PCROWD
Understanding Blood Precursor Conditions

Intake Survey

Today's Date (MM/DD/YYYY)

As part of this study, we are now asking you to complete this medical questionnaire.

Research participation is voluntary, and a decision to participate will not affect your care.

It is critical to note that all of your personal information will be kept confidential and secure at all times.

We appreciate the time and effort it takes to complete the survey.

Have you signed informed consent?* ☐ Yes ☐ No

* If no, please sign the informed consent document before completing this questionnaire.

Contact Information

First Name	
Last Name	
Gender	
Date of Birth	
Street	
Street 2	
City	
State	
ZIP	
Cell Phone Number	
Home Phone Number	
Work Phone Number	
E-mail	

Preferred Contact Method

☐ Mail ☐ Phone ☐ E-mail ☐ MyChart ☐ Do not contact

Medical History

Do you have or have you ever had any of the following?

1. High blood pressure	☐ Yes	☐ No
2. High cholesterol	☐ Yes	☐ No
3. Diabetes or high blood sugar	☐ Yes[1]	☐ No
[1] If yes is selected:		
Is it treated by modifying your diet?	☐ Yes	☐ No
Is it treated by medications taken by mouth?	☐ Yes	☐ No
Is it treated by insulin injections?	☐ Yes	☐ No
Is it treated with metformin (also known as Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet)?	☐ Yes	☐ No
Has your diabetes caused problems with your kidneys, or problems with your eyes?	☐ Yes	☐ No
4. Chest pain or angina	☐ Yes	☐ No
5. Heart Attack	☐ Yes	☐ No

6. Heart failure	☐ Yes	☐ No
7. Operation to unclog or bypass the arteries in your legs	☐ Yes	☐ No
8. Stroke, blood clot or bleeding in the brain, or transient ischemic attack (TIA)	☐ Yes[2]	☐ No
[2] If yes is selected:		
Do you have difficulty moving an arm or leg as a result of a stroke or cerebrovascular accident?	☐ Yes	☐ No
9. Asthma	☐ Yes[3]	☐ No
[3] If yes is selected:		
Do you take medicine for your condition?	☐ Yes	☐ No
10. Emphysema, chronic bronchitis, chronic obstructive lung disease (COPD)	☐ Yes	☐ No
11. Stomach ulcers or peptic ulcer disease	☐ Yes	☐ No
12. Barrett's Esophagus	☐ Yes	☐ No
13. Ulcerative colitis or Crohn's disease	☐ Yes	☐ No
14. Cirrhosis, or serious liver damage	☐ Yes	☐ No
15. Hepatitis B or C	☐ Yes[4]	☐ No
[4] If yes is selected:		
Do you have Hepatitis B, Hepatitis C, or both? (select all that apply) ☐ Hepatitis B ☐ Hepatitis C ☐ Both		
16. Colon polyps	☐ Yes[5]	☐ No
[5] If yes is selected:		
Have you had 10 or more colon polyps in your lifetime?	☐ Yes	☐ No
17. Problems with your kidneys	☐ Yes[6]	☐ No
[6] If yes is selected:		
Have you had poor kidney function with blood tests showing high creatinine levels?	☐ Yes	☐ No
Have you used hemodialysis or peritoneal dialysis?	☐ Yes	☐ No
Have you received a kidney transplant?	☐ Yes	☐ No
18. Rheumatoid arthritis	☐ Yes[7]	☐ No
[7] If yes is selected:		
Do you take medications for it regularly?	☐ Yes	☐ No
19. Lupus or polymyalgia rheumatica	☐ Yes	☐ No
20. Osteoarthritis or degenerative arthritis	☐ Yes	☐ No
21. Multiple sclerosis	☐ Yes	☐ No
22. Alzheimer's Disease, or another form of dementia	☐ Yes	☐ No
23. HIV	☐ Yes	☐ No
24. Human papillomavirus virus (HPV)	☐ Yes	☐ No
25. A transplant	☐ Yes[8]	☐ No
[8] If yes is selected:		
What did you have transplanted? (select all that apply) ☐ Kidney ☐ Heart ☐ Other ☐ Liver ☐ Bone marrow / stem cells ☐ Lung ☐ Skin		

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26. Myelodysplastic syndrome (MDS)	☐ Yes	☐ No
27. Thyroid disease other than cancer	☐ Yes[9]	☐ No
[9] If yes is selected: Which thyroid disease? ☐ Hypothyroidism ☐ Hyperthyroidism		
28. Abnormal moles	☐ Yes[10]	☐ No
[10] If yes is selected: Have you had 10 or more abnormal moles in your lifetime?	☐ Yes	☐ No
29. Breast disease other than cancer (e.g., DCIS)	☐ Yes[11]	☐ No
[11] If yes is selected: Which breast disease? (select all that apply) ☐ Atypical Ductal Hyperplasia (ADH) ☐ Ductal Carcinoma In Situ (DCIS) ☐ Paget's Disease ☐ Atypical Lobular Hyperplasia (ALH) ☐ Lobular Carcinoma in Situ (LCIS)		
30. Anemia or other blood disorder	☐ Yes	☐ No
31. Monoclonal Gammopathy of Undetermined Significance (MGUS)	☐ Yes	☐ No

Personal Cancer History

Some people have more than one type of cancer. In this section we ask you about the types of cancer you have had and your age when you first found out you had each type of cancer. A cancer that spreads from one part of the body to another is considered 1 type of cancer.

1. Do you have, or have you ever had cancer?

- ☐ Yes
- ☐ No (skip to question 10)
- ☐ Don't know (skip to question 10)

2. How many different types of cancer have you had?

- ☐ 1 type of cancer (skip to question 3a)
- ☐ 2 types of cancer (skip to question 3b)
- ☐ 3 or more types of cancer (skip to question 3b)

3a. What type of cancer did/do you have? <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

3b. What type of cancer did you have FIRST? <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

4. How old were you when you were FIRST diagnosed with cancer?

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

5. What type of cancer did you have SECOND? <answer this question only if answer to question 2 is "2 types of cancer"> <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

6. How old were you when you were diagnosed with your SECOND cancer? <answer this question only if answer to question 2 is "2 types of cancer">

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

7. What type of cancer did you have THIRD? <answer this question only if answer to question 2 is "3 or more types of cancer"> <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

8. How old were you when you were diagnosed with your THIRD cancer? <answer this question only if answer to question 2 is "3 or more types of cancer">

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

9. How was your CURRENT cancer first detected?

- ☐ I had a cancer screening test (e.g., mammogram, colonoscopy) which led to evaluation and detection of the cancer.
- ☐ I had a physical examination, imaging scans, blood tests, or other studies which led to evaluation and detection of the cancer.
- ☐ I had a concern (or symptom) which led to evaluation and detection of the cancer.

10. Have YOU ever been diagnosed with an inherited cancer syndrome?

- ☐ Yes[a]

[a] If yes:

Which inherited cancer syndrome(s) was it? (Do not be concerned if you do not recognize these names. The conditions are uncommon.) [select all that apply]

- ☐ BRCA (Hereditary Breast and Ovarian Cancer)
- ☐ Lynch Syndrome (HNPCC or Colon Cancer Syndrome)
- ☐ Polyposis: Familial Adenomatous Polyposis (FAP) or Attenuated Familial Adenomatous Polyposis (AFAP)
- ☐ Endocrine Syndrome (MEN1 or MEN2)
- ☐ Li-Fraumeni Syndrome
- ☐ Neurofibromatosis (NF1)
- ☐ Paraganglioma and Pheochromocytoma Syndrome
- ☐ Peutz-Jeghers Syndrome
- ☐ Cowden Syndrome
- ☐ Other

- ☐ No

☐ I don't know

Substance

1. What is your current smoking status?

☐ Current every day smoker ☐ Never (skip to Weight History) ☐ Passive
☐ Current some day smoker ☐ Former smoker

2. What type of tobacco products do/did you use? (select all that apply)

☐ Cigarettes	☐ Cigars	☐ Other
☐ Pipe	☐ Snuff	

3. How many packs per day did/do you use?

☐ 0	☐ 1	☐ 3 or more
☐ 0.25	☐ 1.5	
☐ 0.5	☐ 2	

4. For how many years of your life have you smoked?

☐ 0.5	☐ 3	☐ 10
☐ 1	☐ 4	☐ 15
☐ 2	☐ 5	☐ 30 or more

5. Are you interested in quitting smoking?

☐ Yes
☐ No

Weight History

1. Please ESTIMATE your weight at age 18.

☐ 90-100	☐ 131-140	☐ 171-180	☐ 211-220	☐ 251-260
☐ 101-110	☐ 141-150	☐ 181-190	☐ 221-230	☐ 261-270
☐ 111-120	☐ 151-160	☐ 191-200	☐ 231-240	☐ 271-280
☐ 121-130	☐ 161-170	☐ 201-210	☐ 241-250	☐ 281 +

2. Please ESTIMATE your weight at age 50. <please answer this question if you are over the age of 50>

☐ 90-100	☐ 131-140	☐ 171-180	☐ 211-220	☐ 251-260
☐ 101-110	☐ 141-150	☐ 181-190	☐ 221-230	☐ 261-270
☐ 111-120	☐ 151-160	☐ 191-200	☐ 231-240	☐ 271-280
☐ 121-130	☐ 161-170	☐ 201-210	☐ 241-250	☐ 281 +

3. Please ESTIMATE your weight 1 year ago.

☐ 90-100	☐ 131-140	☐ 171-180	☐ 211-220	☐ 251-260
☐ 101-110	☐ 141-150	☐ 181-190	☐ 221-230	☐ 261-270
☐ 111-120	☐ 151-160	☐ 191-200	☐ 231-240	☐ 271-280
☐ 121-130	☐ 161-170	☐ 201-210	☐ 241-250	☐ 281 +

Family History

1. Have any of your BLOOD RELATIVES ever been diagnosed with an inherited cancer syndrome?

- ☐ Yes[a]

[a] If yes:

Which inherited cancer syndrome(s) was it? (Do not be concerned if you do not recognize these names. The conditions are uncommon.) [select all that apply]

- ☐ BRCA (Hereditary Breast and Ovarian Cancer)
- ☐ Lynch Syndrome (HNPCC or Colon Cancer Syndrome)
- ☐ Polyposis: Familial Adenomatous Polyposis (FAP) or Attenuated Familial Adenomatous Polyposis (AFAP)
- ☐ Endocrine Syndrome (MEN1 or MEN2)
- ☐ Li-Fraumeni Syndrome
- ☐ Neurofibromatosis (NF1)
- ☐ Paraganglioma and Pheochromocytoma Syndrome
- ☐ Peutz-Jeghers Syndrome
- ☐ Cowden Syndrome
- ☐ Other

- ☐ No
- ☐ I don't know

2. Are you adopted?

- ☐ Yes[a]

[a] If yes:

Do you have information about your BIOLOGICAL family?

- ☐ Yes (continue)
- ☐ No (skip to SONS section)

- ☐ No

Now think about your MOTHER.

1. Has your MOTHER ever been diagnosed with cancer?

- ☐ No or I don't know (skip to FATHER section)
- ☐ Yes, 1 cancer
- ☐ Yes, 2 or more cancers

2. What type of cancer did she have FIRST? <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

3. How old was she when diagnosed with FIRST cancer?

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

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4. What type of cancer did she have SECOND? <answer this question only if answer to question 1 is "Yes, 2 or more cancers"> <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

5. How old was she when diagnosed with SECOND cancer?

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

6. Is she living or deceased? <answer this question only if your mother has been or was diagnosed with one or more types of cancer>

☐ Living
☐ Deceased[a]

[a] How old was she when she died?

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Now think about your FATHER.

1. Has your FATHER ever been diagnosed with cancer?

☐ No or I don't know (skip to SONS section)
☐ Yes, 1 cancer
☐ Yes, 2 or more cancers

2. What type of cancer did he have FIRST? <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

3. How old was he when diagnosed with FIRST cancer?

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

4. What type of cancer did he have SECOND? <answer this question only if answer to question 1 is "Yes, 2 or more cancers"> <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

5. How old was he when diagnosed with SECOND cancer?

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

6. Is he living or deceased? <answer this question only if your father has been or was diagnosed with one or more types of cancer>

☐ Living
☐ Deceased[a]

[a] How old was he when he died?

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Now think about your SONS.

1. How many SONS do you have?

- ☐ 0 (skip to DAUGHTERS section)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know (skip to DAUGHTERS section)

2. Has/have any of your SON(S) been diagnosed with cancer?

- ☐ Yes
- ☐ No (skip to DAUGHTERS section)
- ☐ Don't know (skip to DAUGHTERS section)

3. Which sons were diagnosed with cancer? (Check all that apply) <if your answer to question 1 is "1" son, then SKIP to question 4>

If your answer to question 1 is "2" sons, check the following that apply for a cancer diagnosis:

- ☐ Oldest son
- ☐ Youngest son

If your answer to question 1 is "3" sons, check the following that apply for a cancer diagnosis:

- ☐ Oldest son
- ☐ Second oldest son
- ☐ Youngest son

If your answer to question 1 is "4" sons, check the following that apply for a cancer diagnosis:

- ☐ Oldest son
- ☐ Second oldest son
- ☐ Third son
- ☐ Youngest son

If your answer to question 1 is "5" sons, check the following that apply for a cancer diagnosis:

- ☐ Oldest son
- ☐ Second oldest son
- ☐ Third son
- ☐ Fourth son
- ☐ Youngest son

Think about your son: <if your answer to question 1 is "1" son and your answer to question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? <please refer to Appendix at the back of this survey for list of cancers, and answer accordingly>

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

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Think about your OLDEST son: <if answer to question 1 is "2, 3, 4, or 5 or more" sons and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your SECOND OLDEST son: <if answer to question 1 is "2, 3, 4, or 5 or more" sons and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your THIRD son: <if answer to question 1 is "2, 3, 4, or 5 or more" sons and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your FOURTH son: <if answer to question 1 is "2, 3, 4, or 5 or more" sons and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your YOUNGEST son: <if answer to question 1 is "2, 3, 4, or 5 or more" sons and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Now think about your DAUGHTERS.

1. How many DAUGHTERS do you have?

☐ 0 (skip to BROTHERS section)	☐ 4
☐ 1	☐ 5 or more
☐ 2	☐ Don't know (skip to BROTHERS section)
☐ 3	

2. Has/have any of your DAUGHTER(S) been diagnosed with cancer?

- ☐ Yes
- ☐ No (skip to BROTHERS section)
- ☐ Don't know (skip to BROTHERS section)

3. Which daughters were diagnosed with cancer? (Check all that apply) <if your answer to question 1 is "1" daughter, then SKIP to question 4>

If your answer to question 1 is "2" daughters, check the following that apply for a cancer diagnosis:

☐ Oldest daughter	☐ Youngest daughter

If your answer to question 1 is "3" daughters, check the following that apply for a cancer diagnosis:

☐ Oldest daughter	☐ Second oldest daughter	☐ Youngest daughter

If your answer to question 1 is "4" daughters, check the following that apply for a cancer diagnosis:

☐ Oldest daughter	☐ Third daughter
☐ Second oldest daughter	☐ Youngest daughter

If your answer to question 1 is "5" daughters, check the following that apply for a cancer diagnosis:

☐ Oldest daughter	☐ Third daughter	☐ Youngest daughter
☐ Second oldest daughter	☐ Fourth daughter	

Think about your daughter: <if your answer to question 1 is "1" daughter and your answer to question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

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Think about your OLDEST daughter: <if answer to question 1 is "2, 3, 4, or 5 or more" daughters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your SECOND OLDEST daughter: <if answer to question 1 is "2, 3, 4, or 5 or more" daughters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your THIRD daughter: <if answer to question 1 is "2, 3, 4, or 5 or more" daughters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your FOURTH daughter: <if answer to question 1 is "2, 3, 4, or 5 or more" daughters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your YOUNGEST daughter: <if answer to question 1 is "2, 3, 4, or 5 or more" daughters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Now think about your BROTHERS.

1. How many BROTHERS do you have?

☐ 0 (skip to SISTERS section)	☐ 4
☐ 1	☐ 5 or more
☐ 2	☐ Don't know (skip to SISTERS section)
☐ 3	

2. Has/have any of your BROTHER(S) been diagnosed with cancer?

- ☐ Yes
- ☐ No (skip to SISTERS section)
- ☐ Don't know (skip to SISTERS section)

3. Which brothers were diagnosed with cancer? (Check all that apply) <if answer to question 1 is "1" brother, then SKIP question 4>

If answer to question 1 is "2" brothers and question 2 is "Yes", check the following that apply:

- ☐ Oldest brother
- ☐ Youngest brother

If answer to question 1 is "3" brothers and question 2 is "Yes", check the following that apply:

- ☐ Oldest brother
- ☐ Second oldest brother
- ☐ Youngest brother

If answer to question 1 is "4" brothers and question 2 is "Yes", check the following that apply:

- ☐ Oldest brother
- ☐ Second oldest brother
- ☐ Third brother
- ☐ Youngest brother

If answer to question 1 is "5" brothers and question 2 is "Yes", check the following that apply:

- ☐ Oldest brother
- ☐ Second oldest brother
- ☐ Third brother
- ☐ Fourth brother
- ☐ Youngest brother

Think about your brother: <if answer to question 1 is "1" brother and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your OLDEST brother: <if answer to question 1 is "2, 3, 4, or 5 or more" brothers and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your SECOND OLDEST brother: <if answer to question 1 is "2, 3, 4, or 5 or more" brothers and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your THIRD brother: <if answer to question 1 is "2, 3, 4, or 5 or more" brothers and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your FOURTH brother: <if answer to question 1 is "2, 3, 4, or 5 or more" brothers and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your YOUNGEST brother: <if answer to question 1 is "2, 3, 4, or 5 or more" brothers and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has he had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select his age at diagnosis:

- ☐ 9 or younger
- ☐ 10-19
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90 or older
- ☐ I don't know

Now think about your SISTERS.

1. How many SISTERS do you have?

- ☐ 0 (skip to BLOOD RELATIVES section)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more
- ☐ Don't know (skip to BLOOD RELATIVES section)

2. Has/have any of your SISTER(S) been diagnosed with cancer?

- ☐ Yes
- ☐ No (skip to BLOOD RELATIVES section)
- ☐ Don't know (skip to BLOOD RELATIVES section)

3. Which sisters were diagnosed with cancer? (Check all that apply) <if answer to question 1 is "1" sister, then SKIP question 4>

If answer to question 1 is "2" sisters and question 2 is "Yes", check the following that apply:

- ☐ Oldest sister
- ☐ Youngest sister

If answer to question 1 is "3" sisters and question 2 is "Yes", check the following that apply:

- ☐ Oldest sister
- ☐ Second oldest sister
- ☐ Youngest sister

If answer to question 1 is "4" sisters and question 2 is "Yes", check the following that apply:

- ☐ Oldest sister
- ☐ Second oldest sister
- ☐ Third sister
- ☐ Youngest sister

If answer to question 1 is "5" sisters and question 2 is "Yes", check the following that apply:

- ☐ Oldest sister
- ☐ Second oldest sister
- ☐ Third sister
- ☐ Fourth sister
- ☐ Youngest sister

Think about your sister: <if answer to question 1 is "1" sister and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your OLDEST sister: <if answer to question 1 is "2, 3, 4, or 5 or more" sisters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your SECOND OLDEST sister: <if answer to question 1 is "2, 3, 4, or 5 or more" sisters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your THIRD sister: <if answer to question 1 is "2, 3, 4, or 5 or more" sisters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your FOURTH sister: <if answer to question 1 is "2, 3, 4, or 5 or more" sisters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

☐ 9 or younger	☐ 30-39	☐ 60-69	☐ 90 or older
☐ 10-19	☐ 40-49	☐ 70-79	☐ I don't know
☐ 20-29	☐ 50-59	☐ 80-89	

Think about your YOUNGEST sister: <if answer to question 1 is "2, 3, 4, or 5 or more" sisters and question 2 is "Yes" to cancer diagnosis>

4. What type(s) of cancer has she had? < please refer to Appendix at the back of this survey for list of cancers, and answer accordingly >

Please select her age at diagnosis:

- ☐ 9 or younger
- ☐ 10-19
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90 or older
- ☐ I don't know

Now think about your other BLOOD relatives (your grandparents, aunts, uncles, and cousins). (if applicable)

1. Have any of these BLOOD relatives (your grandparents, aunts, uncles, and cousins) ever been diagnosed with cancer?

- ☐ Yes
- ☐ No (skip to next section)
- ☐ I don't know (skip to next section)

2. Who was diagnosed with cancer? (Select all that apply)

MOTHER'S SIDE OF THE FAMILY

- ☐ Grandmother
- ☐ Grandfather
- ☐ Aunt
- ☐ Uncle
- ☐ Female cousin
- ☐ Male cousin

FATHER'S SIDE OF THE FAMILY

- ☐ Grandmother
- ☐ Grandfather
- ☐ Aunt
- ☐ Uncle
- ☐ Female cousin
- ☐ Male cousin

Alcohol

1. Do you currently drink alcohol?

- ☐ Yes
- ☐ No (skip to question 3)

2. Over the past year, how many alcoholic beverages (beer, wine, mixed drinks, etc.) did you consume in a TYPICAL WEEK?

- ☐ Less than 1 drink per week
- ☐ 1-4 drinks per week
- ☐ 5-9 drinks per week
- ☐ 10-19 drinks per week
- ☐ More than 19 drinks per week

3. Was there ever a time when you regularly consumed more alcohol?

- ☐ Yes
- ☐ No (skip to next section)

4. When you were consuming more alcohol, how many alcoholic beverages (beer, wine, mixed drinks, etc.) did you consume in a TYPICAL WEEK?

- ☐ None
- ☐ Less than 1 drink per week
- ☐ 1-4 drinks per week
- ☐ 5-9 drinks per week
- ☐ 10-19 drinks per week
- ☐ More than 19 drinks per week

5. How old were you when you STARTED drinking alcohol regularly?

- ☐ 9 or younger
- ☐ 10-19
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90 or older
- ☐ I don't know

6. How old were you when you STOPPED drinking alcohol regularly?

- ☐ 9 or younger
- ☐ 10-19
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90 or older
- ☐ I don't know

Exercise

1. How many times do you do the following kinds of exercise in a TYPICAL WEEK?

a. VIGOROUS/STRENUOUS EXERCISE (heart beats rapidly, sweating) (example: running, aerobic classes, cross country skiing, vigorous swimming, vigorous biking)

Times per week: (select one option)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+

Average duration (minutes): (select one option)

☐ 0-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+

b. MODERATE EXERCISE (not exhausting, light perspiration) (example: fast walking, tennis, easy bicycling, pilates, easy swimming)

Times per week: (select one option)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+

Average duration (minutes): (select one option)

☐ 0-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+

c. LIGHT / MILD EXERCISE (minimal effort, no perspiration) (example: easy walking, yoga, golfing with a cart, bowling)

Times per week: (select one option)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+

Average duration (minutes): (select one option)

☐ 0-9 ☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+

2. How often do you feel really rested when you wake up in the morning?

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently
- ☐ Almost always

3. How would you rate the quality of your diet over the past year?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

4. How much do you want to change your diet?

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ Very much

5. Do you regularly take vitamins, alternative medications, or herbal supplements?

- ☐ Yes[a]

[a] If yes:

Which alternative medications and/or supplements do you take regularly? (select all that apply)

- ☐ Herbal supplements
- ☐ Multivitamins
- ☐ Megavitamins
- ☐ Macrobiotics
- ☐ Nutritional supplements
- ☐ Other

- ☐ No

6. Not counting multivitamins, do you currently take Vitamin D (in calcium supplement or separately)?

- ☐ No
- ☐ Yes, seasonal only[a]

[a] If yes:

Dose per day:

- ☐ Less than 600 IU
- ☐ 600 to 900 IU
- ☐ 1000 to 1500 IU
- ☐ 2000 IU or more

- ☐ Don't know
- ☐ Yes, most months[a]

[a] If yes:

Dose per day:

- ☐ Less than 600 IU
- ☐ 600 to 900 IU
- ☐ 1000 to 1500 IU
- ☐ 2000 IU or more
- ☐ Don't know

Background

1. Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes[a]

[a] If yes, what is your Latino or Hispanic ancestry or origin? (select all that apply)

- ☐ South American
- ☐ Latin/Central American
- ☐ European
- ☐ Caribbean
- ☐ Other

☐ No

☐ Not sure

2. What best describes your racial background?

☐ Asian[b]

[b] If Asian, select all that apply:

- ☐ Cambodian
- ☐ Chinese
- ☐ Indian
- ☐ Japanese
- ☐ Korean
- ☐ Malaysian
- ☐ Pakistani
- ☐ Filipino
- ☐ Thai
- ☐ Vietnamese
- ☐ Other

☐ Black or African American[c]

[c] If Black or African American, select all that apply:

- ☐ African
- ☐ African American
- ☐ Haitian or Caribbean-American
- ☐ Other

☐ White

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander

3. What is your country of birth?

If NOT USA, at what age did you immigrate to the United States of America?

- ☐ 9 or younger
- ☐ 10-19
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90 or older
- ☐ I don't know
- ☐ Not applicable

If USA, in what state were you born?

4. What best describes your educational status?

- ☐ Grade school
- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Vocational or technical school beyond high school
- ☐ Some college or associate's degree
- ☐ College graduate
- ☐ Some graduate or professional school
- ☐ Graduate degree

5. How confident are you filling out medical forms?

- ☐ Extremely
- ☐ Quite a bit
- ☐ Somewhat
- ☐ A little bit
- ☐ Not at all

6. How confident are you in understanding medical statistics?

- ☐ Extremely
- ☐ Quite a bit
- ☐ Somewhat
- ☐ A little bit
- ☐ Not at all

7. Are you currently employed?

- ☐ Yes[a]

  [a] If yes, what is your current employment status?

  - ☐ Employed 32 hours or more per week
  - ☐ Employed less than 32 hours per week

- ☐ No[b]

  [b] If no, which best describes your current status?

  - ☐ Retired
  - ☐ Unemployed and/or seeking work
  - ☐ Other
  - ☐ On medical leave
  - ☐ Student
  - ☐ Disabled
  - ☐ Homemaker

8. Which of the following best describes your occupation?

- ☐ Architecture and Engineering
- ☐ Arts, Design, Entertainment, Sports, and Media
- ☐ Building and Grounds Cleaning and Maintenance
- ☐ Business and Financial Operations
- ☐ Community and Social Service
- ☐ Computer and Mathematical
- ☐ Construction and Extraction
- ☐ Education, Training, and Library
- ☐ Farming, Fishing, and Forestry
- ☐ Food Preparation and Serving Related
- ☐ Healthcare Practitioners
- ☐ Healthcare Support
- ☐ Installation, Maintenance, and Repair
- ☐ Legal
- ☐ Life, Physical, and Social Science
- ☐ Management
- ☐ Office and Administrative Support
- ☐ Personal Care and Service
- ☐ Production
- ☐ Protective Service
- ☐ Sales and Related
- ☐ Transportation and Material Moving
- ☐ Other

9. Did you complete this survey on your own?

- ☐ Yes
- ☐ No[a]

  [a] If no:

  Who assisted you?

  - ☐ A family member or friend
  - ☐ A health care professional
  - ☐ Other
  - ☐ A clinic staff member
  - ☐ A translator

10. Where did you complete the survey?

- ☐ At home
- ☐ In the clinic
- ☐ Both

PCROWD
Understanding Blood Precursor Conditions

Appendix

1. Leukemia/Lymphomas/Blood Disorders

a. Leukemia
  i. Acute leukemia ii. Chronic leukemia iii. I don't know
b. Lymphoma
  i. Hodgkin's Lymphoma ii. Non-Hodgkin's Lymphoma iii. I don't know
c. Multiple Myeloma
d. Other Leukemia/Lymphoma/Blood Disorder
e. I don't know

2. Breast Disease/Cancer

a. Breast cancer c. LCIS e. I don't know
b. DCIS d. Other Breast Disease/Cancer

3. Gastrointestinal and Digestive

a. Colon f. Pancreas k. GIST (stromal tumor)
b. Rectum g. Liver l. Carcinoid/Neuroendocrine
c. Stomach h. Gallbladder/Bile ducts m. Other Gastrointestinal/Digestive Cancer
d. Pancreas i. Appendix n. I don't know
e. Esophagus j. Anus

4. Gynecologic

a. Ovary/Fallopian tube d. Other Gynecologic Cancer
b. Uterus e. I don't know
c. Cervix

5. Head and Neck (Oral/Throat)

a. Thyroid d. Throat/Larynx
b. Parathyroid e. Other Head and Neck (Oral/Throat) Cancer
c. Sinus/Mouth/Palate/Tongue f. I don't know

6. Neurological (Brain)

7. Sarcoma

a. Soft tissue sarcoma c. Other Sarcoma
b. Bone sarcoma d. I don't know

8. Skin

a. Melanoma c. Other Skin Cancer
b. Basal cell carcinoma/Squamous cell carcinoma d. I don't know

9. Thoracic (Chest)

a. Lung
  i. Non-small cell carcinoma ii. Small cell carcinoma iii. I don't know
b. Mesothelioma
c. Other Thoracic (Chest) Cancer
d. I don't know

10. Urinary (Genitourinary)

a. Prostate d. Testicular
b. Kidney (Renal) e. Other Urinary (Genitourinary) Cancer
c. Bladder/Ureter f. I don't know

11. Other Cancer Type

12. I don't know