

## Cancer survey - Questions list

Question 1: Have you ever had cancer?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: ( Yes->2 No->9 I do not know->9 )

Question 2: Do you have cancer currently?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 3: What kinds of cancer have you had?

- Breast
- Colon and Rectal
- Kidney
- Lung
- Skin
- Blood
- Thyroid
- Endometrial
- Not listed above

I do not know

Gender specific: female

Routing rule: ( Not listed above@->5 SKIPTO->6 )

Question 4: What kinds of cancer have you had?

Breast

Colon and Rectal

Kidney

Lung

Skin

Blood

Thyroid

Prostate

Not listed above

I do not know

Gender specific: male

Routing rule: ( Not listed above@->5 SKIPTO->6 )

Question 5: You said your cancer wasn't listed, please tell us the kind of cancer you have or have had.

Please specify:

Gender specific: None

Routing rule: None

Question 6: How old were you when you were first diagnosed with cancer of any kind?

Age of first cancer diagnosis:

Gender specific: None  
Routing rule: None

Question 7: What kinds of treatments have you received?

- Surgery
- Chemotherapy
- Radiation
- I received no treatment
- Other

Gender specific: None  
Routing rule: ( Other@->8 SKIPTO->9 )

Question 8: Please specify the treatment you have received.

Please specify:

Gender specific: None  
Routing rule: None

Question 9: Has anyone else in your family had cancer (your dad, mom, or siblings)?

- Yes
- No
- I do not know

Gender specific: None  
Routing rule: ( Yes->10 No->21 I do not know->21 )

Question 10: Has your dad had cancer?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: ( Yes->11 No->13 I do not know->13 )

Question 11: What kinds of cancer has your dad had?

- Breast
- Colon and Rectal
- Kidney
- Lung
- Skin
- Blood
- Thyroid
- Prostate
- Not listed above
- Unknown

Gender specific: None

Routing rule: ( Not listed above@->12 SKIPTO->13 )

Question 12: You said your dad's cancer wasn't listed. Please tell us the kind of cancer your dad has had.

Please specify:

Gender specific: None

Routing rule: None

Question 13: Has your mom had cancer?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: ( Yes->14 No->16 I do not know->16 )

Question 14: What kinds of cancer has your mom had?

- Breast
- Colon and Rectal
- Kidney
- Lung
- Skin
- Blood
- Thyroid
- Endometrial
- Not listed above
- Unknown

Gender specific: None  
Routing rule: ( Not listed above@->15 SKIPTO->16 )

Question 15: You said your mom's cancer wasn't listed. Please tell us the kind of cancer your mom has had.



Please specify:

Gender specific: None  
Routing rule: None

Question 16: Has one or more of your siblings had cancer?

- Yes
- No
- I do not know

Gender specific: None  
Routing rule: ( Yes->17 No->21 I do not know->21 )

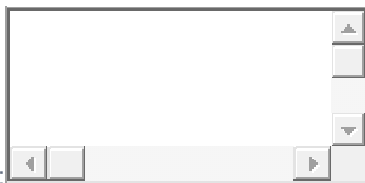
Question 17: What kinds of cancer have your siblings had?

- Breast
- Colon and Rectal
- Kidney
- Lung
- Skin
- Blood

- Thyroid
- Endometrial
- Prostate
- Not listed above
- Unknown

Gender specific: None  
Routing rule: ( Not listed above@->18 SKIPTO->19 )

Question 18: You said your siblings' cancer wasn't listed. Please tell us the kind of cancer your siblings have had.



Please specify:

Gender specific: None  
Routing rule: None

Question 19: How many of your brothers and sisters have had cancer?

Please select the number:

Gender specific: None  
Routing rule: None

Question 20: How many brothers and sisters do you have?

Please select the number:

Gender specific: None  
Routing rule: None