Baylor Advancing Sequencing into Childhood Cancer Care (BASIC^3 Study)
Questionnaire

This questionnaire is part of a study at Texas Children's Hospital/Baylor College of Medicine which is designed to understand how the introduction of new types of genetics tests will help us in understanding the genetic basis for the development of childhood cancer.

This questionnaire will ask many questions about your child's health.

All the information you provide will be kept strictly confidential.

Please provide the following information for your child entering this study.

Child's Name_____
Last First Middle (Maiden)

Current Address:_____
Street

_____
City State/Province Country Zip

Place of Birth: _____
City/Country State/Province Country

Your Name_____
Last First Middle (Maiden)

Parent Telephone Number: (home)_____
Area code-number

(work) _____
Area code-number

(cell)_____
Area code-number

Preferred Email Address:_____

Because we are receiving federal support for research and are applying for more federal support, we need to know the race and ethnicity of your child. In order to collect these data, we request that you provide the following information.

Please complete **BOTH** Section 1 **and** Section 2:

SECTION 1

Do you consider your child to be Hispanic, Latino or of Spanish Origin (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

- □ Hispanic, Latino, or of Spanish origin.
- □ Not Hispanic, Latino, or of Spanish origin.

SECTION 2

What race do you consider your child to be? Please select **one or more** of the following:

- □ *American Indian or Alaska Native* - A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.
- □ *Asian* - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies)
- □ *Black, or African American* – A person having origins in any of the black racial groups of Africa.
- □ *Native Hawaiian or Other Pacific Islander* – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- □ *White* – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

□ Check here if you do not wish to provide some or all of the above information.

It is also helpful to know if your child is from a specific ethnic group
(for example, Amish, Ashkenazi or Sephardic Jewish)?

□ No □ Don't know

□ Yes, please specify: _____

Please list all of your child's medical problems other than the recent tumor diagnosis:

Condition	Date Diagnosed

Please list all of your child's hospitalizations prior to the recent tumor diagnosis and the reason for his or her hospitalization:

Date of hospitalization	Reason

Please list all of your child's surgeries prior to the recent tumor diagnosis and the reason for his or her surgery:

Date of surgery	Reason

The next section is about conditions that are very rare. Many are diagnosed at birth. Please check whether a doctor or other health professional has ever diagnosed your child with the following conditions.

		Year Diagnosed
Brain or Nervous System, such as		
Hydrocephalus (water on the brain)	□ Yes □ No □ Don't know	_____
Myelomeningocele (Spina Bifida)	□ Yes □ No □ Don't know	_____
Developmental Delay	□ Yes □ No □ Don't know	_____
Psychiatric problem_____	□ Yes □ No □ Don't know	_____
Stroke	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Face or Head, such as		
Cleft Lip	□ Yes □ No □ Don't know	_____
Cleft Palate	□ Yes □ No □ Don't know	_____
Both	□ Yes □ No □ Don't know	_____
Microcephaly (small head)	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Eye, such as		
Aniridia (absence of colored part of the eye)	□ Yes □ No □ Don't know	_____
Heterochromia (two different colored eyes)	□ Yes □ No □ Don't know	_____
Cataracts	□ Yes □ No □ Don't know	_____
Conjunctival telangiectasia	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Endocrine system, such as		
Pituitary disorder_____	□ Yes □ No □ Don't know	_____
Diabetes		
Type 1 (juvenile onset)	□ Yes □ No □ Don't know	_____
Type 2 (adult onset)	□ Yes □ No □ Don't know	_____
Adrenal disease_____	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Heart or Circulatory System, such as		
Atrial/Ventricular Septal Defect (hole in the heart)	□ Yes □ No □ Don't know	_____
Abnormal Valves	□ Yes □ No □ Don't know	_____
Transposition (crossed arteries)	□ Yes □ No □ Don't know	_____
Hypertension(high blood pressure)	□ Yes □ No □ Don't know	_____
Thrombosis (clot in vessel)	□ Yes □ No □ Don't know	_____
Hemorrhage location_____	□ Yes □ No □ Don't know	_____
Arteriovenous malformation	□ Yes □ No □ Don't know	_____
Hemangioma	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____

		Year Diagnosed
Muscle or bone, such as		
Extra fingers	□ Yes □ No □ Don't know	_____
Missing fingers	□ Yes □ No □ Don't know	_____
Extra toes	□ Yes □ No □ Don't know	_____
Missing toes	□ Yes □ No □ Don't know	_____
Deformed limb	□ Yes □ No □ Don't know	_____
Club foot	□ Yes □ No □ Don't know	_____
Hemihypertrophy (one side of body larger than other)	□ Yes □ No □ Don't know	_____
Short stature	□ Yes □ No □ Don't know	_____
Abnormal bones on xray	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Skin, such as		
Café-au-lait spots	□ Yes □ No □ Don't know	_____
Extra nipples	□ Yes □ No □ Don't know	_____
Axillary freckling (freckles under armpits)	□ Yes □ No □ Don't know	_____
Birthmark Type_____	□ Yes □ No □ Don't know	_____
Rash	□ Yes □ No □ Don't know	_____
Blistering	□ Yes □ No □ Don't know	_____
Sensitivity to sunlight	□ Yes □ No □ Don't know	_____
Eczema	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Renal system, such as		
Cystic kidneys	□ Yes □ No □ Don't know	_____
Absent kidney	□ Yes □ No □ Don't know	_____
Extra kidney	□ Yes □ No □ Don't know	_____
Blockage of the kidney	□ Yes □ No □ Don't know	_____
Blockage of the bladder	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Gastrointestinal system, such as		
Pyloric stenosis (blockage of stomach outlet)	□ Yes □ No □ Don't know	_____
Tracheoesophageal fistula (connection between windpipe and esophagus)	□ Yes □ No □ Don't know	_____
Pancreatic insufficiency	□ Yes □ No □ Don't know	_____
Gallstones	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____
Reproductive system, such as		
Hypospadias (abnormal urethral opening)	□ Yes □ No □ Don't know	_____
Undescended testicle(s)	□ Yes □ No □ Don't know	_____

Absent or malformed ovaries	□ Yes □ No □ Don't know	_____
Absent or malformed uterus	□ Yes □ No □ Don't know	_____
		Year Diagnosed
Miscarriages or stillbirths	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____

<u>Hereditary Syndromes, such as</u>

Rothmund-Thomson Syndrome	□ Yes □ No □ Don't know	_____
Fanconi's anemia	□ Yes □ No □ Don't know	_____
Beckwith-Wiedemann syndrome	□ Yes □ No □ Don't know	_____
Cowden's disease	□ Yes □ No □ Don't know	_____
Gardner's Syndrome (Multiple polyposis of the colon)	□ Yes □ No □ Don't know	_____
Peutz-Jegher's Syndrome	□ Yes □ No □ Don't know	_____
Neurofibromatosis (von Recklinghausen's disease)		
Type I	□ Yes □ No □ Don't know	_____
Type II	□ Yes □ No □ Don't know	_____
Nevoid basal cell carcinoma syndrome	□ Yes □ No □ Don't know	_____
Sturge-Weber syndrome	□ Yes □ No □ Don't know	_____
Tuberous sclerosis	□ Yes □ No □ Don't know	_____
Turcot's syndrome	□ Yes □ No □ Don't know	_____
MEN I (Wermer's syndrome)	□ Yes □ No □ Don't know	_____
MEN II (Sipple's syndrome)	□ Yes □ No □ Don't know	_____
Von Hippel-Lindau disease	□ Yes □ No □ Don't know	_____
Xeroderma pigmentosa	□ Yes □ No □ Don't know	_____
Bloom Syndrome	□ Yes □ No □ Don't know	_____
Werner Syndrome	□ Yes □ No □ Don't know	_____
Ataxia-telangiectasia	□ Yes □ No □ Don't know	_____
Gorlin Syndrome	□ Yes □ No □ Don't know	_____

<u>Chromosome abnormalities, such as</u>

Trisomy 21 (Down Syndrome)	□ Yes □ No □ Don't know	_____
Trisomy 13 (Patau's Syndrome)	□ Yes □ No □ Don't know	_____
Trisomy 18 (Edward's Syndrome)	□ Yes □ No □ Don't know	_____
Klinefelter's Syndrome (XXY)	□ Yes □ No □ Don't know	_____
Turner's Syndrome (XO)	□ Yes □ No □ Don't know	_____
Other_____	□ Yes □ No □ Don't know	_____

Has a doctor or other health professional ever diagnosed your child with cancer or another tumor prior to this most recent diagnosis?

□ Yes □ No

- If no, skip this section and go to the family history questionnaire.
- If yes, please answer the following questions:

Type of cancer_____

Date of diagnosis_____

Type of therapy (provide as much information as you know):

□ Surgery

Type of surgery: _____
Date of surgery: _____
Place of surgery_____
Name of surgeon_____

□ Chemotherapy

Length of treatment_____
Names of chemotherapy drugs
_____
_____
_____
_____
Place of treatment_____
Name of treating physician_____

□ Radiation Therapy

Length of radiation treatment_____
Total amount of radiation (if known)_____cGy
Place of treatment_____
Name of radiation oncologist_____

Thank you for taking time to complete this questionnaire.