



Thank you for your continued participation in the Long-Term Follow-Up Study. Because of this study, we have learned over the years that survivors of childhood cancer, leukemia, tumor, or a similar illness may face special health issues during their adult years.

The LTFU research team is **considering** a research study that would ask a limited number of study participants to visit a local hospital clinic for a free physical examination.

#### PARTICIPATION IN A RESEARCH STUDY VISIT MAY INCLUDE:

Traveling to the clinic at no cost (expenses associated with gas and parking will be paid), within 100 miles of where you live.

A clinic visit at no cost that will take approximately 4-6 hours.

A physical exam at no cost performed by a medical team with expertise in survivors of childhood cancer or a similar illness.

Providing blood and urine samples.

Receiving a written summary of your test results.

Receiving a check in the amount of \$100 for your participation.

Based on this description, we would like you to answer the following five questions.

Today's date:   /   /      
M M D D Y Y Y Y

Please! Do not mark below this line

Survey #033

4717435382

## INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen or a number 2 black pencil. Do not use a felt-tip or roller-ball pen. These may cause smudging. If you must erase answers, erase them completely.
2. When marking boxes, make an x inside the box. (Example:  Yes  No)
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided.

### Please answer the following questions:

1. Based on the description you read on the cover page, what is your interest in participating in such a research study?

- Very Interested
- Interested
- Not Interested

*If Not Interested, please specify reason(s) why you would not be interested.*

***Thank you for your participation.***

2. Indicate how important each item is when deciding whether to participate in a clinic visit:

		Very Important
	Important	
	Not Important	
	<input type="checkbox"/>	<input type="checkbox"/>
Visiting with the individuals involved in my care. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Learning about possible health problems that may occur later in life related to my previous treatment for childhood cancer or a similar illness. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Having health problems that I think might be related to my previous cancer or a similar illness or its treatment. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Helping other survivors of childhood cancer or a similar illness. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Helping children going through the same things I went through. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Having more information about how to best care for myself. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Having psychological/emotional concerns related to my treatment for childhood cancer or a similar illness and/or my survivorship. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Needing more information related to my diagnosis and/or treatment of childhood cancer or a similar illness. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Needing more information about important screening and diagnostic tests to maintain my health. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Needing help in knowing how best to communicate with my primary care doctor. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Receiving a check for my participation. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Please! Do not mark below this line

3. I would participate in a medical evaluation if it took place in a(n):

**(Mark all that apply)**

- Pediatric outpatient clinic (Long-Term Follow-Up Clinic)
- Adult outpatient clinic (Long-Term Follow-Up Clinic)

**(Mark all that apply)**

Of the ones you selected, please rank your choices, with **#1** being the **HARDEST**.

<u>Activity</u>	<u>Rank</u>
<input type="checkbox"/> Need for childcare	□
<input type="checkbox"/> Cannot travel alone, need assistance	□
<input type="checkbox"/> Missing work (have a big workload, need to meet deadlines, difficulty getting permission for medical leave, etc.)	□
<input type="checkbox"/> Missing work (cannot afford loss of wages)	□
<input type="checkbox"/> Having to use my own sick leave or vacation time	□
<input type="checkbox"/> Missing school	□
<input type="checkbox"/> Need for someone to take care of my pets	□
<input type="checkbox"/> None of the above	□
<input type="checkbox"/> Other <b><i>If Other, please specify:</i></b>	□

**(Mark all that apply)**

Of the ones you selected, please rank your choices, with **#1** being the **LEAST** appealing.

<u>Activity</u>	<u>Rank</u>
<input type="checkbox"/> Traveling	□
<input type="checkbox"/> Seeing a particular doctor	□
<input type="checkbox"/> Being in a hospital setting	□
<input type="checkbox"/> Having tests run	□
<input type="checkbox"/> Bringing up old memories of when I was sick	□
<input type="checkbox"/> Being asked to go to a hospital other than the one at which I received my treatment for cancer or a similar illness	□
<input type="checkbox"/> None of the above	□
<input type="checkbox"/> Other <b><i>If Other, please specify:</i></b>	□

**We are always interested in your input.  
Use this space for any additional comments you may have:**

[Empty space for additional comments]

**When you have completed this questionnaire please return it to us in the enclosed envelope.**

**Mail to:**

**LONG-TERM FOLLOW-UP STUDY**  
St. Jude Children's Research Hospital  
Department of Epidemiology  
Mail Stop 735  
262 Danny Thomas Place  
Memphis, TN 38105-3678

**Thank you!**

**Please! Do not mark below this line**

# LTFU

## Long-Term Follow-Up Study



Thank you for your continued participation in the Long-Term Follow-Up Study. Because of this study, we have learned over the years that survivors of childhood cancer, leukemia, tumor, or a similar illness may face special health issues during their adult years

The LTFU research team is **considering** a research study that would ask a limited number of study participants to visit a local hospital clinic for a free physical examination.

### PARTICIPATION IN A RESEARCH STUDY VISIT MAY INCLUDE:

Traveling to the clinic at no cost (expenses associated with gas and parking will be paid), within 100 miles of where you live.

A clinic visit at no cost that will take approximately 4-6 hours.

A physical exam at no cost performed by a medical team with expertise in survivors of childhood cancer or a similar illness.

Providing blood and urine samples.

Receiving a written summary of your test results.

Receiving a check in the amount of \$100 for your participation.

Based on this description, we would like you to answer the following five questions.

Today's date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		Y	Y	Y	Y

Please! Do not mark below this line

Survey #122

8822379953

## INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Please follow these rules in completing this questionnaire. If you have any questions about completing this questionnaire, please call 1-800-775-2167.

1. Use a black ballpoint pen or a number 2 black pencil. Do not use a felt-tip or roller-ball pen. These may cause smudging. If you must erase answers, erase them completely.
2. When marking boxes, make an x inside the box. (Example:  Yes  No)
3. Make no stray marks of any kind. Please keep the form as clean as possible.
4. Written responses must stay within the boxes provided.

### Please answer the following questions:

1. Based on the description you read on the cover page, what is your interest in participating in such a research study?

- Very Interested
- Interested
- Not Interested

*If Not Interested, please specify reason(s) why you would not be interested.*

**Thank you for your participation.**

2. Indicate how important each item is when deciding whether to participate in a clinic visit:

	Not Important	Important	Very Important
Helping other survivors of childhood cancer or a similar illness. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having more information about how to best care for myself. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing more information about important screening and diagnostic tests to maintain my health. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needing help in knowing how best to communicate with my primary care doctor. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving a check for my participation. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I would participate in a medical evaluation if it took place in a(n):

**(Mark all that apply)**

- Pediatric outpatient clinic (Long-Term Follow-Up Clinic)
- Adult outpatient clinic (Long-Term Follow-Up Clinic)

**(Mark all that apply)**

Of the ones you selected, please rank your choices, with **#1** being the **HARDEST**.

<u>Activity</u>	<u>Rank</u>
<input type="checkbox"/> Need for childcare	<input type="text"/>
<input type="checkbox"/> Cannot travel alone, need assistance	<input type="text"/>
<input type="checkbox"/> Missing work (have a big workload, need to meet deadlines, difficulty getting permission for medical leave, etc.)	<input type="text"/>
<input type="checkbox"/> Missing work (cannot afford loss of wages)	<input type="text"/>
<input type="checkbox"/> Having to use my own sick leave or vacation time	<input type="text"/>
<input type="checkbox"/> Missing school	<input type="text"/>
<input type="checkbox"/> Need for someone to take care of my pets	<input type="text"/>
<input type="checkbox"/> None of the above	<input type="text"/>
<input type="checkbox"/> Other <b><i>If Other, please specify:</i></b>	<input type="text"/>
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

**(Mark all that apply)**

Of the ones you selected, please rank your choices, with **#1** being the **LEAST** appealing.

<u>Activity</u>	<u>Rank</u>
<input type="checkbox"/> Traveling	<input type="text"/>
<input type="checkbox"/> Seeing a particular doctor	<input type="text"/>
<input type="checkbox"/> Being in a hospital setting	<input type="text"/>
<input type="checkbox"/> Having tests run	<input type="text"/>
<input type="checkbox"/> None of the above	<input type="text"/>
<input type="checkbox"/> Other <b><i>If Other, please specify:</i></b>	<input type="text"/>
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

**We are always interested in your input.  
Use this space for any additional comments you may have:**

Empty space for additional comments.

**When you have completed this questionnaire please return it to us in the enclosed envelope.**

**Mail to:**

**LONG-TERM FOLLOW-UP STUDY**  
St. Jude Children's Research Hospital  
Department of Epidemiology  
Mail Stop 735  
262 Danny Thomas Place  
Memphis, TN 38105-3678

**Thank you!**

**Please! Do not mark below this line**