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Completed by:

<b>Teen-LABS</b>	(CDF)	Cancer	Diagnosis	Form
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The first time a participant is asked about cancer, ask about diagnoses "since surgery." At subsequent visits, ask about diagnoses "since the last visit."

**Key for Cancer Diagnosis Form:** (Use the corresponding number codes to complete the log below.) Types of Treatment<sup>3</sup> Visit<sup>1</sup> Types of Cancer<sup>2</sup> 72 = 72 months 144 = 144 months 1= Head/Neck 7 = Endometrial 13 = Ovary 19 = Leukemia, specify 0 = No treatment 84 = 84 months 156 = 156 months 2 = Brain 8 = Stomach 14 = Prostate 20 = Melanoma 1 = Surgery 96 = 96 months 168 = 168 months 3 = Esophagus 9 = Bladder 15 = Rectum 21 = Skin (non-melanoma) 2 = Chemotherapy 108 = 108 months 180 = 180 months 4 = Thyroid 16 = Colon 99 = Other type of cancer, 3 = Radiation 10 = Kidney specify 120 = 120 months -1= In-between visits/not 5 = Breast 11 = Liver 17 = Non-Hodgkin's Lymphoma 99 = Other treatment, specify associated to specific visit 132 = 132 months 6 = Lung 18 = Hodgkin's Lymphoma 12 = Pancreas Day of diagnosis Year of diagnosis Month of diagnosis Specify the type of Visit<sup>1</sup> Date added to form Select Type of Cancer<sup>2</sup> (If unknown, enter "unk") (If unknown, enter "unk") (If unknown, enter "unk") treatment<sup>3</sup> 1 2 3 4 5 6 7 8 9 10

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