



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
Visiting with the individuals involved in my care.	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Helping other survivors of childhood cancer or a similar illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping children going through the same things I went through.	<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"/>
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"/>	<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"/>	<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"/>

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 <i>If Other, please specify:</i>	□

(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 <i>If Other, please specify:</i>	□

**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

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Survey #122

8822379953

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- 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"/>

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(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 <i>If Other, please specify:</i>	<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 <i>If Other, please specify:</i>	<input type="text"/>
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