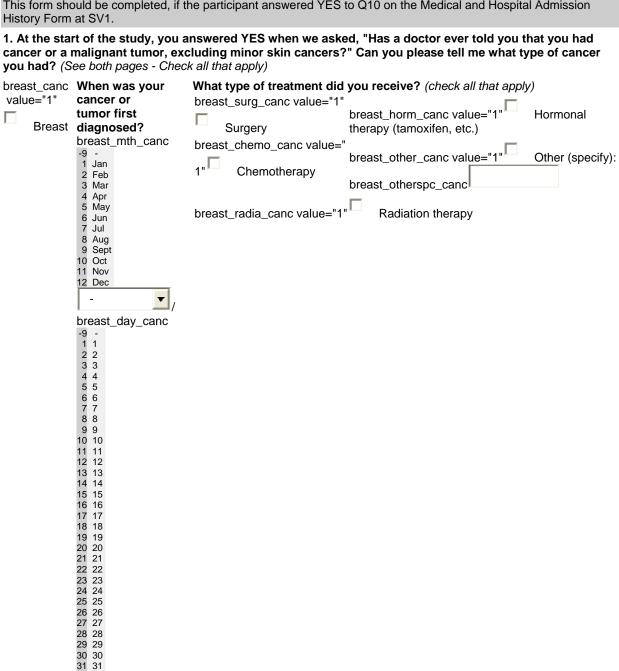
Dataset name: canc_v1.0



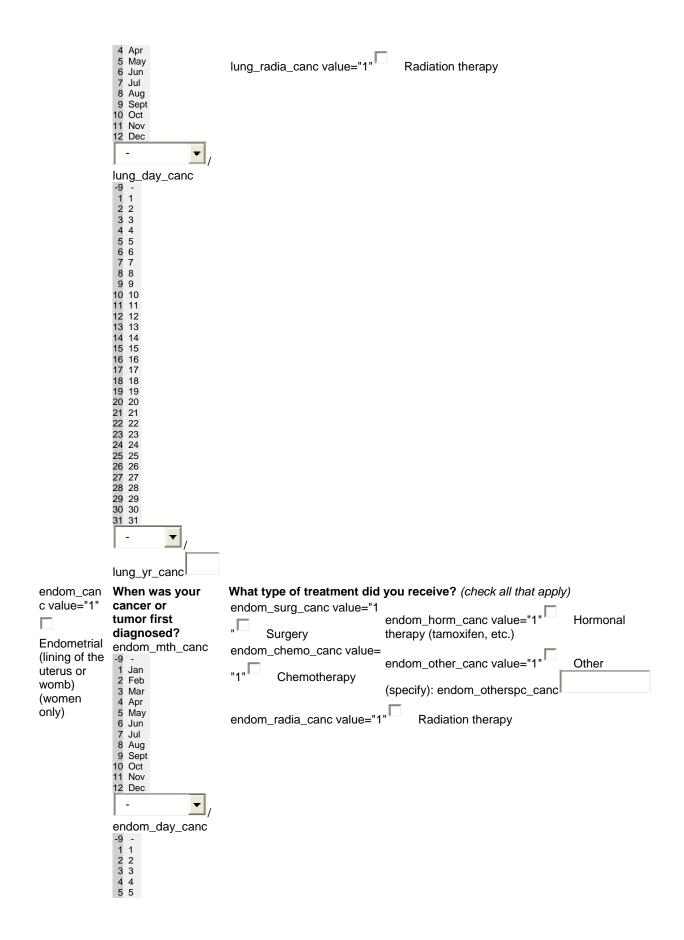
CANCER FOLLOW-UP

CRF 1.0

This form should be completed, if the participant answered YES to Q10 on the Medical and Hospital Admission



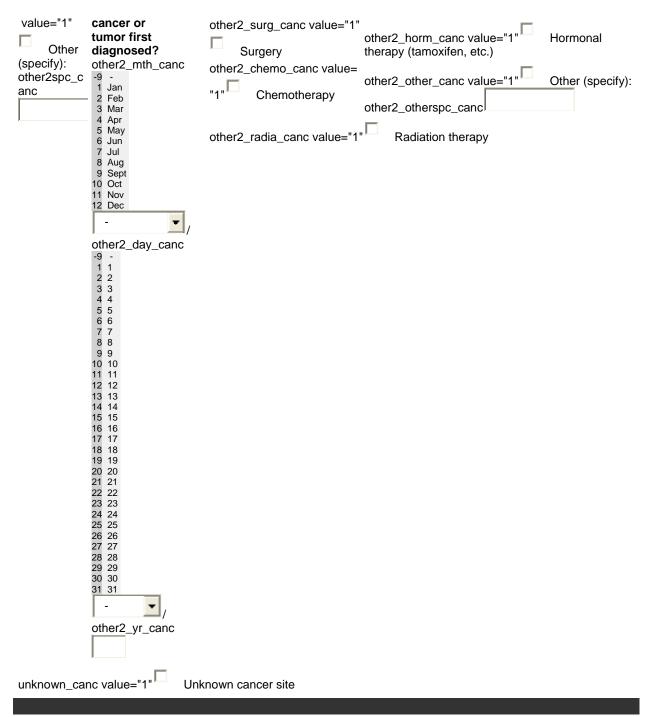
	breast_yr_canc			
colon_canc value="1" Colon, rectum, bowel, or intestinal	When was your cancer or tumor first diagnosed? colon_mth_canc -9 - 1 Jan 2 Feb 3 Mar 4 Apr 5 May 6 Jun 7 Jul 8 Aug 9 Sept 10 Oct 11 Nov 12 Dec - colon_day_canc -9 - 1 1 2 2 3 3 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 30 31 31 - colon_yr_canc	What type of treatment did colon_surg_canc value="1" Surgery colon_chemo_canc value="1" Chemotherapy colon_radia_canc value="1"	you receive? (check all that approximately (tamoxifen, etc.) colon_other_canc value="1" colon_otherspc_canc Radiation therapy	Hormonal Other (specify):
lung_canc v alue="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 lung_surg_canc value="1" Surgery lung_chemo_canc value="1" Chemotherapy	you receive? (check all that applications) lung_horm_canc value="1" therapy (tamoxifen, etc.) lung_other_canc value="1" lung_otherspc_canc	Hormonal Other (specify):



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6 6
7 7 7
8 8 9
9 9 10 10 11 11 12 12 13 13 13 14 14 15 15 15 16 16 16 17 17 18 18 19 19 20 20 21 21 22 23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 30 31 31
                      endom_yr_canc
                                                        What type of treatment did you receive? (check all that apply)
                      When was your
prost_canc
value="1"
                      cancer or
                                                         prost_surg_canc value="1"
                                                                                                       prost_horm_canc value="1"
                      tumor first
                                                                                                                                                             Hormonal
                      diagnosed?
                                                                                                       therapy (tamoxifen, etc.)
                                                                  Surgery
Prostate
                      prost_mth_canc
                                                         prost_chemo_canc value="1
                                                                                                       prost_other_canc value="1"
(men only)
                      -9 -
1 Jan
2 Feb
3 Mar
4 Apr
5 May
6 Jun
7 Jul
8 Aug
9 Sept
10 Oct
                                                                                                                                                             Other (specify):
                                                         ,,⊏
                                                                    Chemotherapy
                                                                                                       prost_otherspc_canc
                                                         prost_radia_canc value="1"
                                                                                                              Radiation therapy
                          Nov
                      12 Dec
                                             -|,
                     prost_day_canc
-9 -
1 1
2 2
3 3 3
4 4
5 5 5
6 6 6
7 7 8
8 8
9 9
10 10
11 11
12 12
13 13
14 14
15 15
16 16
17 17
18 18
19 19
20 20
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22 22
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	23 23 24 24 25 25 26 26 27 27 28 28 29 29 30 30 31 31 -		
other1_canc value="1" Other (specify): other1spc_c anc	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 - 1 1 1 2 2 2 3 3 3 4 4 4 5 5 6 6 6 7 7 7 8 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 20 20 21 21 22 23 23 24 24 24 25 25 26 26 27 27 28 28 29 29 30 30 31 31 other1_yr_canc	what type of treatment did you receive? (check all that apply other1_surg_canc value="1" other1_horm_canc value="1" other1_chemo_canc value="1" other1_other_canc value="1" other1_other_canc value="1" other1_otherspc_canc other1_otherspc_canc other1_radia_canc value="1" Radiation therapy	Hormonal Other (specify):

other2_canc When was your What type of treatment did you receive? (check all that apply)



Source Form Language: lang
-9 1 English
2 Spanish

	LIFE	Acrostic
Participant ID	Completed by	Visit Code
(affix ID label here)	Date Completed	month day year

CANCER FOLLOW-UP FORM

This form should be complete	eted, if the participant answered YES	S to Q10 on the Medical and Hospital Admission History Form at SV1.	
		sked, "Has a doctor ever told you that you had cancer or a you please tell me what type of cancer you had? (See both pages –	
Breast	When was your cancer or tumor first diagnosed?	What type of treatment did you receive? (check all that apply) Surgery Chemotherapy Chemotherapy Radiation therapy	
Colon, rectum, bowel, or intestinal	When was your cancer or tumor first diagnosed?	What type of treatment did you receive? (check all that apply) Surgery Chemotherapy Chemotherapy Radiation therapy	
Lung	When was your cancer or tumor first diagnosed?	What type of treatment did you receive? (check all that apply) Surgery Hormonal therapy (tamoxifen, etc.) Other (specify): Radiation therapy	

Participant ID (affix ID label here)		LIFE	Acrostic Visit Code
Endometrial (lining of the uterus or womb) (women only)	When was your cancer or tumor first diagnosed? month day year	Surgery	Hormonal therapy (tamoxifen, etc.) Other (specify):
Prostate (men only)	When was your cancer or tumor first diagnosed? month day year	Surgery	Hormonal therapy (tamoxifen, etc.) Other (specify):
Other (specify):	When was your cancer or tumor first diagnosed? month day year	Surgery	Hormonal therapy (tamoxifen, etc.) Other (specify):
Other (specify): Unknown cancer site	When was your cancer or tumor first diagnosed? month day year	Surgery	Hormonal therapy (tamoxifen, etc.) Other (specify):