



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

CANCER SCREENING

Display Name- 3 Months: Cancer Screening

We would like to ask you a few questions about your cancer history.

1. Have you ever had cancer or a tumor? Yes No Don't Know
(f No, Skip to end of Questionnaire)

a. Do you have a history of Esophagus cancer? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

b. Do you have a history of stomach cancer? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

c. Do you have a history of colon cancer? No Yes, cancerous Maybe, Possible Cancer Benign
 Unknown

i. If yes, when: Date: _____

d. Do you have a history of rectal cancer? No Yes, cancerous Maybe, Possible Cancer Benign
 Unknown

i. If yes, when: Date: _____

e. Do you have a history of pancreatic cancer? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

f. Do you have a history of cancer of the larynx? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

g. Do you have a history of cancer of the trachea/bronchus/lung? No Yes, cancerous Maybe,
Possible Cancer Benign Unknown

i. If yes, when: Date: _____

h. Do you have a history of leukemia? No Yes, cancerous Maybe, Possible Cancer Benign
 Unknown

i. If yes, when: Date: _____

i. Do you have a history of skin cancer? No Yes, cancerous Maybe, Possible Cancer Benign



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Unknown

i. If yes, when: Date: _____

j. Do you have a history of breast cancer? No Yes, cancerous Maybe, Possible Cancer Benign
 Unknown

i. If yes, when: Date: _____

k. Do you have a history of cervix/uterus? No Yes, cancerous Maybe, Possible Cancer Benign
 Unknown

i. If yes, when: Date: _____

l. Do you have a history of ovarian cancer? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

m. Do you have a history of prostate cancer? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

n. Do you have a history of cancer of the bladder? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

o. Do you have a history of kidney cancer? No Yes, cancerous Maybe, Possible Cancer
Benign Unknown

i. If yes, when: Date: _____

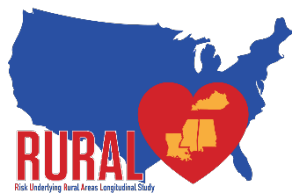
p. Do you have a history of brain cancer? No Yes, cancerous Maybe, Possible Cancer Benign
 Unknown

i. If yes, when: Date: _____

q. Do you have a history of lymphoma? No Yes, cancerous Maybe, Possible Cancer Benign
 Unknown

i. If yes, when: Date: _____

r. Do you have a history of any other types of cancer? No Yes, cancerous Maybe, Possible Cancer



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Benign Unknown

i. If yes, please specify cancer type: (Specify site/ type) _____

ii. If yes, when: Date: _____

Thank You for Completing this Questionnaire!

For Research Coordinator use only: CRF was: Self-administered Interviewer-administered