

SECTION PX: PERSONAL HISTORY OF CANCER

I'd like to begin with some questions about cancer.

<IF INT 9 = YES, GO TO PX2>

PX1. <FIRST OCCURRENCE:>

Have you ever been diagnosed with any type of cancer?

YES 1

<ALL OTHER OCCURRENCES:>

NO [PX8] 2

Were there any other times you were diagnosed with cancer?

REF [PX8] 7

DK [PX8] 8

<BEGIN REPEATING RECORD - CANCER TYPE>

PX2. What type or types of cancer did you have at the time of your *[first/next]* diagnosis?

[CHECK ALL THAT APPLY]

[IF R ANSWERS "SKIN CANCER," PROBE:

Was this melanoma or non-melanoma skin cancer?]

[IF R GIVES A CLINICAL RESPONSE, THAT DOES NOT MATCH A CATEGORY AND IS NOT A PART OF THE BODY, PROBE: "What specific part of the body did this cancer affect?"]

BASAL CELL CARCINOMA 1

BLADDER 1

BLOOD 1

BOWEL 1

BRAIN 1

BREAST 1

CERVIX, CERVICAL 1

COLON, COLORECTAL 1

ENDOMETRIAL 1

HODGKIN'S DISEASE 1

INTESTINE, INTESTINAL 1

LEUKEMIA 1

LUNG 1

LYMPH NODES 1

LYMPHOMA 1

MELANOMA SKIN CANCER 1

NON-MELANOMA SKIN CANCER

(EXAMPLE: BASAL OR

SQUAMOUS CELL CARCINOMA) 1

NON-HODGKIN'S LYMPHOMA 1

OVARY, OVARIAN 1

RECTUM, RECTAL 1

SQUAMOUS CELL CARCINOMA.. 1

UTERUS, UTERINE 1

OTHER1 SPECIFY: _____ 1

OTHER2 SPECIFY: _____ 1

OTHER3 SPECIFY: _____ 1

<ASK ONLY IF PX2 = BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA; ELSE GO TO PX3>

PX2a. Was this (basal cell/squamous cell) skin cancer?

YES 1

NO 2

<ASK ONLY IF MORE THAN ONE CATEGORY IS CHECKED IN PX2; ELSE, GO TO PX4.>

- PX3. Where did the cancer begin? [IF R HAD “METASTATIC CANCER AND DOES NOT KNOW WHERE IT STARTED, CODE AS “OTHER” AND REMARK.]
[IF R WAS TOLD BY DOCTOR THAT THE CANCER STARTED IN TWO OR MORE (PRIMARY) SITES AT THE SAME TIME, CODE AS “OTHER” AND SPECIFY “MULTIPLE PRIMARIES OF UNDETERMINED ORIGIN.”]
- | | |
|---|----|
| BASAL CELL CARCINOMA | 01 |
| BLADDER..... | 02 |
| BLOOD..... | 03 |
| BOWEL | 04 |
| BRAIN | 05 |
| BREAST | 06 |
| CERVIX, CERVICAL..... | 07 |
| COLON, COLORECTAL | 08 |
| ENDOMETRIAL..... | 09 |
| HODGKIN’S DISEASE | 10 |
| INTESTINE, INTESTINAL..... | 11 |
| LEUKEMIA..... | 12 |
| LUNG | 13 |
| LYMPH NODES | 14 |
| LYMPHOMA | 15 |
| MELANOMA SKIN CANCER..... | 16 |
| NON-MELANOMA SKIN CANCER
(EXAMPLE : BASAL OR
SQUAMOUS CELL
CARCINOMA)..... | 17 |
| NON-HODGKIN’S LYMPHOMA .. | 18 |
| OVARY, OVARIAN..... | 19 |
| RECTUM, RECTAL | 20 |
| SQUAMOUS CELL CARCINOMA | 21 |
| UTERUS, UTERINE..... | 22 |
| OTHER | 99 |
- SPECIFY: _____

<ASK ONLY IF PX2 = BREAST CANCER; ELSE GO TO PX5>

PX4. What was the date of your diagnosis?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR			

<GO TO PX6 >

PX5. How old were you at the time of this diagnosis?
[IF LESS THAN ONE YEAR OLD, ENTER AS “00”]

<input type="text"/>	<input type="text"/>
AGE	

PX6. Did you have chemotherapy as a result of this diagnosis?

- YES 1
NO..... 2

PX7. Did you have radiation therapy as a result of this diagnosis?

- YES 1
NO..... 2

<GO TO PX1>

<END REPEATING RECORD - CANCER TYPE>

PX8. Have you been tested for BRCA 1 or 2? This is genetic testing for breast cancer genes.

- YES..... 1
NO.....[NEXT SECTION] 2
REF[NEXT SECTION] 7
DK.....[NEXT SECTION] 8

PX9. Were you told that you have a mutation in one of the known breast cancer genes?

- YES 1
NO..... 2