BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

RESEARCH CENTRE

BC GENERATIONS PROJECT
Your time today builds a healthier tomorrow.

ID:

BC GENERATIONS PROJECT
MEDICAL HISTORY QUESTIONNAIRE

PART A: PERSONAL MEDICAL HISTORY

1) What is your BC Care Card number? This will increase accuracy in linkage with routinely collected Medical Services Plan data.

- ○ Forgot my Care Card
- ○ Don't Know
- ○ Prefer not to answer

2) What is your job title?

- ○ Don't Know
- ○ Prefer not to answer

3) How much did you weigh **when you were born**?

Pounds Ounces **OR** Grams

- ○ Don't Know
- ○ Prefer not to answer

4) Were you breastfed as an infant, even if only for a short period of time?

- ○ Yes
- ○ No → ***skip to #6***
- ○ Don't know → ***skip to #6***
- ○ Prefer not to answer → ***skip to #6***

5) If yes, how long were you breastfed?

Weeks **OR** Months

- ○ Don't know
- ○ Prefer not to answer

6) Have you ever been **diagnosed by a doctor** as having any of the following conditions?

General Grouping	Condition	Ever Diagnosed? (Tick if Yes)	Age at Diagnosis	Currently Under Medical Treatment? (Tick if Yes)
Endocrine, Nutritional & Metabolic Conditions	High blood cholesterol			
	High blood sugar or urine sugar			
	Type 2 Diabetes Mellitus (Non-insulin-dependent diabetes mellitus)			
	Type 1 Diabetes Mellitus (Insulin-dependent diabetes mellitus; formerly juvenile diabetes)			
	Gestational diabetes (diabetes during pregnancy)			
	Thyroid problem			
Cardio-vascular Conditions or Diseases	High blood pressure/hypertension (excluding during pregnancy)			
	Heart attack			
	Blood clot in leg (DVT)			
	Blood clot in lung (pulmonary embolism)			
	Angina			
	Stroke			
	Warning stroke or TIA			
	Congestive heart failure			
	Peripheral arterial disease			
	Atrial Fibrillation			
	Arrhythmia or irregular rhythm			
Musculo-skeletal Conditions	Arthritis: a) Rheumatoid arthritis			
	b) Osteoarthritis			
	c) Other			
	Osteoporosis (thinning bones)			
	Osteopenia			
Autoimmune Diseases	Lupus (SLE)			
Skin Conditions	Eczema			
	Psoriasis			

Table Continued on Next Page…

General Grouping	Condition	Ever Diagnosed? (Tick if Yes)	Age at Diagnosis	Currently Under Medical Treatment? (Tick if Yes)
Conditions of the Digestive System	Irritable bowel syndrome			
	Liver Cirrhosis			
	Chronic hepatitis			
	H. Pylori Infection			
	Gastroesophageal Reflux Disease (GERD)			
	Ulcerative colitis			
	Crohn's Disease			
	Gallstones/gallbladder disease			
Respiratory Conditions	Asthma			
	Allergic rhinitis/hayfever			
	Emphysema			
	Chronic Bronchitis			
	Chronic Obstructive Pulmonary Disorder (COPD)			
Conditions of the Nervous System	Parkinson's disease			
	Multiple sclerosis			
	Migraine headaches			
Eye Conditions	Cataract			
	Glaucoma			
	Macular degeneration			
Genitourinary Conditions	Kidney Disease			
Infectious Diseases	Tuberculosis			
	Sexually Transmitted Infections			
Other Conditions	Benign Prostate Hyperplasia			
	Benign Breast Disease			
	Ovarian Cyst			
	Cervical Dysplasia			
	MGUS or benign monoclonal gammopathy			
	MLUS or benign monoclonal lymphocytosis			
	Myelodysplastic Syndrome (MDS)			
	Actinic Keratosis			
	Barrett's esophagus			

7) Have you ever been diagnosed with **cancer?**

- ○ No → ***skip to #8***
- ○ Yes
- ○ Don't Know → ***skip to #8***
- ○ Prefer not to answer → ***skip to #8***

If yes, which of the following types of cancer were you diagnosed with?

Cancer	Age at Diagnosis	Ever Received Treatment? (Tick if Yes)	Type of Treatment Received 1 = Chemotherapy 2 = Radiation 3 = Surgery 4 = Other
Breast – right			
Breast – left			
Bladder			
Brain			
Bronchus and lung			
Cervix			
Colon			
Kidney			
Larynx			
Leukaemia			
Liver			
Lymphoma			
Non-Hodgkin's lymphoma			
Oesophagus			
Ovary			
Pancreas			
Prostate			
Rectum			
Skin			
Stomach			
Thyroid			
Trachea			
Uterus			
Other Please Specify: ----------			

8) Have you ever had any of the following **procedures** performed?

Procedure	Tick if Yes	Age at Procedure
Angioplasty of coronary arteries		
Angioplasty of leg arteries		
Coronary artery bypass surgery		
Carotid endarterectomy		
Heart valve replacement surgery		
Bypass surgery of leg arteries		

- ○ Don't Know → ***skip to #9***
- ○ Prefer not to answer → ***skip to #9***

9) When you are walking, do you develop heaviness in your chest?

- ○ No
- ○ Yes
- ○ Don't Know
- ○ Prefer not to answer

10) Do you suffer (or have you suffered) from any **other major illnesses** not already mentioned? Please list all below.

- ○ No → ***skip to #11***
- ○ Yes
- ○ Don't Know → ***skip to #11***
- ○ Prefer not to answer→ ***skip to #11***

No.	Name of Illness	Age at Diagnosis	Was this Treated? (Tick if Yes)
1			
2			
3			
4			
5			

11) Have you had any **major surgeries**? Please list all below.

- ○ No → ***skip to #12***
- ○ Yes
- ○ Don't Know → ***skip to #12***
- ○ Prefer not to answer→ ***skip to #12***

No.	Name of Surgery	Age at Surgery
1		
2		
3		
4		
5		

PART B: USE OF MEDICATIONS

12) Are you **currently** taking any prescription medications? Prescription medications could include such things as insulin, nicotine patches and birth control (pills, patches or injections).

- ○ No → ***skip to # 13***
- ○ Yes
- ○ Don't Know → ***skip to #13***
- ○ Prefer not to answer → ***skip to #13***

If yes, please list each prescription medication currently taken.

No.	Name of Medication	Drug Identification Number (DIN) if known	Source of Information	
			From Bottle	From Memory
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PART C: VITAMINS, MINERALS AND SUPPLEMENTS

13) Have you ever taken any **vitamins or minerals?**

- ○ No → ***skip to # 14***
- ○ Yes
- ○ Don't Know → ***skip to #14***
- ○ Prefer not to answer → ***skip to #14***

If yes, which vitamins or minerals are you currently taking or have taken at least once a week for a year?

Name of Vitamin, Mineral or Suppplement	Currently Taking? (Tick if Yes)	Number of Years Taken
Multivitamin (without minerals such as iron, zinc)		
Multivitamin containing minerals (such as iron, zinc, etc.)		
Vitamin A (not in multivitamin)		
B-Complex		
Vitamin B12 (not in multivitamin)		
Vitamin C (not in multivitamin)		
Vitamin D (not in multivitamin)		
Vitamin E (not in multivitamin)		
Calcium, including calcium-based antacids (not in multivitamin)		
Chromium (not in multivitamin)		
Folic acid (folate) (not in multivitamin)		
Iron (not in multivitamin)		
Magnesium (not in multivitamin)		
Selenium (not in multivitamin)		
Zinc (not in multivitamin)		
Beta-carotene		
Fish Oil, Omega-3 Fatty Acids		

PART D: FAMILY MEDICAL HISTORY

14) Have either of your parents or any of your siblings or biological children had a history of premature heart disease, including heart attack, angina (chest pain) or sudden death due to heart disease? Premature heart disease is defined as heart disease before the age of 50 for men, and before the age of 60 for women.

- ○ No → ***skip to # 17***
- ○ Yes
- ○ Don't Know → ***skip to #17***
- ○ Prefer not to answer → ***skip to #17***

15) If yes to # *14*, was this your father, brother(s) or son(s) **before 50 years of age**?

- ○ No
- ○ Yes
- ○ Don't know
- ○ Prefer not to answer

16) If yes to # *14*, was this your mother, sister(s) or daughter(s) **before 60 years of age**?

- ○ No
- ○ Yes
- ○ Don't know
- ○ Prefer not to answer

17) We would like to find out if certain diseases are common in your **biological family**. Have any of your parents, siblings, half-siblings, or children ever been diagnosed with the following conditions and at approximately what age?

Disease	Father (If Yes, Age at Diagnosis)		Mother (If Yes, Age at Diagnosis)		Brothers (Number & Age at Diagnosis)		Sisters (Number & Age at Diagnosis)		Biological Children (Number & Age at Diagnosis)	
	Tick if Yes	Age	Tick if Yes	Age	No.	Age	No.	Age	No.	Age
Arthritis										
Asthma										
Chronic Bronchitis										
Chronic Obstructive Pulmonary Disease (COPD)										
Dementia (including Alzheimer's)										
Diabetes										
Heart attack										
High blood pressure or hypertension										
Parkinson's disease										
Severe Depression										
Stroke										

18) Have any of your biological parents, brothers, sisters or biological children ever been diagnosed with cancer?

- ○ No → ***skip to # 20***
- ○ Yes
- ○ Don't know → ***skip to # 20***
- ○ Prefer not to answer → ***skip to # 20***

If yes, which of the following types of cancer were they diagnosed with and at approximately what age? Please indicate number diagnosed for siblings and children.

Cancer	Father (If Yes, Age at Diagnosis)		Mother (If Yes, Age at Diagnosis)		Brothers (Number & Age at Diagnosis)		Sisters (Number & Age at Diagnosis)		Biological Children (Number & Age at Diagnosis)	
	Tick if Yes	Age	Tick if Yes	Age	No.	Age	No.	Age	No.	Age
Breast										
Bladder										
Brain										
Bronchus and lung										
Cervix										
Colon										
Kidney										
Larynx										
Leukaemia										
Liver										
Lymphoma										
Non-Hodgkin's lymphoma										
Oesophagus										
Ovary										
Pancreas										
Prostate										
Rectum										
Skin										
Stomach										
Thyroid										
Trachea										
Uterus										
Other										

PART E: RESIDENTIAL HISTORY

19) In which country did you live for the **longest** time?

- ○ Don't Know
- ○ Prefer not to answer

20) In which province, state or territory did you live for the **longest** time?

- ○ Don't Know
- ○ Prefer not to answer
- ○ Not applicable

21) In which city, town or village did you live for the **longest** time?

- ○ Don't Know
- ○ Prefer not to answer
- ○ Not applicable

22) What was the postal code or zip code of the dwelling where you lived for the longest period of time?

Postal code or Zip code

- ○ Don't Know
- ○ Prefer not to answer

23) In which country were you born?

→ ***if Canada, skip to #25***

- ○ Don't Know
- ○ Prefer not to answer

24) In what year or at what age did you first come to Canada to live?

	age at which you first came to Canada **OR**
y y y y	year in which you first came to Canada

- ○ Don't Know
- ○ Prefer not to answer

25) In which country was your biological mother born?

- ○ Don't Know
- ○ Prefer not to answer

26) In which country was your biological father born?

- ○ Don't Know
- ○ Prefer not to answer

You are now finished.

Thanks for Participating!