



**Epidemiology / Biostatistics**

Primary - No

Secondary - No

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To describe the anticipated scope of the study, please indicate the specific CCSS data to be included as outcome (primary or secondary) or correlative factors. (Check all that apply)

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**Late mortality**

Primary - No

Secondary - No

Correlative Factors - No

**Second Malignancy**

Primary - Yes

Secondary - No

Correlative Factors - No

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**Health Behaviors**

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**Tobacco**

Primary - No

Secondary - No

Correlative Factors - Yes

**Alcohol**

Primary - No

Secondary - No

Correlative Factors - No

**Physical activity**

Primary - No

Secondary - No

Correlative Factors - Yes

**Medical screening**

Primary - No

Secondary - No

Correlative Factors - No

**Other**

Primary - No

Secondary - No

Correlative Factors - No

**If other, please specify**

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**Psychosocial**

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**Insurance**

Primary - No

Secondary - No

Correlative Factors - No

**Marriage**

Primary - No

Secondary - No

Correlative Factors - No

**Education**

Primary - No

Secondary - No

Correlative Factors - No

**Employment**

Primary - No

Secondary - No

Correlative Factors - No

**Other**

Primary - No

Secondary - No

Correlative Factors - No

**If other, please specify**

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**Medical conditions**

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**Hearing/Vision/Speech**

Primary - No                      Secondary - No                      Correlative Factors - No

**Hormonal systems**

Primary - No                      Secondary - No                      Correlative Factors - No

**Heart and vascular**

Primary - No                      Secondary - No                      Correlative Factors - No

**Respiratory**

Primary - No                      Secondary - No                      Correlative Factors - No

**Digestive**

Primary - No                      Secondary - No                      Correlative Factors - No

**Surgical procedures**

Primary - No                      Secondary - No                      Correlative Factors - Yes

**Brain and nervous system**

Primary - No                      Secondary - No                      Correlative Factors - Yes

**Other**

Primary - No                      Secondary - No                      Correlative Factors - No

**If other, please specify**

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Medications

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**Describe medications**

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**Pregnancy and offspring**

Primary - No                      Secondary - No                      Correlative Factors - No

**Family History**

Primary - No                      Secondary - No                      Correlative Factors - Yes

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Psychologic/Quality of Life

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**BSI-18**

Primary - No                      Secondary - No                      Correlative Factors - No

**SF-36**

Primary - No                      Secondary - Yes                      Correlative Factors - No

**CCSS-NCQ**

Primary - No                      Secondary - No                      Correlative Factors - No

**PTS**

Primary - No                      Secondary - No                      Correlative Factors - No

**PTG**

Primary - No                      Secondary - No                      Correlative Factors - No

**Other**

Primary - No

Secondary - No

Correlative Factors - No

**If other, please specify**

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**Chronic conditions (CTCAE v3)**

Primary - No

Secondary - No

Correlative Factors - Yes

**Health status**

Primary - No

Secondary - No

Correlative Factors - Yes

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Demographic

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**Age**

Primary - No

Secondary - No

Correlative Factors - Yes

**Race**

Primary - No

Secondary - No

Correlative Factors - Yes

**Sex**

Primary - No

Secondary - No

Correlative Factors - Yes

**Others**

Primary - No

Secondary - No

Correlative Factors - No

**If others, please specify**

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Cancer treatment

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**Chemotherapy**

Correlative Factors - Yes

**Radiation therapy**

Correlative Factors - Yes

**Surgery**

Correlative Factors - Yes

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Anticipated sources of statistical support

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**CCSS Statistical Center** Yes

**Local institutional statistician**

**If local, please provide the name(s) and contact information of the statistician(s) to be involved.**

**Will this project utilize CCSS biologic samples?** Yes

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If yes, which of the following?

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**Buccal cell DNA** Yes

**Peripheral blood** Yes

**Lymphoblastoid cell lines**

**Second malignancy pathology samples**

**Other requiring collection of samples  
If other, please explain**

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**Other general comments**