1. Have you ever had cancer?  
   □ Yes □ No → Skip to end of form.

2. If Yes, please specify cancer type and site: ____________________________

2.1. Date of diagnosis for this cancer: □ □ □ □ MMM yy

2.2. Age at diagnosis for this cancer: □ □ years OR □ Don’t know

2.3. Did you have surgery for this cancer? □ Yes □ No □ Don’t know

2.3.1. If yes, name of procedure: ____________________________

2.4. Indicate what treatment/s you had and the dates of treatment completion:
   □ Chemotherapy → □ □ □ □ MMM yy OR □ Ongoing
   □ Hormonal therapy → □ □ □ □ MMM yy OR □ Ongoing
   □ Radiotherapy → □ □ □ □ MMM yy OR □ Ongoing
   □ Other therapy → □ □ □ □ MMM yy OR □ Ongoing

   If other, specify: ____________________________________________

2.5. Have you had a recurrence of this cancer? □ Yes □ No □ Don’t know → Skip to end of form.

2.5.1. If yes, date of recurrence: □ □ □ □ MMM yy

2.5.2. Where did cancer recur? ____________________________