

Name: _____

DOB: _____

(or hospital label)

Patient Questionnaire

NBT National Brain Tumour Study

- All information you give will be treated as **strictly confidential** and will only be used for medical research.
- If you need any help or have any queries, please contact one of our research team on: **0208 722 4431** (answerphone available).
- Please read the instructions at the beginning of each section and write clearly in BLOCK CAPITALS throughout, giving as much information as possible.
- If there is any information you do not know, or cannot remember, please write "Don't know" or select the box "DK"/"Don't know".
- Please remember to sign and date the last page of this questionnaire
- When you have filled in the questionnaire please send it in the envelope provided to:

**NBT STUDY
FREEPOST SEA9632
BROOKES LAWLEY BUILDING
INSTITUTE OF CANCER RESEARCH
SUTTON
SM2 5BR**

National Brain Tumour Study

Thank you for participating in the National Brain Tumour Study. Our international consortium of brain tumour researchers is working together on identifying risk factors and genes related to brain tumour development. The following questionnaire includes questions about your family's health history and your prior cancer history.

Please fill in the shaded (grey) areas of the questionnaire, ticking/writing to the right of the appropriate text. If there is any information that you do not know or cannot remember, this is not a problem. Please write 'Don't know' in the space provided or mark the box 'Don't know'/'DK'. This is more informative than if you leave the question blank/unanswered.

Your participation in the study is greatly appreciated and the information you provide is invaluable to our research.

Please mark or complete shaded areas.

A. BACKGROUND INFORMATION													
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth	D	D	M	M	Y	Y	Y	Y
First Name	<input type="text"/>				Last Name	<input type="text"/>							
Address and Postcode	<input type="text"/>												
Phone Number	<input type="text"/>												
Your country of birth	<input type="text"/>												
How would you describe the ethnic group to which you belong? (tick one or more boxes as appropriate)													
White	<input type="checkbox"/>	Asian – Indian	<input type="checkbox"/>	Black – Caribbean	<input type="checkbox"/>								
Mixed – white/black Caribbean	<input type="checkbox"/>	Asian – Pakistani	<input type="checkbox"/>	Black – African	<input type="checkbox"/>								
Mixed – white/black African	<input type="checkbox"/>	Asian – Bangladeshi	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>								
Mixed – white/Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>										
Q1 Have you ever been diagnosed with any cancer or tumour <i>other than glioma</i>?													
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, we would like to ask some questions about these other primary cancers or tumours.									
What type of tumour / cancer?					Age or year of diagnosis								
<input type="text"/>					Age	<input type="checkbox"/>	Year	<input type="checkbox"/>	Don't know	<input type="checkbox"/>			

[Please use the back side or another piece of paper if needed for additional tumour/cancer diagnoses]

B. YOUR FAMILY HISTORY

Q2	Are you adopted?	Yes		No	
If yes, do you know the medical history of your blood relatives?		Yes		No	
If you don't know the medical history of your blood relatives, skip to Q7.					

Q3	Are you from a multiple birth?	Yes		No	
Fraternal twin		Identical twin		Triplet	
		Don't know		Other: _____	

Q4	We are going to ask you some questions about specific biological family members. Please complete the list for all relatives below.										
Relative Type	Age today and year born		Still living?		If deceased, year and age of death		Has this relative ever had cancer or a brain tumour?		Type of cancer or brain tumour (list all)	Age or year of diagnosis	
	Age	Year	Yes	No	Age	Year	Yes	No		Age	Year
Father	Age		Yes		Age		Yes			Age	
	Year		No		Year		No			Year	
	DK		DK		DK		DK			DK	
Mother	Age		Yes		Age		Yes			Age	
	Year		No		Year		No			Year	
	DK		DK		DK		DK			DK	

Q5	Excluding yourself, how many of each of the following biological family members do you have?	Brothers		Sisters	
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Q6	We are going to ask you questions about your siblings. Please include those who are no longer living. [Start with the oldest sibling and continue until questions have been completed for all.]												
1	Relative Type	Is this sibling full or half?	Year born and age today		Still living ?		If deceased year and age of death		Has this relative ever had cancer or a brain tumour?		Type of cancer or brain tumour (list all)	Age or year of diagnosis	
			Age	Year	Yes	No	Age	Year	Yes	No		Age	Year
1	Brother	Full	Age		Yes		Age		Yes			Age	
	Sister	Half – father's side	Year		No		Year		No			Year	
		Half – mother's side	DK		DK		DK		DK			DK	
2	Brother	Full	Age		Yes		Age		Yes			Age	
	Sister	Half – father's side	Year		No		Year		No			Year	
		Half – mother's side	DK		DK		DK		DK			DK	
3	Brother	Full	Age		Yes		Age		Yes			Age	
	Sister	Half – father's side	Year		No		Year		No			Year	
		Half – mother's side	DK		DK		DK		DK			DK	

	Relative Type		Is this sibling full or half?		Year born and age today		Still living ?		If deceased year and age of death		Has this relative ever had cancer or a brain tumour?		Type of cancer or brain tumour (list all)		Age or year of diagnosis	
4	Brother		Full		Age		Yes		Age		Yes				Age	
	Sister		Half – father's side		Year		No		Year		No				Year	
			Half – mother's side		DK		DK		DK		DK				DK	
5	Brother		Full		Age		Yes		Age		Yes				Age	
	Sister		Half – father's side		Year		No		Year		No				Year	
			Half – mother's side		DK		DK		DK		DK				DK	
6	Brother		Full		Age		Yes		Age		Yes				Age	
	Sister		Half – father's side		Year		No		Year		No				Year	
			Half – mother's side		DK		DK		DK		DK				DK	

[Please use the back side or another piece of paper if needed for additional siblings]

Q7	How many children have you had? Please only include biological children.	Sons		Daughters	

Q8 Now, we will ask you details about all of your children. Please remember to include those who are no longer living. [Start with the oldest and continue until questions have been completed for all.]

	Relative Type		Year born and age today		Still living?		If deceased year and age of death		Has this relative ever had cancer or a brain tumour?		Type of cancer or brain tumour (list all)		Age or year of diagnosis	
1	Son		Age		Yes		Age		Yes				Age	
	Daughter		Year		No		Year		No				Year	
			DK		DK		DK		DK				DK	
2	Son		Age		Yes		Age		Yes				Age	
	Daughter		Year		No		Year		No				Year	
			DK		DK		DK		DK				DK	
3	Son		Age		Yes		Age		Yes				Age	
	Daughter		Year		No		Year		No				Year	
			DK		DK		DK		DK				DK	
4	Son		Age		Yes		Age		Yes				Age	
	Daughter		Year		No		Year		No				Year	
			DK		DK		DK		DK				DK	
5	Son		Age		Yes		Age		Yes				Age	
	Daughter		Year		No		Year		No				Year	
			DK		DK		DK		DK				DK	

	Relative Type		Year born and age today		Still living?		If deceased year and age of death		Has this relative ever had cancer or a brain tumour?		Type of cancer or brain tumour (list all)		Age or year of diagnosis	
			Age		Yes		Age		Yes				Age	
6	Son		Age		Yes		Age		Yes			Age		
	Daughter		Year		No		Year		No			Year		
			DK		DK		DK		DK			DK		

[Please use the back side or another piece of paper if needed for additional children]

Q9 Have there been any cases of cancer in your other family members? Please only include blood relatives.												
	Relative Type		Sex		Paternal or maternal relative?		Type of cancer or brain tumour (list all)				Age or year of diagnosis	
			Male		Paternal						Age	
1			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	
2			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	
3			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	
4			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	
5			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	
6			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	
7			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	
8			Male		Paternal						Age	
			Female		Maternal						Year	
											DK	

[Please use the back side or another piece of paper if needed for additional relatives]

Thank you for taking the time to complete this questionnaire.

If there were any questions you did not understand, or if you have any questions about the study please do not hesitate to contact our research team, in complete confidence, on **0208 722 4431**.

If we have any queries about the answers you have given in this questionnaire it would be helpful if we could phone you to clarify them. If however you do not wish us to contact you again please say so:

You **may*/may not*** contact me by phone if you need to clarify any of my answers.
(*delete as appropriate)

On telephone number _____
Morning / afternoon / early evening (delete as appropriate)

Once completed, please return this questionnaire to the research nurse or alternatively return it to the NBT Study coordinator directly in the self addressed FREEPOST envelope provided.

Signed _____ Date _____
