

Volunteer Ref:

United Kingdom Collaborative Trial of Ovarian Cancer Screening

Private and Confidential

For the information that you supply to be useful to our ovarian cancer screening study, it is important that you complete all of the questions in "bold"

Please use a **BLACK** pen and place a cross **INSIDE** the box

Please return both sheets using the **Free Post** envelope supplied

### Follow up questionnaire

We would be very grateful if you could answer the following questions. If you are not sure about exact details/dates an approximate answer is better than none. If there are any relevant details you wish to include, please use an additional sheet. Please use a **BLACK** biro or ink pen.

#### ■ ■ **General questions about you**

#### ■ **What qualification(s) do you have from school, college or the equivalent?**

(please place a cross inside the most appropriate box(es))

- "O" level or equivalent  Nursing or teaching  
 "A" level or equivalent  College/ university degree (or equivalent)  
 Clerical or commercial qualification (e.g. secretarial, hairdressing etc)  
 None of these

#### ■ **Approximately how much alcohol on average do you drink each week?** (One drink = a glass of wine, half a pint of lager or cider, a measure of spirits). Average number of drinks of alcohol each week :

- None  Less than 1  1-3  4-6  7-10  11-15  16-20  21+

#### ■ **Have you ever been a smoker?** Yes No

If you answered yes to the above please answer the following questions:

How many years in total have you smoked for?

During those years how many cigarettes on average did you smoke per day?

#### ■ **What was your skirt size when you were in your early twenties?**

- 6  8  10  12  14  16  18  20  22  24  26  28  30

#### ■ **What is your skirt size now?**

- 6  8  10  12  14  16  18  20  22  24  26  28  30

#### ■ **Are you currently taking HRT?** No Yes

#### ■ **Have you used any of the following to relieve menopausal symptoms?**

- Herbal remedies e.g. Black cohosh  Homeopathic remedies  
 Phytoestrogens or soy products  Aromatherapy, reflexology or acupuncture  
 Vitamins e.g. Menopace, vitamin E  Life style changes e.g. relaxation, exercise  
 Other medical treatments e.g. Venlafaxine, Megace

Yes  No

We are interested to know more about how women deal with the menopause.  
 If you are 50-60 years old would you be willing to complete a survey?

Yes  No



**Breast biopsy or other surgery involving the breast**

Year of operation: \_\_\_\_\_ Hospital No.: \_\_\_\_\_

Hospital at which operation took place: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_

**Any other operation of any kind. Please describe:****Since joining UKCTOCS have you been diagnosed with any cancer? Please tell us about this(ese) cancer(s)**

- Ovarian cancer                       Bowel/colorectal cancer                       Lung cancer  
 Breast cancer                               Gastric/stomach cancer                       Vulval/vaginal cancer  
 Cervical cancer                               Pancreatic cancer                               BCC/rodent/skin cancer  
 Endometrial/uterus/womb cancer     Kidney cancer                               Other cancer  
 I have not been diagnosed with any cancers

Type of cancer: \_\_\_\_\_

Year of operation: \_\_\_\_\_ Hospital No.: \_\_\_\_\_

Hospital at which operation took place: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_

Type of cancer: \_\_\_\_\_

Year of operation: \_\_\_\_\_ Hospital No.: \_\_\_\_\_

Hospital at which operation took place: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_

Once you have completed this questionnaire please sign and date below, then return it in the Free Post envelope. Thanks you.

Name (please print):

Date:   /   /    

Signature:

(dd/mm/yyyy)

QUOX 1  2  3 

Office use only

QU Consent

Yes No

**■ ■ The following sections should ONLY be completed by those volunteers who are in the CONTROL group**

**■ Since joining UKCTOCS have you had an ultrasound scan of your ovaries?**

Yes  No

**If "yes" why was this performed?**

- GP request  
 Hospital Doctor request  
 Your own request  
 Other reason \_\_\_\_\_

Year of scan: \_\_\_\_\_ Hospital No.: \_\_\_\_\_

Hospital at which operation took place: \_\_\_\_\_

\_\_\_\_\_

Name of Consultant: \_\_\_\_\_

**■ Since joining UKCTOCS have you had a blood test for CA125?**

Yes  No

(CA125 is a substance, which is released at higher levels into the blood in women with ovarian cancer. The test is carried out if doctors suspect that a woman may have ovarian cancer)

**If "yes" why was this performed?**

- GP request  
 Hospital Doctor request  
 Your own request  
 Other reason \_\_\_\_\_

Year of CA125 test: \_\_\_\_\_ Hospital No.: \_\_\_\_\_

Hospital at which operation took place: \_\_\_\_\_

\_\_\_\_\_

Name of Consultant: \_\_\_\_\_

**Thank you for taking the time to complete this questionnaire. The information that you supply is of great importance to the success of the trial.**

**Regards**

**UKCTOCS Team**