Please use this page for providing additional information.

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

Family Health Study

This questionnaire is part of a research study being done to improve the understanding of cancer.

Should you wish to talk to any of the study staff about this questionnaire, please call 416-217-1310 or toll free 1-866-225-2728. Our email address is OFCCR@cancercare.on.ca

Thank you for your participation

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

we will keep this information confidential

Name: _____ _____ ____
Surname First name Middle initial

Address: _____ _____
Street name and number Apartment #

_____ _____ _____
Town/City Province/State Postal code

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

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

Email: _____

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

we will keep this information confidential

Name of relative or friend: _____

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

Address: _____ _____
Street name and number Apartment #

_____ _____ _____
Town/City Province/State Postal code

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

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

Email: _____

Sun Exposure - Lifetime

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

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

Family History Update

When you answer these questions, please tell us only about changes since you completed our first questionnaires. You can check when you did the first questionnaires by looking at the yellow sticker attached to the right upper corner of this questionnaire.

1. **Since you completed our first questionnaires,** have any of your blood relatives developed ***any new cancers or tumours*****?**
   We are asking about your **parents, children, sisters and brothers, grandparents, grandchildren, aunts and uncles, nieces and nephews, and other more distant blood relatives (for example, cousins and their children).** Please tell us about **all** cancers.

Please write which side of the family each relative is on (for example,"mother's mother," "father's sister") and be as specific as possible (for example, "my maternal uncle John's son").

If you are not sure of a date or age, please make your best guess and put a question mark beside it.

○ yes → *please write in details in the spaces provided below*

○ no → *please go to # 2*

○ don't know → *please go to # 2*

Name	**Relationship to you**	**Type of cancer**	**Place of diagnosis** (city and hospital)	**Date of diagnosis** (year)	**Age at diagnosis**
_____	_____	_____	_____	_____	____
_____	_____	_____	_____	_____	____
_____	_____	_____	_____	_____	____
_____	_____	_____	_____	_____	____
_____	_____	_____	_____	_____	____

2. **Since you completed our first questionnaires,** have any of your blood relatives died? (For example, **grandparents, grandchildren, aunts and uncles, nieces and nephews, or cousins and their children.)**

Please check the yellow sticker for the date you completed our first questionnaires.

- ○ yes ⟶ *please write in details in the spaces provided below*
- ○ no ⟶ *please go to # 3*
- ○ don't know ⟶ *please go to # 3*

Name	Relationship to you	Cause of death	Date of death (day/month/year)	Age at death	City/ Town	Province/ State	Country
			__ / __ / __				
			__ / __ / __				
			__ / __ / __				
			__ / __ / __				

3. **Since you completed our first questionnaires,** have there been any births in your family?

Please check the yellow sticker for the date you completed our first questionnaires.

- ○ yes ⟶ *please write in details in the spaces provided below*
- ○ no ⟶ *please go to # 4*
- ○ don't know ⟶ *please go to # 4*

Name of baby	Names of baby's parents	Parents' relationship to you (for example, sister's son and his wife)	Baby's sex (circle)	Baby's date of birth (day/month/year)
			M F	__ / __ / __
			M F	__ / __ / __
			M F	__ / __ / __
			M F	__ / __ / __

Medications

21. **Since you completed our first questionnaires,** have you ever taken any of the following medications regularly (at least twice a week for more than a month)?

Please check the yellow sticker for the date you completed our first questionnaires.

Medication	Since you completed our first questionnaires, have you taken this medication **regularly,** i.e. at least twice a week for more than a month?	Since you completed our first questionnaires, **how often** did you usually take it when you were taking it **regularly**? (that is, at least twice a week for more than a month)	Since you completed our first questionnaires, **how long in** total have you taken this medication **regularly**? *If you started and stopped, then started again, please count only the time you were taking this medication.*
	Please tick only one category for ***each medication***	*Please tick only one category for* ***each medication***	*Please tick only one category for* ***each medication***
ASPIRIN (such as Anacin, Bufferin; Bayer, Excedrin, etc.)	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know
ACETAMINOPHEN (such as Tylenol, Anacin-3, Panadol, etc.)	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know
NSAIDS - Non steroidal anti-inflammatory drugs (such as Advil, Aleve, Motrin, Nuprin, etc.)	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know
COX 2 Inhibitor NSAIDS (such as Celebrex, Vioxx, Mobicox)	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know
MULTIVITAMIN SUPPLEMENTS (such as One-A-Day, Centrum)	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know
FOLIC ACID or FOLATE pills or tablets	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know
CALCIUM pills or tablets	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know
CALCIUM BASED ANTACIDS (such as Tums, Rolaids etc.)	○ yes ○ no ○ don't know	_____ times per day _____ times per week ○ don't know	_____ months _____ years ○ don't know

Men: please go to # 22, women: please answer the following question:

Hormone Replacement Therapy (postmenopausal)	○ yes ○ no ○ don't know	_____ times per week ○ don't know	_____ years ○ don't know

18. How much do you weigh now?

___ kilograms *or*

___ pounds

○ don't know

We would like to know your waist and hip measurements. Please use a tape measure wrapped around your waist and hips. It should be snug but not too tight. A tape measure is provided with this questionnaire.

19. Please measure your **waist** at the smallest point, just above the navel.

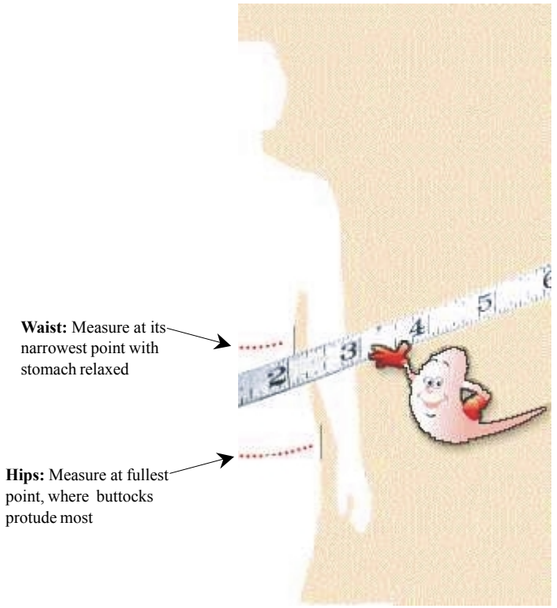
___ centimetres *or*

___ inches

20. Please measure your **hips** at the widest point.

___ centimetres *or*

___ inches



Bowel Screening and Personal Medical History

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

Since you completed our first questionnaires, have you had a test for blood in your stool, called **a smear test** or a **hemoccult test?**

Please check the yellow sticker for the date you completed our first questionnaires.

○ yes

○ no ⟶ *please go to # 7*

○ don't know ⟶ *please go to # 7*

5. When was **the most recent** test?

age at **most recent** test _____ ***or***

year of **most recent** test ___ ___ ___ ___ ***or***

I had the **most recent** test _____ years ago

○ don't know

6. What were the reasons for **the most recent** test? *Please tick all that apply.*

○ to investigate a new problem

○ family history of colorectal cancer

○ routine examination or check-up

○ follow-up of a previous problem

○ other *please specify* _____

○ don't know

7. **Endoscopy** involves looking inside the bowel using a lighted instrument. There are two endoscopic procedures to examine the large bowel.

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

Since you completed our first questionnaires, have you had a **sigmoidoscopy or colonoscopy?** *Please tick only one category.*

○ have had sigmoidoscopy

○ have had colonoscopy

○ have had **both** (sigmoidoscopy **and** colonoscopy)

○ no ⟶ *please go to # 11*

○ don't know ⟶ *please go to # 11*

8. **Since you completed our first questionnaires**, when did you have **the most recent** sigmoidoscopy or colonoscopy?

age at **most recent** test _____ ***or***

year of **most recent** test ___ ___ ___ ___ ***or***

I had the **most recent** test _____ years ago

○ don't know

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

○ to investigate a new problem

○ family history of colorectal cancer

○ routine examination or check-up

○ follow-up of a previous problem

○ other *please specify* _____

○ don't know

10. Where did you have **the most recent** sigmoidoscopy or colonoscopy?

Name of physician Dr. _____

Hospital _____

City/Town _____

Province/State _____

Country _____

○ don't know

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

Please check the yellow sticker for the date you completed our first questionnaires.

○ yes

○ no → *please go to # 15*

○ don't know → *please go to # 15*

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

○ yes

○ no → *please go to # 15*

○ don't know → *please go to # 15*

13. On how many separate times were these polyps removed?

___ number of times polyp(s) were removed

○ don't know

14. Where were the polyps removed?

	Polyps removed the **first** time	Polyps removed the **second** time	Polyps removed the **third** time
Hospital/Clinic	_____	_____	_____
City/Town and Province/State	_____	_____	_____
Country	_____	_____	_____
Name of Physician	_____	_____	_____

15. **Since you last completed our first questionnaires**, has a doctor told you that you had **any type of cancer**?

Please check the yellow sticker for the date you completed our first questionnaires.

○ yes

○ no → *please go to # 17*

○ don't know → *please go to # 17*

16. What type of cancer was it?

_____ cancer

○ don't know

17. In general would you say your health is

○ excellent

○ very good

○ good

○ fair

○ poor