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"

X

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

X

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	· • • • • • • • • • • • • • • • • • • •
(please place a cross inside the most a	
□ "O" level or equivalent	□ Nursing or teaching
☐ "A" level or equivalent	☐ College/ university degree (or equivalent)
☐ Clerical or commercial qualification ☐ None of these	i (e.g. secretariai, nairdressing etc)
□ None of these	
a pint of lager or cider, a measure of spiri	werage do you drink each week? (One drink = a glass of wine, half ts). Average number of drinks of alcohol each week:
\square None \square Less than 1 \square 1-3 \square	$\Box 4-6 \Box 7-10 \Box 11-15 \Box 16-20 \Box 21+$
■ Have you ever been a smoker? □	Yes
If you answered yes to the above plea	se answer the following questions:
How many years in total have you sme	oked for?
•	es on average did you smoke per day?
During those years now many eigarett	es on average did you smoke per day!
What was your skirt size when you	were in your early twenties?
$\square 6 \square 8 \square 10 \square 12 \square 14$	\square 16 \square 18 \square 20 \square 22 \square 24 \square 26 \square 28 \square 30
■ What is your skirt size now?	
·	\square 16 \square 18 \square 20 \square 22 \square 24 \square 26 \square 28 \square 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. Venla	afaxine, Megace
	out how women deal with the menopause.
If you are 50-60 years old would you	ou be willing to complete a survey?

Questions about your outlook on life

Using the scale below, please i	ndicate the	extent to wh	ich you agree wit	h each i	tem:
1. The future seems to me to be	hopeful, and l	I believe that t	hings are changing	for the be	etter.
☐ Absolutely agree ☐ Somew	hat agree [☐ Cannot say	☐ Somewhat disa	gree \square	Absolutely disagree
2. I feel that it is possible to reac	th the goals I	would like to	strive for.		
☐ Absolutely agree ☐ Somew	hat agree [☐ Cannot say	☐ Somewhat disa	.gree \square	Absolutely disagree
Questions about your Health					
Do you have/are you being treat		f the followin	g conditions (multi	inle boxe	es can be crossed)?
☐ High blood pressure	oca for any o	☐ Diabetes	g conditions (mark	□ Stro	
☐ Heart disease e.g. heart attack,	angina	☐ Rheumato	oid arthritis	□ Oste	eoporosis
☐ High blood cholesterol		☐ Osteoarth	aritis		
☐ I have not been treated for any	of the above of	conditions			
Since joining UKCTOCS have	you had any	of the followi	ing operations?	□Yes	□No
If "yes" please enter the details	(multiple bo	oxes can be f	illed: please fill ev	en if vou	ı had them as
part of the trial)	(, F		
Operation to look at your ovari	es -either by	incision or k	eyhole (laparoscop	y)	
Year of operation:		Hospital	No.:		
Hospital at which operation took	place:				
Name of Consultant:					
Hysterectomy / Removal of wor	mh				•
Year of operation:		Hospital	No.:		
Hospital at which operation took		-			
	r				
Name of Consultant:					
Removal of ovaries (please tick	one box)	☐ Right Ovar	y	□ Both	ovaries
Year of operation:		Hospital	No.:		
Hospital at which operation took					
Trospital at which operation took	prace				
Name of Consultant:					
Hysteroscopy / D&C / Scrape of					
Year of operation:	•	-	No.:		
Hospital at which operation took		_			
Hospital at which operation took	ріасе. —				
Name of Consultant:					
Were there any complications re					
• were mere any computations re	suiung 110M	any of the at	ove procedures:	☐ Yes	□ No
If yes, please give details using an	extra sheet of	f paper if nece	ssary.		

Year of operation:	_ Hospital No.:	
Hospital at which operation took p	place:	
Name of Consultant:		
Any other operation of any kind. Pl		
nce joining UKCTOCS have you be	on diagnosed with any cance	or? Plagga tall us ghout this(as
ncer(s) □ Ovarian cancer	☐ Bowel/colorectal cancer	☐ Lung cancer
	☐ Gastric/stomach cancer	☐ Vulval/vaginal cancer
☐ Breast cancer ☐ Cervical cancer	☐ Pancreatic cancer	☐ BCC/rodent/skin cancer
☐ Cervical cancer ☐ Endometrial/uterus/womb cancer		☐ Other cancer
☐ I have not been diagnosed with any	•	in other cancer
Type of cancer:		
Year of operation:	Hospital No.:	
Hospital at which operation took pla	ace:	
Name of Consultant:		
Type of cancer:		
Year of operation:	Hospital No.:	
Hospital at which operation took pl	ace:	
Name of Consultant:		
Once you have completed this quest Post envelope. Thanks you.	ionnaire please sign and date l	pelow, then return it in the Free
Name (please print):	Date:	
		(dd/mm/yyyy)
Signature:		
Signature: QUOX 1	Office use only	QU Cor

UKCTOCS Team

■ The following sections should <u>ONLY</u> be completed by those volunteers who are in the <u>CONTROL</u> group

'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:	
Name of Consultant.	
ce joining UKCTOCS have you had a blood test for CA125?	s 🗆 No
A125 is a substance, which is released at higher levels into the blood in wo	
e test is carried out if doctors suspect that a woman may have ovarian canc	er)
"yes" why was this performed?	
☐ GP request	
☐ Hospital Doctor request	
☐ Your own request	
☐ Your own request ☐ Other reason	
· · · · · · · · · · · · · · · · · · ·	
□ Other reason	
☐ Other reason Year of CA125 test: Hospital No.:	
☐ Other reason Year of CA125 test: Hospital No.: Hospital at which operation took place:	
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