Dataset name: canc_v1.0

Participant ID pid D000000

Acrostic acrostic ZZZZZ

Completed by compby

Visit Code vc YYY

Date Completed vis_dat (mm/dd/yyyy)

CANCER FOLLOW-UP

CRF 1.0

This form should be completed, if the participant answered YES to Q10 on the Medical and Hospital Admission History Form at SV1.

1. At the start of the study, you answered YES when we asked, "Has a doctor ever told you that you had cancer or a malignant tumor, excluding minor skin cancers?" Can you please tell me what type of cancer you had? *(See both pages - Check all that apply)*

breast_canc value="1" ☐ Breast

When was your cancer or tumor first diagnosed?

breast_mth_canc

-9	-
1	Jan
2	Feb
3	Mar
4	Apr
5	May
6	Jun
7	Jul
8	Aug
9	Sept
10	Oct
11	Nov
12	Dec

- /

breast_day_canc

-9	-
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
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26	26
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28	28
29	29
30	30
31	31

What type of treatment did you receive? *(check all that apply)*

breast_surg_canc value="1" ☐ Surgery

breast_chemo_canc value="1" ☐ Chemotherapy

breast_radia_canc value="1" ☐ Radiation therapy

breast_horm_canc value="1" ☐ Hormonal therapy (tamoxifen, etc.)

breast_other_canc value="1" ☐ Other (specify):

breast_otherspc_canc

- /
breast_yr_canc

colon_canc value="1"
Colon, rectum, bowel, or intestinal

When was your cancer or tumor first diagnosed?
colon_mth_canc
-9 -
1 Jan
2 Feb
3 Mar
4 Apr
5 May
6 Jun
7 Jul
8 Aug
9 Sept
10 Oct
11 Nov
12 Dec
- /
colon_day_canc
-9 -
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10
11 11
12 12
13 13
14 14
15 15
16 16
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20 20
21 21
22 22
23 23
24 24
25 25
26 26
27 27
28 28
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30 30
31 31
- /
colon_yr_canc

What type of treatment did you receive? *(check all that apply)*
colon_surg_canc value="1"
Surgery
colon_chemo_canc value="1"
Chemotherapy
colon_radia_canc value="1"
Radiation therapy
colon_horm_canc value="1"
Hormonal therapy (tamoxifen, etc.)
colon_other_canc value="1"
Other (specify):
colon_otherspc_canc

lung_canc value="1"
Lung

When was your cancer or tumor first diagnosed?
lung_mth_canc
-9 -
1 Jan
2 Feb
3 Mar

What type of treatment did you receive? *(check all that apply)*
lung_surg_canc value="1"
Surgery
lung_chemo_canc value="1"
Chemotherapy
lung_horm_canc value="1"
Hormonal therapy (tamoxifen, etc.)
lung_other_canc value="1"
Other (specify):
lung_otherspc_canc

4 Apr
5 May
6 Jun
7 Jul
8 Aug
9 Sept
10 Oct
11 Nov
12 Dec

-

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lung_day_canc

-9 -
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10
11 11
12 12
13 13
14 14
15 15
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24 24
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29 29
30 30
31 31

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lung_yr_canc

lung_radia_canc value="1" Radiation therapy

endom_canc value="1"

Endometrial (lining of the uterus or womb) (women only)

When was your cancer or tumor first diagnosed?

endom_mth_canc

-9 -
1 Jan
2 Feb
3 Mar
4 Apr
5 May
6 Jun
7 Jul
8 Aug
9 Sept
10 Oct
11 Nov
12 Dec

-

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endom_day_canc

-9 -
1 1
2 2
3 3
4 4
5 5

What type of treatment did you receive? *(check all that apply)*

endom_surg_canc value="1" Surgery

endom_chemo_canc value="1" Chemotherapy

endom_radia_canc value="1" Radiation therapy

endom_horm_canc value="1" Hormonal therapy (tamoxifen, etc.)

endom_other_canc value="1" Other

(specify): endom_otherspc_canc

6 6
7 7
8 8
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12 12
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14 14
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24 24
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26 26
27 27
28 28
29 29
30 30
31 31

- /

endom_yr_canc

prost_canc value="1"

Prostate (men only)

When was your cancer or tumor first diagnosed?

prost_mth_canc

-9 -
1 Jan
2 Feb
3 Mar
4 Apr
5 May
6 Jun
7 Jul
8 Aug
9 Sept
10 Oct
11 Nov
12 Dec

- /

prost_day_canc

-9 -
1 1
2 2
3 3
4 4
5 5
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7 7
8 8
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22 22

What type of treatment did you receive? *(check all that apply)*

prost_surg_canc value="1" Surgery

prost_chemo_canc value="1" Chemotherapy

prost_radia_canc value="1" Radiation therapy

prost_horm_canc value="1" Hormonal therapy (tamoxifen, etc.)

prost_other_canc value="1" Other (specify):

prost_otherspc_canc

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24 24
25 25
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30 30
31 31

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prost_yr_canc

other1_canc value="1" ☐ Other (specify):

other1spc_canc

When was your cancer or tumor first diagnosed?

other1_mth_canc

-9 -
1 Jan
2 Feb
3 Mar
4 Apr
5 May
6 Jun
7 Jul
8 Aug
9 Sept
10 Oct
11 Nov
12 Dec

- /

other1_day_canc

-9 -
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31 31

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other1_yr_canc

What type of treatment did you receive? *(check all that apply)*

other1_surg_canc value="1" ☐ Surgery

other1_chemo_canc value="1" ☐ Chemotherapy

other1_radia_canc value="1" ☐ Radiation therapy

other1_horm_canc value="1" ☐ Hormonal therapy (tamoxifen, etc.)

other1_other_canc value="1" ☐ Other (specify):

other1_otherspc_canc

other2_canc **When was your**

What type of treatment did you receive? *(check all that apply)*

value="1" Other (specify): other2spc_canc

cancer or tumor first diagnosed? other2_mth_canc

-9 -
1 Jan
2 Feb
3 Mar
4 Apr
5 May
6 Jun
7 Jul
8 Aug
9 Sept
10 Oct
11 Nov
12 Dec

-

/ other2_day_canc

-9 -
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31 31

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/ other2_yr_canc

other2_surg_canc value="1" Surgery

other2_chemo_canc value="1" Chemotherapy

other2_radia_canc value="1" Radiation therapy

other2_horm_canc value="1" Hormonal therapy (tamoxifen, etc.)

other2_other_canc value="1" Other (specify): other2_otherspc_canc

unknown_canc value="1" Unknown cancer site

Source Form Language: lang

-9 -
1 English
2 Spanish

-

Participant ID (affix ID label here)	**L I F E**	Acrostic ☐☐☐☐☐ Completed by ☐☐☐☐☐ Visit Code ☐☐☐ Date Completed ☐☐ ☐☐ ☐☐☐☐ month day year

CANCER FOLLOW-UP FORM

This form should be completed, if the participant answered YES to Q10 on the Medical and Hospital Admission History Form at SV1.

1. At the start of the study, you answered YES when we asked, "Has a doctor ever told you that you had cancer or a malignant tumor, excluding minor skin cancers?" Can you please tell me what type of cancer you had? *(See both pages – Check all that apply)*

☐ Breast	**When was your cancer or tumor first diagnosed?** ☐☐ / ☐☐ / ☐☐☐☐ month day year	**What type of treatment did you receive?** *(check all that apply)* ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy ☐ Hormonal therapy (tamoxifen, etc.) ☐ Other (specify):
☐ Colon, rectum, bowel, or intestinal	**When was your cancer or tumor first diagnosed?** ☐☐ / ☐☐ / ☐☐☐☐ month day year	**What type of treatment did you receive?** *(check all that apply)* ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy ☐ Hormonal therapy (tamoxifen, etc.) ☐ Other (specify):
☐ Lung	**When was your cancer or tumor first diagnosed?** ☐☐ / ☐☐ / ☐☐☐☐ month day year	**What type of treatment did you receive?** *(check all that apply)* ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy ☐ Hormonal therapy (tamoxifen, etc.) ☐ Other (specify):

Participant ID

(affix ID label here)

L I F E

Acrostic ☐☐☐☐☐

Visit Code ☐☐☐

☐ Endometrial (lining of the uterus or womb) (women only)	**When was your cancer or tumor first diagnosed?** ☐☐ / ☐☐ / ☐☐☐☐ month day year	**What type of treatment did you receive?** *(check all that apply)* ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy ☐ Hormonal therapy (tamoxifen, etc.) ☐ Other (specify): ☐
☐ Prostate (men only)	**When was your cancer or tumor first diagnosed?** ☐☐ / ☐☐ / ☐☐☐☐ month day year	**What type of treatment did you receive?** *(check all that apply)* ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy ☐ Hormonal therapy (tamoxifen, etc.) ☐ Other (specify): ☐
☐ Other (specify): ☐	**When was your cancer or tumor first diagnosed?** ☐☐ / ☐☐ / ☐☐☐☐ month day year	**What type of treatment did you receive?** *(check all that apply)* ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy ☐ Hormonal therapy (tamoxifen, etc.) ☐ Other (specify): ☐
☐ Other (specify): ☐	**When was your cancer or tumor first diagnosed?** ☐☐ / ☐☐ / ☐☐☐☐ month day year	**What type of treatment did you receive?** *(check all that apply)* ☐ Surgery ☐ Chemotherapy ☐ Radiation therapy ☐ Hormonal therapy (tamoxifen, etc.) ☐ Other (specify): ☐
☐ Unknown cancer site		