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
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: female
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:

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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.
Question 13: Has your mom had cancer?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: 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
Question 15: You said your mom's cancer wasn't listed. Please tell us the kind of cancer your mom has had.

Please specify:

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

- Yes
- No
- I do not know

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