_R_TUMOR_FU CRSRG[2-5]_R_CAN_FU CRSRG[2-5]_R_BENIGN_FU CRSRG[2-5]_R_DIV_FU CRSRG[2-5]_R_COLITIS_FU CRSRG[2-5]_R_IBD_FU CRSRG[2-5]_R_CROHN_FU CRSRG[2-5]_R_OTHER_FU CRSRG[2-5]_R_OTH_TXT_FU</p>

## CANCER HISTORY

158. CANCER\_TOLD\_FU

Since your last QNR, have you been diagnosis with any type of cancer, including leukemia, lymphoma or any other malignant tumor?

1. Yes → Q159

2. No [IF FEMALE ↓ Q207; IF MALE ↓ Q236]

9. Don't know [IF FEMALE ↓ Q213; IF MALE ↓ Q236]

[First cancer diagnosis]	[↻ Repeat for additional cancer diagnoses, if any]
<p>159. SITE1_FU What type of cancer was it? _____</p> <p>9999=Don't know</p>	<p>167. SITE2_FU (2<sup>nd</sup> type of cancer) 175. SITE3_FU (3<sup>rd</sup> type of cancer) 183. SITE4_FU (4<sup>th</sup> type of cancer) 191. SITE5_FU (5<sup>th</sup> type of cancer) 199. SITE6_FU (6<sup>th</sup> type of cancer) What type of cancer was it? _____</p> <p>9999=Don't know</p>
<p>160. AGEDX1_FU When were you diagnosed with this cancer? Age ____ (years) [1-120 or 999=Don't know]</p>	<p>168. AGEDX2_FU (2<sup>nd</sup>) 176. AGEDX3_FU (3<sup>rd</sup>) 184. AGEDX4_FU (4<sup>th</sup>) 192. AGEDX5_FU (5<sup>th</sup>) 200. AGEDX6_FU (6<sup>th</sup>) When were you diagnosed with this cancer? Age ____ (years) [1-120 or 999=Don't know]</p>
<p>What treatments did you receive for this cancer/did you have...? (Select all that apply) ① [Each type is coded as: 1-Yes, 2-No or 9-Don't know]</p> <p>161. TX1_SURG_FU: Surgery ② 162. TX1_CHEMO_FU: Chemotherapy 163. TX1_RAD_FU: Radiation 164. TX1_IMMUNO_FU: Immunotherapy ② 165. TX1_OTHER_FU: Other type of treatment 166. TX1_OTH_TXT: Other, specify other type</p> <p>If additional cancer diagnoses → Q167 If no more cancer diagnoses ↓ Q207 if female, Q236 if male</p>	<p>What treatments did you receive for this cancer/did you have...? (Select all that apply) [Each type is coded as: 1-Yes, 2-No or 9-Don't know] 2<sup>nd</sup>: 169-174, 3<sup>rd</sup>: 177-182, 4<sup>th</sup>: 185-190, 5<sup>th</sup>: 93-198, 6<sup>th</sup>: 201-206</p> <p>TX[2-6]_SURG_FU: Surgery ② TX[2-6]_CHEMO_FU: Chemotherapy TX[2-6]_RAD_FU: Radiation TX[2-6]_IMMUNO_FU: Immunotherapy ② TX[2-6]_OTHER_FU: Other type of treatment TX[2-6]_OTH_TXT: Other, specify other type</p>
<p>① Treatment question (Did you receive chemotherapy or radiation for this cancer?) was added in Phase III.</p> <p>② Additional treatment types were added in Phase VI (as shown above).</p>	

**REPRODUCTIVE HEALTH (WOMEN ONLY):** [Estrogen use was asked in Ph II by all sites but SF and in Phase III by O]

*This section asks questions that are only applicable to women. If you are male, please Skip to Medications.*

<p>207. HRT_FU Since your last QNR, have you been prescribed an estrogen pill or patch alone or in combination with another hormone that you used for 6 months or longer?</p>	<p>208. HRT_LEN_FU 209. HRT_TIME_FU How long did you take it?</p>
<p>1. yes → Q208 2. no ↓ Q210 9. don't know ↓ Q210</p>	<p>Length: ___ ___ ___ [1-100 or 999=don't know] Time: 1. months <b>or</b> 2. years <b>or</b> 9. don't know  (E.g., for 5 years or 60 months)</p>

<p>210. HYST_SINCE_FU Since your last QNR, have you had any surgery on your ovaries and/or uterus? 1. yes → Q211 2. no ↓ Q236 9. don't know ↓ Q236</p>			
<p>211. HYST_NO_FU Since the date of your last interview, how many surgeries have you had on your ovaries and/or uterus? ___ # of surgeries on your ovaries and/or uterus [1-10 or 99= don't know]</p>			
<p>212. HYST1_AGE_FU When was the <u>first</u> [next] time you had surgery on your uterus or ovary?</p>	<p><a href="#">↻ Repeat for additional surgeries, if any</a> Q220. HYST2_AGE_FU (2<sup>nd</sup> surgery) Q228. HYST3_AGE_FU (3<sup>rd</sup> surgery) When was the next time you had surgery on your uterus or ovary?</p>		
<p>Age ___ ___ (years) [18-120 or 999=don't know]</p>	<p>Age ___ ___ (years) [18-120 or 999=don't know]</p>		
<p>What type of surgery did you have the first time/did you have...? <a href="#">[Each type is coded as: 1=yes, 2=no, or 9=don't know]</a></p>	<p>What type of surgery did you have this time/did you have...? <a href="#">[Each type is coded as: 1=yes, 2=no, or 9=don't know]</a></p>		
<p>213. HYST1_T_P_OV_FU: Hysterectomy with ovary or part of an ovary removed 214. HYST1_T_B_OV_FU: Hysterectomy with both ovaries removed 215. HYST1_T_ONLY_FU: Hysterectomy (only the uterus or womb was removed) 216. OV_P_REM1_FU: One ovary (whole or part) removed without uterus 217. OV_B_REM1_FU: Both ovaries (whole or part) removed without uterus 218. FEM_SURG_OTHER1_FU: Other 219. FEM_SURG_OTH_TEXT1_FU: Other text</p>	<table border="1"> <tr> <td data-bbox="846 1352 1182 1852"> <p>[2<sup>nd</sup> Surgery] <a href="#">[See left]</a> 221. HYST2_T_P_OV_FU 222. HYST2_T_B_OV_FU 223. HYST2_T_ONLY_FU 224. OV_P_REM2_FU 225. OV_B_REM2_FU 226. FEM_SURG_OTH2_FU 227. FEM_SURG_OTH_TXT2</p> </td> <td data-bbox="1182 1352 1521 1852"> <p>[3<sup>rd</sup> Surgery] <a href="#">[See left]</a> 229. HYST3_T_P_OV_FU 230. HYST3_T_B_OV_FU 231. HYST3_T_ONLY_FU 232. OV_P_REM3_FU 233. OV_B_REM3_FU 234. FEM_SURG_OTH3_FU 235. FEM_SURG_OTH_TXT3</p> </td> </tr> </table>	<p>[2<sup>nd</sup> Surgery] <a href="#">[See left]</a> 221. HYST2_T_P_OV_FU 222. HYST2_T_B_OV_FU 223. HYST2_T_ONLY_FU 224. OV_P_REM2_FU 225. OV_B_REM2_FU 226. FEM_SURG_OTH2_FU 227. FEM_SURG_OTH_TXT2</p>	<p>[3<sup>rd</sup> Surgery] <a href="#">[See left]</a> 229. HYST3_T_P_OV_FU 230. HYST3_T_B_OV_FU 231. HYST3_T_ONLY_FU 232. OV_P_REM3_FU 233. OV_B_REM3_FU 234. FEM_SURG_OTH3_FU 235. FEM_SURG_OTH_TXT3</p>
<p>[2<sup>nd</sup> Surgery] <a href="#">[See left]</a> 221. HYST2_T_P_OV_FU 222. HYST2_T_B_OV_FU 223. HYST2_T_ONLY_FU 224. OV_P_REM2_FU 225. OV_B_REM2_FU 226. FEM_SURG_OTH2_FU 227. FEM_SURG_OTH_TXT2</p>	<p>[3<sup>rd</sup> Surgery] <a href="#">[See left]</a> 229. HYST3_T_P_OV_FU 230. HYST3_T_B_OV_FU 231. HYST3_T_ONLY_FU 232. OV_P_REM3_FU 233. OV_B_REM3_FU 234. FEM_SURG_OTH3_FU 235. FEM_SURG_OTH_TXT3</p>		

**MEDICATIONS [MED]** Repeat these questions for each medication]

These next questions ask about medications you may have taken since your last interview, beginning with a number of types of common pain relievers such as aspirin, NSAIDs and ibuprofen. Since your last QNR, have you taken any of these medications regularly (at least twice a week for more than a month)?

<p>[MEDICATION]_FU <a href="#">[See list, below]</a>                  Since your last QNR, have you taken [MED] regularly?</p> <p>1. yes →                  2. no ↓ NEXT MEDICATION                  9. don't know ↓ NEXT MEDICATION</p> <p>Following all medications:                  If pre-Phase VI ↓ Q282                  If Phase VI ↓ Q279</p>	<p>[MED]_FRQ_FU                  [MED]_INT_FU                  How often did you take [MED] when you used it regularly?                  Frequency: ____  <a href="#">[MED-specific, see below]</a>                  Interval:                  1. per day <b>or</b>                  2. per week                  9. don't know</p> <p>(E.g., 14 times/week or 2 times/day)</p>	<p>[MED]_LEN_FU                  [MED]_TIME_FU                  How long did you take [MED] regularly?                  Length: ____                  [1-60 or 999=don't know]                  Time:                  1. months <b>or</b>                  2. years <b>or</b>                  9. don't know</p> <p>(E.g., for 5 years or 60 months)</p>
--	--	---

MEDICATION	[MED]_FRQ_FU	Ph-II	Ph-III	Ph-IV	Ph-V	Ph-VI
Q236-Q240. ASPIRIN	1-70, 999	Not SF	M O S	M O S U	All	All sites
Q241-Q245. IBUPROFEN/IB)	1-70, 999	Not SF	M O S	M O S U	All	All sites
Q246-Q250. COX2	1-28,999	Not SF	M O S	M O S U	All	Not A H
Q251-Q255. ACETAMIN/ACET	1-70, 999	Not SF	M O S	S	S	--
Q256-Q260. MULTIVITAMIN/MV	1-28, 999	Not SF	M O S	S	S	--
Q261-Q265. FOLATE/FA	1-28, 999	Not SF	M O S	S	S	--
Q266-Q270. CALCIUM	1-28, 999	Not SF	M O S	S	S	--
Q271-Q275. ANTACIDS	1-20, 999	Not SF	M O S	S	S	--
Q276-Q278 SEMAGLUTIDE/SEM	(not asked)	--	--	--	--	Not H

[ASPIRIN e.g., Anacin Bufferin Bayer Excedrin or Ecotrin. This includes low dose (81mg).

Australian brand names include Disprin Aspalgin Aspro Solprin Cartia Cardiprin Astrix Codis Spren]

[IBUPROFEN e.g., Advil Aleve Motrin Naproxen Nuprin Medipren.

Australian brand names include Ibuprofen Nurofen Herron Blue Advil Hedafen Naproxen Naprosyn Diclofenac]

[COX-2 inhibitors e.g., Meloxicam Bextra Celebrex Celecoxib. Vioxx. Rofecoxib or Valdercoxib

Australian brand names: Celebrex Celecoxib Mobic Meloxicam Arcoxia Etoricoxib]

[ACETAMINOPHEN-based medications e.g., Tylenol Anacin-3 or Panadol

Australian brand names: Codalgin Di-Gesic Dymadon Norgesic Panadol Forte Setamol Sinutab Tylenol]

[MULTIVITAMIN: multivitamin pills or tablets (not individual vitamins)]

[FOLATE / FA: folic acid or folate pills or tablets]

[CALCIUM: calcium pills or tablets (not including antacids)]

[ANTACIDS: calcium-based antacids e.g., Tums Roloids Extra-Strength Roloids Alka-Mints and Chooz Antacid gum]

[SEMAGLUTIDE oral or by injection. Also known as Ozempic Wegovy and Rybelsus]

Use the chart above to determine which medications were included by Phase and by Center.

**DIABETES:** [Phase VI only]

<p>279. DIABETES_EVER_FU  <i>Has a doctor <u>ever</u> told you that you had diabetes also known as diabetes mellitus?</i>                  [Prompt: <i>this does not include gestational diabetes/diabetes you had only during pregnancy</i>]                  1. yes → Q280                  2. no ↓ Q285                  9. don't know ↓ Q285</p>	<p>280. DIABETES_AGE_FU  <i>When did your doctor first tell you that you had diabetes?</i>                  Age ____ (years) →                  [0-120 or 999=Don't know]</p>	<p>281. DIABETES_MEDS_FU  <i>Have you <u>ever</u> taken metformin?</i>                  1. yes                  2. no                  9. don't know                  ↓ Q285</p>
--	---	--

**SMOKING** [Phases II- V, See grid]

<p>282. CIG_FU  <i>Since your last QNR have you smoked at least one cigarette a day for 3 months or longer?</i>                  1. yes → Q283                  2. no ↓ Q286                  9. don't know ↓ Q286</p>	<table border="1"> <thead> <tr> <th>Smoking</th> <th>O</th> <th>U</th> <th>A</th> <th>H</th> <th>M</th> <th>S</th> <th>SF</th> </tr> </thead> <tbody> <tr> <td>Ph-II</td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ph-IV</td> <td>✓</td> <td>✓</td> <td></td> <td></td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td>Ph-V</td> <td>✓</td> <td></td> <td></td> <td>✓</td> <td></td> <td>✓</td> <td></td> </tr> </tbody> </table>	Smoking	O	U	A	H	M	S	SF	Ph-II			✓					Ph-IV	✓	✓				✓		Ph-V	✓			✓		✓	
Smoking		O	U	A	H	M	S	SF																									
Ph-II				✓																													
Ph-IV	✓	✓				✓																											
Ph-V	✓			✓		✓																											
<p>283. CIG_CURR_FU  <i>Do you currently smoke?</i>                  1. yes ↓ Q286                  2. no → Q284                  9. don't know ↓ Q286</p>																																	
<p>284. CIG_STOP_AGE_FU  <i>When did you stop or quit smoking?</i>                  Age ____ (years)                  [22-120 or 999=don't know]</p>																																	

<p>285. CIG_2YR_FU [Phase-VI, all sites]  <i>In the last 2 years have you smoked at least one cigarette a day for 3 months or longer?</i>                  1. yes                  2. no                  9. don't know</p>
---

**ALCOHOL** [Phase VI only]

<p>286. ALCOHOL_2YR_FU  <i>In the last two years did you ever consume any alcoholic beverage at least once a week for 6 months or longer?</i>                  1. yes                  2. no                  9. don't know</p>
---

**CANNABIS USE FOR MANAGEMENT OF COLORECTAL CANCER:** [Asked in Phase-VI and of CRC cases only]

287. CANNABIS\_CRC\_FU [skip to Q302 if you've never been diagnosed with colorectal cancer]

Have you ever used (or been prescribed) cannabis for the management of colorectal cancer?

When we use the term 'cannabis' we are referring to any of the following: marijuana cannabis concentrates edibles/lotions/ointments/tinctures/other products containing cannabis CBD-only products and prescription cannabinoids (such as Dronabinol, Nabilone, Marinol, Syndros, Cesamet).

0. Not applicable (never had colorectal cancer)

1. yes → [reasons]

2. no ↓ Q296

9. don't know ↓ Q296

For what reason(s) did you use cannabis/was the reason...?

[Each type of surgery is coded as: 1=yes 2=no or 9=don't know]

288. C\_PAIN\_FU: Pain

289. C\_RELAX\_FU: Relaxation

290. C\_STRESS\_FU: Stress anxiety or depression

291. C\_WT\_LOSS\_FU: Loss of appetite or weight loss

292. C\_SLEEP\_FU: Difficulty sleeping

293. C\_NAUSEA\_FU: Nausea

294. C\_OTHER\_FU: Other:

295. C\_OTH\_TXT\_FU: Other specify \_\_\_\_\_

**QUALITY OF LIFE: SF-12** [Ph-II-IV, See grid]

296. Q\_SF1\_FU

*In general, would you say your health is:*

- <sub>1</sub> Excellent
- <sub>2</sub> Very good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor
- <sub>9</sub> Don't know

Q_SF12_FU	O	U	A	H	M	S	SF
Ph-II: SF1_FU to SF12_FU	✓	✓	✓	✓	✓	✓	
Ph-III SF1_FU to SF12_FU					✓		
Ph-III-IV: SF1_FU only	✓						
Ph-V: SF1_FU only	✓	✓	✓	✓	✓		✓

*The following are some activities you might do during a typical day. We want to know if your health **now** limits you in these activities.*

Are you limited now limited in...	Yes, limited a lot	Yes, limited a little	No, not limited at all	Don't know
297. Q_SF2_FU <i>...doing moderate activities such as moving a table pushing a vacuum cleaner bowling playing golf?</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>
298. Q_SF3_FU <i>...climbing several flights of stairs?</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>9</sub>

*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?*

In the past 4 weeks to what degree...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know
299. Q_SF4_FU <i>...have you accomplished less than you would like?</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
300. Q_SF5_FU <i>...were you been limited in the kind of work you can do or other activities?</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

*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)?*

During the past 4 weeks, as a result of any emotional problems...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know
301. Q_SF6_FU <i>...have you accomplished less than you would like?</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
302. Q_SF7_FU <i>...did you do work or other activities less carefully than usual?</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

303. Q\_SF8\_FU

*During the past 4 weeks did pain interfere with your normal work including both work outside the home and housework?*

- <sub>1</sub> Not at all.
- <sub>2</sub> A little bit.
- <sub>3</sub> Moderately.
- <sub>4</sub> Quite a bit.
- <sub>5</sub> Extremely.
- <sub>9</sub> Don't know.

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

During the past 4 weeks...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know
304. Q_SF9_FU ...have you felt calm and peaceful?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
305. Q_SF10_FU ...have you had a lot of energy?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
306. Q_SF11_FU ...have you felt downhearted and depressed?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
307. Q_SF12_FU ...has your physical health or emotional problems interfered with your social activities (like visiting friends relatives etc.)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

### QUALITY OF LIFE: EQ-HWB-S [Phase-VI only]

These questions are trying to measure how your life has been over the last 7 days. Please answer all questions. There are no right or wrong answers. Please select (✓) one box for each question.

In the last 7 days...	No difficulty	Slight difficulty	Some difficulty	A lot of difficulty	Unable
308. QOL_1_FU How difficult was it for you to get around inside and outside? (using, for example walking stick frame or wheelchair, if you usually use them)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
309. QOL_2_FU How difficult was it for you to do day-to-day activities (for example working shopping housework)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

In the last 7 days:	None of the time	Only occasionally	Sometimes	Often	Most of the time
310. QOL_3_FU I felt exhausted	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
311. QOL_4_FU I felt lonely	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
312. QOL_5_FU I had trouble concentrating or thinking clearly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
313. QOL_6_FU I felt anxious	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
314. QOL_7_FU I felt sad or depressed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
315. QOL_8_FU I felt I had no control over my day-to-day life (had the choice or do things or have things done for you as you liked and when you wanted)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
316. QOL_9_FU Please select (✓) <b>one</b> box to describe your experience in the last 7 days:					
<input type="checkbox"/> <sub>1</sub> I had no physical pain.					
<input type="checkbox"/> <sub>2</sub> I had mild physical pain.					
<input type="checkbox"/> <sub>3</sub> I had moderate physical pain.					
<input type="checkbox"/> <sub>4</sub> I had severe physical pain.					
<input type="checkbox"/> <sub>5</sub> I had very severe physical pain.					



**SOCIAL SUPPORT:** [Asked in Phase VI by H S SF and U]

Please note that study staff may not be monitoring your survey responses in real time and this study is not intended to deliver medical or mental health care. If you are experiencing concerns about anxiety or depression, please consider speaking with a healthcare provider such as your family doctor or contacting a suicide or crisis hotline by calling or texting 988 or texting GO to 741741 (crisistextline.org) for additional resources.

317. SUPPORT\_GRP\_FU

How often do you participate in any social groups such as religious meetings or services self-help groups charities public service or community groups?

- <sub>1</sub> Never or almost never     <sub>2</sub> Less than once a month     <sub>3</sub> 1 to 3 times a month     <sub>4</sub> Once a week     <sub>5</sub> More than once a week

[9=Don't know/refused]

318. SUPPORT\_FAM\_FU

How many relatives and friends do you have whom you feel close to?

- <sub>1</sub> None     <sub>2</sub> 1 to 2     <sub>3</sub> 3 to 5     <sub>4</sub> 6 to 9     <sub>5</sub> 10 or more

[9=Don't know/refused]

319. SUPPORT\_SP\_FU

Is there one special person you feel very close to someone you feel you can share confidences and feelings with?

1. yes →  
2. no ↓

[9=Don't know/refused]

320. SUPPORT\_SP\_FRQ\_FU

[IF YES] How often do you see or talk to this person?

- <sub>1</sub> Daily     <sub>2</sub> Weekly     <sub>3</sub> Monthly     <sub>4</sub> Several times a year     <sub>5</sub> Once a year or less

[9=Don't know/refused]

321. SUPPORT\_EMO\_FRQ\_FU

How often can you count on someone to provide you with emotional support (talking over problems or helping you make a difficult decision)?

- <sub>1</sub> None of the time     <sub>2</sub> A little of the time     <sub>3</sub> Some of the time     <sub>4</sub> Most of the time     <sub>5</sub> All of the time

[9=Don't know/refused]

322. SUPPORT\_EMO\_CNT\_FU

How many people can you count on to provide you with emotional support?

- <sub>1</sub> None     <sub>2</sub> 1     <sub>3</sub> 2     <sub>4</sub> 3 or more

[9=Don't know/refused]

## COLORECTAL CANCER RISK GENETIC TESTING GENETIC STUDIES

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

### 323. WEIGHT\_FU [See grid]

How much do you currently weigh (in kilograms)?  
(1 pound=0.453 kilogram)

\_\_\_\_\_ [25-450 or 999=don't know]

WEIGHT_FU	O	U	A	H	M	S	SF
Ph-II	✓	✓	✓	✓	✓	✓	
Ph-III	✓				✓	✓	
Ph-IV	✓	✓			✓	✓	
Ph-V and -VI	✓	✓	✓	✓	✓	✓	✓

### 324. Q\_RISK\_FU: [Phase-II only]

Do you think your chance of getting colorectal (bowel) cancer is higher or lower than the average person of your age and sex?

1. much lower
2. somewhat lower
3. same
4. somewhat higher
5. much higher
9. don't know

### 325. Q\_STUDIES\_FU [Ph-II-V, see grid]

Have you ever or since last QNR participated in any other genetic or family-based cancer studies other than this study?

1. yes →
2. no ↓
9. don't know ↓

Q_STUDIES_FU	O	U	A	H	M	S	SF
Ph-II	✓	✓	✓	✓		✓	
Ph-III and -V				✓			✓

### 326. Q\_STUDIES\_TEXT\_FU

Which studies have you participated in? \_\_\_\_\_

### 327. GENE\_TEST\_FU [See grid]

[Phases-II III] Have you ever had a blood test to look for genes for colorectal cancer as part of your health care? Please do not include blood test as part of this research study.

[Phases IV-VI] Since your last QNR have you had a blood test to look for genes for that may indicate an increased risk for cancer? Please do not include blood test as part of this research study.

1. yes → Q328
2. no ↓ Family history
9. don't know ↓ Family history

Q_TEST_FU	O	U	A	H	M	S	SF
Ph-II	✓	✓	✓	✓	✓	✓	
Ph-III			✓	✓	✓		
Ph-IV and -V	✓	✓	✓		✓	✓	
Ph-VI	✓		✓	✓	✓	✓	✓

### 328. GENE\_RES\_RCD\_FU

Did you receive the result of your gene test result?

1. yes → Q329
2. no ↓ Family history
9. don't know ↓ Family history

### 329. GENE\_RES\_TXT\_FU

What was the result? \_\_\_\_\_

**FAMILY HISTORY** [INTERNAL, abbreviated]

Over time one may learn more about their family history of cancer and other diseases. Thus, while you may have told us about your family member’s cancer history previously, we need to ask you again to ensure it is as up-to-date and complete as possible.

Since your last QNR have any of your blood relatives had a diagnosis of any type of cancer including leukemia lymphoma or any other malignant tumor?

We are asking about your parents grandparents and any children sisters brothers grandchildren aunts uncles nieces nephews and any other more distant blood relatives you may have (for example cousins and their children). Please be as specific as possible when describing relative relationships (e.g., my sister Debbie’s son Matt, etc.).

- 1. yes → fill out the **table below**
- 2. no ↓ [Deaths]
- 9. don’t know ↓ [Deaths]

Relative Name (First/M/Last)	Relationship to You (specify mother’s or father’s side of family if applicable)	Type of Cancer	Age at Diagnosis	Year at Diagnosis	Location Diagnosed (State)

Since your last QNR have you any of your blood relatives died?

We are asking about your parents grandparents and any children sisters brothers grandchildren aunts uncles nieces nephews and any other more distant blood relatives you may have (for example cousins and their children). Please be as specific as possible when describing relative relationships (e.g., my sister Debbie’s son Matt, etc.).

- 1. yes → fill out the **table below**
- 2. no
- 9. don’t know

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