## **CART-WHEEL Questionnaire Demonstration**





This document contains screenshots of all pages of the questionnaire to give you a better feeling for what we are asking and how the questionnaire works.

### **Content:**

Start page and welcome screen after login	3
Question 1: Personal Details	4
Question 2: Contact Details	5
Question 3: Diagnosis (Tumor/Cancer)	6
Question 3: Diagnosis (No Tumor/Cancer i.e. Predisposition)	7
Question 4: Tumor Location	8
Question 4: Tumour Location (No tumor)	9
Question 5: Hospitals	10
Question 6: Doctors	11
Question 7: Biopsy Details	12
Question 7: Biopsy Details (No Tumor)	13
Question 8: Operation Details	14
Question 8: Operation Details (No Tumor)	15
Question 8: Operation Details (Patient with Predisposition Develops Tumor)	16
Question 9: Treatment Details	17
Question 9: Treatment Details (No Tumor)	18
Question 9: (Patient with predisposition develops a Tumor/Cancer)	19
Question 10: Treatments Side Effects	20
Question 11: Radiation Details	21
Question 11: Radiation Details (No Tumor)	22
Question 12: Clinical Trial Details	23
Question 13: General Health	24
Question 14: Smoking/Alcohol Consumption	25
Question 15: Other Tumors	26
Question 15: Other Tumors (No Tumor)	27
Question 16: Family Cancer History	28

Question 17: Family Gene Test	29
Question 18: Tumour Gene Test	30
Question 18: Tumour Gene Test (Tumor)	32
Question 19: Additional Data Collection Projects (No project)	33
Question 19: Additional Data Collection Projects (Project associated with your tumor)	
Question 20: Psychosocial	35
Summary of All Information	37
Settings: My Login Details	38

## Start page and welcome screen after login



Welcome, demouser! | (Home) | FAQ | My Login details | My Consent details | Logout

### QUESTIONNAIRE

Start 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary

### Thank you for being part of CART-WHEEL

### A friendly reminder: CONSENT FORM

We are currently in discussions with many researchers interested in using the information that you and other CART-WHEEL participants have provided to further research into rare tumors.

We note that you have not yet given consent for your information to be included in this research. Consent may be given online by clicking **here** and following the instructions. You can also click on "My Consent details" at the top of this page.

Alternatively, you can print a copy of the consent form, which you can find here After you have read and signed the form, it can be scanned (or photographed) and emailed to contact@cart-wheel.org. You can also post the form to:

CART-WHEEL BioGrid Australia PO Box 2138 Royal Melbourne Hospital VIC 3050 Australia



### What you might need

It will be useful for you to have a copy of your pathology report with the specific name of your rare tumour, information about the hospitals or medical centres where you have been treated and the names of the treatments that you have received before you start the questionnaire. If you do not have all the required information immediately available you can go back and fill in or modify your responses to those questions at a later date.

### FAQ - How to complete the questionnaire

You have questions on how to use the online questionnaire? Read our <u>Questionnaire - FAQ (Frequently Asked Questions</u>)

### Come back to your questionnaire - anytime

You do not have to answer all questions in one session. You can come back and fill in or modify the questionnaire at a later date.

### Secure and Confidential

Your information will be entered via a secure connection and cannot be seen by anyone else. At the end of the questionnaire you will be able to print out a summary of all of the questions and your responses to retain for your records.

### Contact Us

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## **Question 1: Personal Details**



## **QUESTIONNAIRE**

Start	1	2	3	4	5 6	7	8	9	10	11	12 1	13 14	15	16	17	18	19	20	21	Summary
* Click here	for a	summ	ary o	f the v	vhole pag	e, or p	lace th	ne cur	sor ov	er any	of the <u>u</u>	nderlined	word!	s for a	descr	ription				
1. Your personal	details	S																		
To allow us to mak analyze your data All your informatio	withou	ıt iden	tifying	g you.								elop a uni	que ide	entifier	r num	ber for	you. T	'his wil	l allow	researchers to
First Name			D	emo																
Middle Initial																				
Last Name			U	ser																
Gender				Fema Male	le															
Date of Birth Format: DD/MM/YYY	Υ																			
What country were	e you b	orn in	?					Plea	se sele	ct		~								
What country did	you sp	ent mo	ost of	your l	ife in?			Pleas	se sele	ct		~								
What is your <u>parer</u>	ntal cu	ltural	backo	round	<u>i</u> ?				your ma se sele		ral backgro	ound								
									your sec se sele		in cultural	background	if applic	able						
What is your <u>cultu</u> Some cancer syndrom: familial, breast or ovar	s are as	sociated	with p				oups e.g.		yping in	to the te	ext field. Yo	u can choos	e one of	the sug	gestion	is or ent	er anoth	ner name	2.	
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## **Question 2: Contact Details**



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## **QUESTIONNAIRE**

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here	for a s	umm	ary of	f the v	vhole	page, or	pla	ce the	e cur	sor ov	er any	of the	underli	ined	words	s for a	descr	iption				
2. Contact Details																						
Please enter <u>your c</u>	ontact	t deta	ils. All	enter	ed info	rmation	is t	reate	d con	fident	al and	will no	t be giv	en o	ut.							
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Last Name																						
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## **Question 3: Diagnosis (Tumor/Cancer)**



## **QUESTIONNAIRE**

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Start Summary Click here for a summary of the whole page, or place the cursor over any of the underlined words for a description 3.1 Have you been diagnosed with a Tumor (cancer)? Yes ONo If you have a Biopsy/Histology report from your doctor please type in the diagnosis as shown on the report. If you have had any other tumors (cancer) apart from this tumor (cancer) you can specify this in Question 15. Start typing the name of the tumor (cancer) into the text field. You can choose one of the suggested types which will appear or enter another name. 3a. When was your tumor (cancer) first diagnosed? Please select the date corresponding to the date on which your tumor was diagnosed. If you are not sure, please select a date around the time that you recall your tumor was first diagnosed and click on the box saying 'Estimated Date'. Format: DD/MM/YYYY ☐ Estimated Date < PREVIOUS SAVE SAVE AND NEXT >

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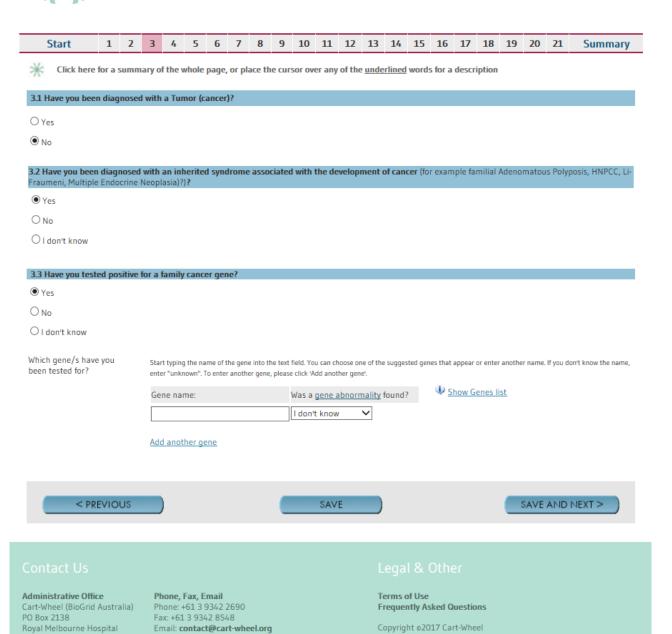
## Question 3: Diagnosis (No Tumor/Cancer i.e. Predisposition)



Victoria, 3050, Australia

## **QUESTIONNAIRE**

Welcome, demouser! (Home) FAQ My Login details My Consent details Logout



## **Question 4: Tumor Location**



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## **QUESTIONNAIRE**

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here	for a	summ	ary of	the v	vhole	page,	, or pl	lace th	e cur	sor ov	er any	of the	e <u>under</u>	rlined	words	for a	descr	iption			·	
4. Where was you	ır tum	or Ica	ncorl	thoug	ht to	have	starte	ad fra	n in v	our be	wlu?											
The location is not				_					пшу	oui bu	ruy:											
First, select the re Please select	gion o	of your	body:			_	elect t select	he loc	ation (	of the	tumor	:					~					
4a. Where else wa	as the	tumo	r (can	cer) lo	ocated	l in yo	our bo	ody?														
You can select one					the lis	st belo	ow. Ju	ıst sele	ct as	many	as you	are a	ware of									
Expand the option: Collapse the option	ns by	clicking	g on E	3	ı ıOab -																	
The location is not	in the	e listr F	riease	seleci	Othe	er and	a spec	LIIY.														
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■ Breast																						
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Other																						
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## **Question 4: Tumour Location (No tumor)**



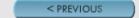
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## **QUESTIONNAIRE**

Start 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary

**Question 4: Tumour Location** 

As you do not have a tumor, this question does not apply to you.



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### **Question 5: Hospitals**



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## **QUESTIONNAIRE**

4 5 6 8 Start 10 11 12 13 14 15 16 17 18 19 Summary Click here for a summary of the whole page, or place the cursor over any of the underlined words for a description 5. Which hospitals have been involved in your care? Please list the main hospitals where you have been treated for this tumor. For example, where you had an operation, medical treatment such as chemotherapy or any other therapy. Once you have entered the first hospital/institution you can enter additional. Click 'Save to add hospital' (or 'SAVE' at the bottom at the page) to add the hospital to your hospital list. You can edit the hospital information later. If you don't know the address, leave the field empty. **Add Hospital details** Country Please select **Hospital Name** Start typing the name and choose from the suggestions or enter another If you chose one of the suggestions, press "Enter" or click outside the field for the address to appear automatically Address Zip/Postcode Town/Suburb State Clear Save to add hospital < PREVIOUS SAVE SAVE AND NEXT >

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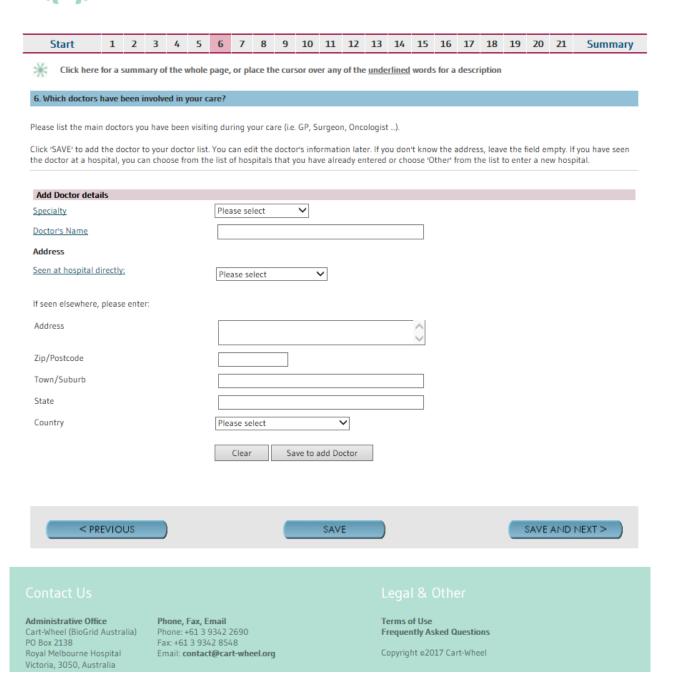
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### **Question 6: Doctors**



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## **QUESTIONNAIRE**



### **Question 7: Biopsy Details**

Royal Melbourne Hospital

Victoria, 3050, Australia

Email: contact@cart-wheel.org



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## **QUESTIONNAIRE**

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Start Summary Click here for a summary of the whole page, or place the cursor over any of the underlined words for a description 7. Where and when was the biopsy of your tumor (cancer) taken? Please provide details from where the biopsy in your body was taken, when and at which center the biopsy was performed. The Hospitals/Doctors you have already entered will appear in the drop down boxes for you to select. If the Hospital/Doctor is not in the list, please choose 'Other' Click 'SAVE'. Once you have entered the first, you can enter details of additional biopsies(/operations) if appropriate. From where in your body was the biopsy taken? If not one of your selected sites, then choose 'Other' from the list and select details. Please select ~ Date Biopsy taken: Estimated Date Format: DD/MM/YYYY At what center was the biopsy performed? Doctor: Please select and/or Hospital: Please select ~ and/or other Center: Was tissue banking performed? Oyes O No O I don't know Clear < PREVIOUS SAVE SAVE AND NEXT > **Administrative Office** Phone, Fax, Email Terms of Use Cart-Wheel (BioGrid Australia) Phone: +61 3 9342 2690 **Frequently Asked Questions** PO Box 2138 Fax: +61 3 9342 8548

## **Question 7: Biopsy Details (No Tumor)**



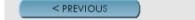
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## **QUESTIONNAIRE**

Start 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary

Question 7: Biopsy details

As you do not have a tumor, this question does not apply to you.



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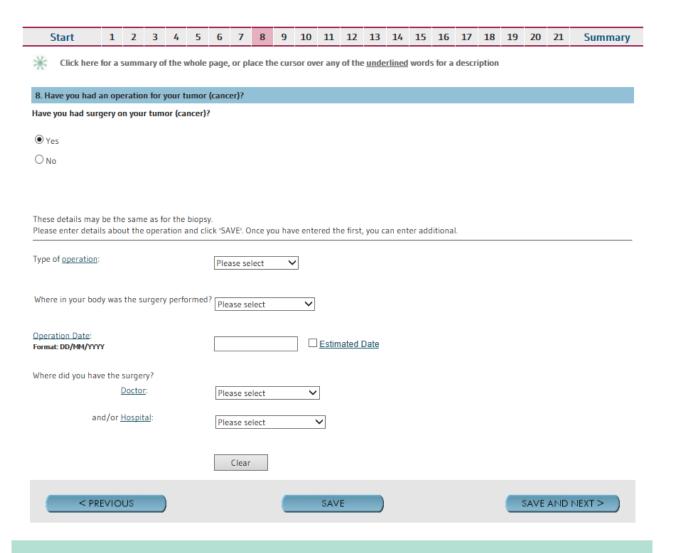
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## **Question 8: Operation Details**



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## **QUESTIONNAIRE**



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## **Question 8: Operation Details (No Tumor)**



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## **QUESTIONNAIRE**

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary Start Click here for a summary of the whole page, or place the cursor over any of the <u>underlined</u> words for a description 8. Have you had prophylactic surgery for precancerous tissue? Have you had surgery to reduce the change of you developing cancer such as removal of breast(s) or removal of testicles? (This does not include biopsies or removal of nodes) Yes O<sub>No</sub> These details may be the same as for the biopsy. Please enter details about the operation and click 'SAVE'. Once you have entered the first, you can enter additional. Type of operation: Please select ~ Operation Date: Estimated Date Format: DD/MM/YYYY Where did you have the surgery? Doctor: Please select ~ and/or Hospital: Please select ~ Clear < PREVIOUS SAVE AND NEXT > SAVE

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## **Question 8: Operation Details (Patient with Predisposition Develops Tumor)**



## **QUESTIONNAIRE**

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Start	1	2	3	4	5	6 7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
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8. Have you had	l an ope	eratio	n for y	our to	umor	(cancer)?															
Have you had su	rgery o	n you	r tum	or (cai	ncer)?	•															
<b>●</b> Yes																					
O No																					
8. Have you had																					
Have you had su removal of node:		o redu	ice the	e char	nge of	you develo	pping (	cance	r such	as re	moval	of brea	st(s)	or ren	noval	of test	icles?	(This	does r	not incl	ude biopsies or
<b>●</b> Yes																					
O No																					
TUMOUR or PRO	OPHYL	АСПС	surge	erv?																	
TUMOUR: an op																					
PROPHYLACTIC:	_	ery to	reduc	e the	chang	e of you de	velopi	ng car	ncer												
TUMOR	~																				
These details ma																					
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Type of operation	<u>1</u> :					Please se	lect	~	·												
Where in your bo	dy was	the su	urgery	perfo	rmed	Please se	elect		~												
Operation Date:																					
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Where did you ha	ve the	surger	ry?																		
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## **Question 9: Treatment Details**



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## QUESTIONNAIRE

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here	for a s	umm	ary of	f the v	whole	page,	or pl	ace th	e curs	sor ov	er any	of the	unde	rlined	words	for a	descr	iption				
9. Have you had a	any dr	ua tro	atmo	nt fo	r vour	tumo	r (can	corl n	roscri	had b	v a do	rtor?										
This includes Chen It does NOT include																		o thera	ару.			
Yes																						
O <sub>No</sub>																						
Please describe th	e cour	se of t	treatn	nent	you re	ceived	and o	lick "S	SAVE".	Once	you h	ave en	tered t	the firs	t, you	can ei	nter ac	dition	al.			
Where did you have	e the	treatn	nent?																			
Doctor:						Ple	ase se	elect		~	•											
and/or Hospital:						Ple	ase se	elect			<b>~</b>											
Name of treatmer	nt:					Start	typing	the nan	ne of th	e treatn	nent an	d choose	e from t	he sugg	estions	or enter	other.	$\neg$				
How did you acces	ss this	treatr	ment?			Plea	se se	lect									<b>~</b>					
When did this cou		treatn	nent s	tart?						] 🗆	Estin	nated [	Date									
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## **Question 9: Treatment Details (No Tumor)**



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## **QUESTIONNAIRE**

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here	for a s	summ	ary o	f the v	whole	page,	or pl	ace th	e cur	sor ov	er any	of the	unde	rlined	words	for a	descr	iption				
9. Have you receit cancer?	ved m	edica	tion t	o redi	ıce th	e cha	nce of	you d	levelo	ping a	cano	er? E.ç	j. tamo	oxifen	to pre	vent l	oreast	cance	er or as	spirin 1	to pre	vent bowel
Yes																						
○ No																						
Please describe th	e cou	rse of	treatr	ment y	ou re	ceived	and o	lick "S	SAVE".	. Once	you h	ave en	tered t	the fir	st, you	can e	nter a	ddition	al.			
Where did you hav	e the	treatr	ment?																			
<u>Doctor</u> :						Ple	ase se	elect		V	•											
and/or <u>Hospital</u> :						Ple	ase se	elect			<b>~</b>											
Name of <u>treatmen</u>	nt:					Start	typing	the nan	ne of th	e treatr	ment ar	nd choos	e from t	he sugg	gestions	or ente	r other.					
How did you acces	s this	treati	ment?	,		Plea	ase se	lect									~					
When did this cour		treatr	ment s	start?							Estin	nated	<u>Date</u>									
When did this cour	rse of	treatr	ment e	end?		0	The tro	eatme	nt is s	still on	going											
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## Question 9: (Patient with predisposition develops a Tumor/Cancer)



# QUESTIONNAIRE

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Start	1	2	3	4		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
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lave you had a	any dr	ug tre	eatme	ent fo	ry	our ti	umo	ır (car	ncer) p	orescr	ibed b	y a d	octor?										
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Yes																							
No																							
Have you receincer?	ved m	edica	tion t	o red	luce	e the	cha	nce o	f you o	develo	oping	a can	cer? E.	g. tam	oxifen	to pre	vent b	reast	cance	roras	pirin	to prev	ent bowel
) Yes																							
No No																							
ease describe th	ne coui	rse of	treatr	ment	VOL	ı rece	eived	and	click "	SAVE'	. Once	vou	have e	ntered	the fir	st. vou	can er	iter ad	dition	al.			
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hy did you have	this t	reatm	ent?				Ple	ase se	elect		~												
ere did you hav	ve the	treatr	nent?	•																			
Doctor:							Ple	ase s	elect		`	1											
nd/or <u>Hospital</u> :							Ple	ease s	elect			~											
ame of treatmen	nt						E11																
							Start	typing	the nar	ne or u	ne treat	ment a	ind choo	se from t	ne sugg	estions	or enter	otner.					
ow did you acces	ss this	treatr	ment?	,			Dia	ase se	last									<u>~</u>					
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hen did this cour	rse of	treatr	nent :	start?	,						¬ _	l Esti	mated	Data									
rmat: DD/MM/YYY	Υ											1 <u>E3U</u>	mateu	Date									
nen did this cour rmat: DD/MM/YYY		treati	nent	eno r			0	The tr	eatme	ent is	still on	igoin	9										
							0	The tr	eatme	ent en	ded												
							l					Ш	Estima	ted Da	<u>te</u>								
								Clear	1														
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## **Question 10: Treatments Side Effects**



## QUESTIONNAIRE

Welcome, demouser! (Home) FAQ My Login details My Consent details Logout

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
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																		_				
10. Have you had	any si	ide ef	fects (	during	g your	treat	ment	?														
Yes																						
O No																						
Please enter the tr	reatm	ent ar	nd des	cribe	the sid	e effe	erts ve	u hav	e eyne	erienci	ed wit	h it. Cl	ick "S	AVE". O	ince vo	u have	ente	red the	first	VOIL C	ın ente	r additional
treatments.	Cutin	ciii di	10 00.	, cribe	the sid	ic circ	.ccs ye	70 1101	c cxp.	Lineme			icit Si		nee ye	o nov		red til	- 111 31,	you co		
Diagra colors that	vao(s)	of sid	lo offo	ct tha	*	waari																
Please select the ty							enced															
Abdomina	•			_	ritation				Joint									nd Vor				
☐ Allergic rea	action	1			retenti				Kidn	ey pro	blems	5				Ner	ve pro	blems				
☐ Anaemia				Hand-	foot sy	ndro	me		Liver	probl	ems					□ Nig	ht swe	eats				
☐ Bladder irr	ritatio	n		Hearir	ng prot	olems			Low	platel	ets (th	rombo	ocytop	enia)		Pep	tic ulc	er				
Bleeding				Heart	proble	ms			Low	white	cell co	ount (n	eutro	oenia)		Ras	h					
☐ Blood clots	s			High b	olood p	ressu	ire		Lung	probl	lems					Ref	ux					
☐ Constipation	on			High b	olood s	ugar			Mino	r brui:	sing					Ritu	ıximal	o infus	ion rea	ction		
☐ Diarrhea				Hot FI	ushes				Mout	th ulce	ers					Tire	dness					
Dizziness				Infecti	ion				Musc	le pai	n											
Other																						
Please enter the n	ame (	of the	drug	if kno	wn:				Г													
If you do not know wi	hich dr	ug cau	sed the	e side e	effect ple	ease ei	nter un	known														
Clear																						
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## **Question 11: Radiation Details**



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## **QUESTIONNAIRE**

Start	1	2	3	4	5	6 7	8	9	10	11	12	13	14 1	5	16	17	18	19	20	21	Summary
* Click here	for a	summ	nary o	f the v	vhole p	age, or pl	ace th	ne cur	sor ov	er any	of the	underli	ned wo	rds	for a	desci	iption				
11. Have you ever	had	radia	tion t	reatm	ent fo	r this tum	or (ca	ncer)	?												
● Yes																					
O No																					
Please describe the	e rac	liation	treatn	nent y	ou rece	ived and c	lick "S	AVE".	Once	you ha	ive ent	ered the	first, y	ou c	an en	ter ac	dition	al.			
Where did you have	e the	radiat	tion tr	eatme	nt?																
Doctor:	e the	: Idulai	tion th	eatille	<u> </u>	Г	Diazea	selec			<b>~</b>										
						L	riease	selec	L		•										
and/or <u>Hospital</u> :							Please	selec	t		<b>~</b>										
When did this cour		f <u>radiat</u>	tion st	art?							□ <u>Est</u> i	imated [	)ate								
When did this cour		f <u>radiat</u>	ion en	<u>id</u> ?							Est	imated [	)ate								
What part of your I treatment?	body	receiv	ed the	radia	tion	F	lease	selec	t	\ \	•										
Have you been ask because of side eff			this ra	diothe	erapy	(	) Yes														
						(	O No														
Have you experien	ced a	any <u>late</u>	e side	effect:	?	(	) Yes														
							O No														
							Cle	ar													
< PR	EVIC	ous		)						SAV	E								SAVE	AND	NEXT >

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## **Question 11: Radiation Details (No Tumor)**



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## **QUESTIONNAIRE**

Start 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary

Question 11: Radiation deatails

As you do not have a tumor, this question does not apply to you.

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## **Question 12: Clinical Trial Details**



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## **QUESTIONNAIRE**

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Click here fo	r a su	ımma	ary of	f the v	whole	page,	or pla	ace th	e curs	sor ov	er any	of the	unde	rlined	words	for a	descr	iption				
12. Have you ever b	een ii	na <u>c</u>	clinica	al tria	l for	your t	umor	(cano	er) or	your	genetio	c risk	for ca	ncer?								
Yes																						
O No																						
Please describe the	clinica	ıl tria	al and	click	"SAVE	". Onc	e you	have	entere	ed the	first, y	ou car	n enter	addit	ional.							
Hospital:						Plea	ise se	lect		•	~											
Name or type of tria	l:																					
Name of treatment		want	٠١.															_				
Year when clinical tr	ial sta	arted	:					e.g. 2	006													
							Clear															
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## **Question 13: General Health**





## **QUESTIONNAIRE**

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here	for a s	summ	ary o	f the v	vhole	page	e, or pl	ace th	e cur	SOF OV	er any	of th	e <u>unc</u>	derlined	words	for a	descr	iption				
13. Your general I	health	ı																				
If you are not sur	e of th	ie ans	wer to	a qu	estion	plea	se sele	ct 'No	,													
Have you ever ha	d a he	art at	tack?	•								P	lease	select \	•							
Have you ever be	en tre	ated f	for he	art fai	ilure?							P	lease	select \	•							
Have you had an	opera	tion t	o unc	log or	bypas	s th	e arter	ies in	your	legs?		P	lease	select \	/							
Have you had a st brain, or transien						ent,	blood	dot or	blee	ding ir	the	P	lease	select \	•							
Do you have diffic cerebrovascular a			g an a	irm or	leg a	san	esult o	f a str	oke o	ır		P	lease	select \	•							
Do you take medi	cation	n for a	sthm	a?								Р	lease	select								~
Do you take medi obstructive lung o			emphy	/sema	, chro	nic t	oronchi	itis, oı	chro	nic		P	lease	select								~
Do you have store	nach u	lcers,	or pe	eptic u	lcer d	isea	se?					P	lease	select \	•							
Do you have diab	etes (1	high b	bool	sugar	)?							P	lease	select					,	~		
Have you ever ha	d the	follow	ring p	robler	ns wit	h yo	ur kidr	neys?				P	lease	select								~
Do you have one (Please check all t				condit	ions?								Lup Pol Alz Cirr Leu	eumatoi ous (Sysi ymyalgi heimer's rhosis o ukemia nphoma other Ca	temic I a Rheu s Disea r seriou	Lupus Imatic Ise or I	a Demei	ntia	sus)			
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## **Question 14: Smoking/Alcohol Consumption**



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## **QUESTIONNAIRE**

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here	for a	summ	ary o	f the v	vhole	page,	or pla	ace th	e cur	sor ov	er any	of the	unde	rlined	words	s for a	descr	iption				
14. Do you currer	ntly <u>s</u>	<u>moke</u>	?																			
Yes																						
O No but I sm	noked	in the	past																			
O No, I have i	never s	smoke	d																			
At what ag	e did y	ou sta	art sm	oking	?																	
How many	cigare	ttes d	o you	smok	e per (	day?	[	Pleas	e sele	ct 🗸												
14a. Do you drinl	alcol	nol?																				
Yes																						
O No but I co	nsume	ed alco	hol in	the p	ast																	
O No, I have I	never (	drunk	alcoh	ol																		
Number of	days (	on whi	ch alc	ohol i	s cons	umed	in an	avera	ige we	eek:	Plea	se sele	ect					~				
Average nu (100mL wi						umed	l per d	lay :			Plea	se sele	ect	~								
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## **Question 15: Other Tumors**



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## **QUESTIONNAIRE**

Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here							·					of the	unde	rlined	words	for a	descr	iption				
15. Have you had	any (	<u>other</u>	tumo	or (can	icer)	apart	from	this tu	umor	(cance	er)?											
Yes																						
O No																						
Please enter detai	ls abo	ut the	tumo	or and	click '	SAVE'	. Once	you h	iave e	ntered	l the fi	rst, yo	u can e	enter a	dditio	nal.						
Type of tumor:						Start	typing 1	the type	e of car	ncer and	l choose	from th	ie sugge	estions o	r enter	another	name.					
Date diagnosed: Format: DD/MM/YYY	Υ										<u>Estin</u>	nated (	<u>Date</u>									
Where was this tu	mor di	agnos	sed?																			
<u>D</u>	octor:					Ple	ase se	elect		~	•											
and/or <u>H</u>	lospita	<u>l</u> :				Ple	ase se	elect			<b>~</b>											
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## **Question 15: Other Tumors (No Tumor)**



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## **QUESTIONNAIRE**

Start 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary

Question 15: Other Tumours

As you do not have a tumor, this question does not apply to you.

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## **Question 16: Family Cancer History**



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## **QUESTIONNAIRE**

Start	1	2	3	4	5 (	5 7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click here f	for a s	summ	ary o	f the v	vhole pa	ge, or p	olace t	he cur	sor ov	er any	of the	unde	rlined	word	s for a	descr	iption				
16. Do you have a	-fam	ilu bie	tone	of car	venr?																
16. Do you nave a	Idill	шу шѕ	tory	oi cai	icer?																
● Yes																					
○ No																					
Please enter the ty	ne of	tumoi	r with	the n	umber of	family	mamh	ore bo	low an	d click	L IS AVE	Once	a vou h	2240.0	ntorod	the fi	ret voi	1.030.4	ontor :	ddition	ial.
- rease enter the ty	pe oi	turnor	WILII	the m	umber of	laililly	memb	ers be	iow aii	iu ciici	K JAVL	. Onc	e you i	lave e	interec	the ii	ist, you	a Call C	enter a	dultion	iai.
Type of tumor:			Star	rt typing	g the type o	f cancer	and cho	ose fron	n the su	ggestio	ns or en	ter anot	her nan	ne.							
Relationship to you	J.		Bro	others	, Sisters	N					ab abi-										
				d Chile		Num	oer of t	amily	memb	ers wi	th this	type o	or cano	er:							
						Youn	gest ac	<u>ie</u> of fa	mily n	nembe	er whe	n diag	nosis r	made							
			Mo	ther's	side:						th this			er:							
											er whe			made							
			Fat	ther's	side:						th this			er:		Г					
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## **Question 17: Family Gene Test**





## **QUESTIONNAIRE**

Start	1	2	3	4	5	6	7 8	9	10	11	12	13	14	15	16	17	18	19	20	21	Summary
* Click	here for a	summ	nary o	f the v	vhole p	age, or	place ti	he cur	SOF OV	er any	of the	unde	rlined	words	for a	descr	iption				
17. Have you	or anyon	e in yo	ur fan	nily be	een tes	ted for	an <u>inh</u> e	erited	cance	<u>r ?</u>											
This includes	testing of e	either I	blood	or tun	nor fro	m a fam	ily mem	ber.													
Yes																					
O No																					
O I don't kno	DW W																				
Please enter	details abo	out the	test a	and cli	ck 'SA\	/E¹. Once	you ha	ve ent	ered ti	he first	t, you c	an ent	er add	litiona	l.						
Where have	OU OF VOU	ır fami	lv bee	n test	ed?																
	Doctor		_	lease s			~														
				lease:	select																
and/or	Hospit	<u>al</u> :	P	lease s	select		~														
Have you be							associa	ted w	ith the	devel	opmer	nt of G	ancer	(for ex	ample	Famil	ial Ade	enoma	atous	Polypos	is,
HNPCC, LI-Fr	aumeni, M	ultiple	Endo	crine N	Veopla	sia)?															
Yes     ONo																					
Oldon't kn	ow																				
Name of Syn	drome		Sta	rt typing	g the na	me of the	syndrome	into the	e text fie	eld and o	choose fr	rom the	sugges								
			L											4	Show	Syndi	romes	list			
Have you or	a family m	nembe	r beer	teste	ed for a	gene a	ssociate	ed wit	h an ir	nherite	ed cano	cer (fo	r exam	ple Bf	RCA1,	MLH1,	APC, p	53)?			
Yes																					
ONo																					
OI don't kn	OW																				
Which gene/ been tested						me of the								sted ger	es that	appear	or ente	r anoth	ername	a. If you d	on't know the
				ne nai				ar gam			abnorn			>	<b>⊕</b> si	how G	enes li	st			
										't knov		<u>~</u>									
			Adv	d anot	ther ge																
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## **Question 18: Tumour Gene Test**



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Start 1	2 3	4	5	6	7 8	9	10	11 1	2 13	14	15	16	17	18	19	20	21	Summary
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18. Has your tumor (cano	er) beer	n tester	d for a	cance	related	qene	?											
This may be unrelated to a	family r	nembe	r being	g tested.														
⊕ Yes																		
O No																		
O I don't know																		
Please enter details about	the test	and cl	lick 'SA	VE. Onc	e you hav	ve enti	ered th	ne first, yo	u can en	ter add	litional	L						
Where have you been teste		octor			Please	roloc		~										
and/or	н	ospital							,									
array sa	_				Please	selec	t		<u>'</u>									
If your tumor has been tes marker do you know the re	ted for a	cance the test	er relat	ted	□ No.			the result	of the te	st?								
					Was <u>ab</u> Genes	norma	ility for	und in an	of the fo	llowin	g gene	s?						
					Dbra	ď												
					□сКГ													
					□ cMi													
					lora													
					□ n•ra	ıs												
					PDG	FRA												
					□ PI3#													
					□ EML													
					□ SM/													
					ВМЕ	R1A												
					MSH													
					MLH													
					□ MSF													
					Осхо		нм											
					Was you	ur tum	or pos	itive for a	ny of the	follow	ing pro	obeins?	,					
					Protein				tivity									
					Her	2												
					□ ER □ PR													
								genes test now the n					please	e add ti	iem bei	low (	e.g. *FI	SFR3, TAF15,
					Gene n	ame:			a gene at n't know	onorm		und?						
					Add and	other	gene											
					Cle		]											
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## **Question 18: Tumour Gene Test (Tumor)**



## **QUESTIONNAIRE**

Start 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary

Question 18: Tumour gene test

As you do not have a tumor, this question does not apply to you.

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## **Question 19: Additional Data Collection Projects (No project)**



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## **QUESTIONNAIRE**

Start 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary

Question 19: Additional Data Collection Projects

There is no project associated with your tumour, therefore this question does not apply to you.

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## Question 19: Additional Data Collection Projects (Project associated with your tumor)



### **Question 20: Psychosocial**



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## **QUESTIONNAIRE**

Start 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Summary  $Click \ here \ for \ a \ summary \ of \ the \ whole \ page, \ or \ place \ the \ cursor \ over \ any \ of \ the \ \underline{underlined} \ words \ for \ a \ description$ 20. Below is a list of difficulties people sometimes have after a diagnosis of cancer. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS. How much have you been distressed or bothered by these difficulties? If you would like your responses to be suitable for a research project, please answer all 6 questions. Please note: The questions are answerable only once a day and cannot be edited once saved. I thought about my cancer when I didn't mean to: Please select 🗸 I felt watchful or on-guard: Please select 🗸 Other things kept making me think about my cancer: Please select 🗸 I was aware that I still had a lot of feelings about my cancer, but I didn't deal with Please select 🗸 I tried not to think about my cancer: Please select 🗸 I had trouble concentrating: Please select 🗸

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### **Question 21: Comments**

Royal Melbourne Hospital Victoria, 3050, Australia

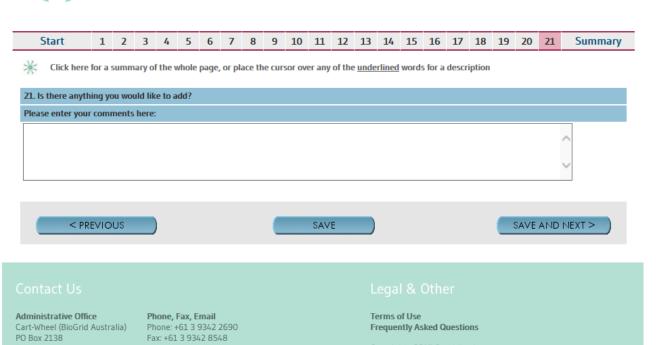
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## **QUESTIONNAIRE**



## **Summary of All Information**





### **Settings: My Login Details**

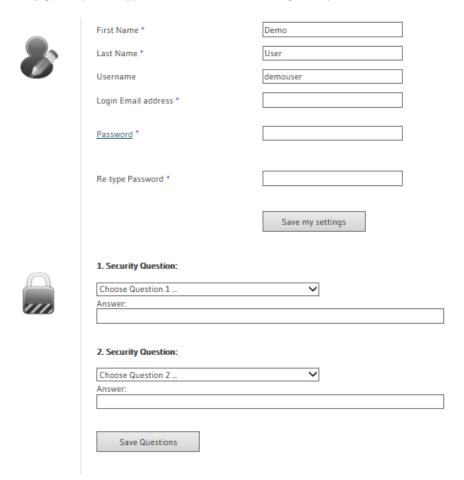


### Welcome, demouser! (Home) FAQ My Login details My Consent details Logout

## **QUESTIONNAIRE**

### Your CART-WHEEL Login details

This page allows you to modiy your current CART-WHEEL account settings. (\* is required)



### Contact Us

Administrative Office Cart-Wheel (BioGrid Australia) PO Box 2138 Royal Melbourne Hospital Victoria, 3050, Australia Phone, Fax, Email Phone: +61 3 9342 2690 Fax: +61 3 9342 8548 Email: contact@cart-wheeLorg

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