

NON-HODGKIN'S LYMPHOMA (NHL)

BRIEF MEDICAL HISTORY

Now I'm going to ask about some medical conditions and procedures. Please limit your responses to the time period from your birth up until one year ago. In other words, if something that I ask about occurred for the first time within the past year, please do not include it.

MH-1. Before one year ago, did you ever have a blood transfusion?

- YES 1
 NO 2 (MH-6)

MH-2. Please tell me all of the conditions or surgical procedures for which you had a transfusion.

ASK MH-3 THROUGH MH-5 FOR EACH CONDITION
 FOR WHICH A BLOOD TRANSFUSION WAS RECEIVED. ONLY ASK MH-5 IF
 MH-3 > 1 TRANSFUSION OR DK.

MH-3. Before one year ago, how many transfusions did you have for (CONDITION/PROCEDURE)? IF DK, PROBE FOR CATEGORY.

- |_|_| TRANSFUSIONS
- 1 – 4 01
 5 – 9 02
 10 – 19 03
 20 OR MORE 04

MH-4. (How old were you when you first had a blood transfusion for (CONDITION/PROCEDURE)/How old were you when you had it)? IF DK, PROBE FOR CATEGORY.

- |_|_| YEARS OLD
- LESS THAN 10 01
 10 – 19 02
 IN YOUR 20'S 03
 IN YOUR 30'S 04
 IN YOUR 40'S 05
 IN YOUR 50'S 06
 IN YOUR 60'S 07
 IN YOUR 70'S 08

MH-5. How old were you when you last had a transfusion for (CONDITION/PROCEDURE)? IF DK, PROBE FOR CATEGORY.

____|____| YEARS OLD

- LESS THAN 10 01
- 10 – 19 02
- IN YOUR 20's 03
- IN YOUR 30's 04
- IN YOUR 40's 05
- IN YOUR 50's 06
- IN YOUR 60's 07
- IN YOUR 70's 08

MH-6. Before one year ago, did you ever have kidney dialysis?

- YES 1
- NO 2 (MH-9)

MH-7. When did you first have dialysis?

____|____| - ____|____|____|____|
MO YR

MH-8. When did you last have dialysis?

____|____| - ____|____|____|____|
MO YR

MH-9. Before one year ago, did you ever have an organ transplant?

- YES 1
- NO 2 (MH-13)

MH-10. What organs were transplanted?

ASK MH-11 AND MH-12 FOR EACH ORGAN TRANSPLANT.

MH-11. What disease or diseases caused you to need (this/the ORGAN) transplant?

MH-12. When did you have this transplant?

____|____| - ____|____|____|____|
MO YR

MH-13. I'm going to read a list of illnesses. Before one year ago, were you ever diagnosed with:

IF R. SAYS DK: "If you had this illness, your doctor probably would have told you its name. So, if you don't know, just assume that you didn't have it."

	<u>YES</u>	<u>NO</u>
a. Hodgkin's disease?	1	2
b. Leukemia?	1	2
c. Multiple myeloma?	1	2
d. Any other type of cancer not already mentioned?	1	2 (BOX MH-1)

(1) In what part of the body did this cancer start?

IF "SKIN CANCER" MENTIONED IN MH-13d(1), ASK MH-13d(2). OTHERWISE, GO TO BOX MH-1.

(2) Was it malignant melanoma?

YES	1
NO	2

BOX MH-1

FOR EACH "YES" IN MH-13a-d, ASK MH-14.

MH-14. How old were you when you were first diagnosed with (CONDITION)? IF DK, PROBE FOR CATEGORY.

____|____| YEARS OLD

LESS THAN 10	01
10 – 19	02
IN YOUR 20's	03
IN YOUR 30's	04
IN YOUR 40's	05
IN YOUR 50's	06
IN YOUR 60's	07
IN YOUR 70's	08

MH-15. Before one year ago, did a doctor ever tell you that you were infected with, or that you tested positive for,;

	<u>YES</u>	<u>NO</u>
a. HTLV1?.....	1	2
b. HTLV2?.....	1	2

IF R. SAYS DK: "If you had this illness, your doctor probably would have told you its name. So, if you don't know, just assume that you didn't have it.

MH-16. Now I'm going to read another list of medical conditions. Please tell me whether you were ever diagnosed with each condition, by a doctor or other health professional, before one year ago.

	<u>YES</u>	<u>NO</u>
a. Crohn's disease?.....	1	2
b. Ulcerative colitis?.....	1	2
c. Rheumatic heart disease?.....	1	2
d. Lupus?	1	2 (MH-17)
(1) Was it systemic lupus erythematosus, referred to as "SLE," or another type of lupus?		
SLE.....	1	
ANOTHER TYPE (SPECIFY)	6	

IF R. SAYS DK: "If you had this illness, your doctor probably would have told you its name. So, if you don't know, just assume that you didn't have it.

MH-16A. Now look at the show card listing some other rare conditions. Please tell me whether you were ever told by a doctor or other health professional, before one year ago, that you had any of them. (Which disease or diseases did you have?) (ENTER ALL THAT APPLY.)

SHOW CARD MH-1

NONE	00
CELIAC DISEASE	01
SJOGREN'S DISEASE OR SICCA SYNDROME	02
SARCOIDOSIS	03
MYASTHENIA GRAVIS	04
MULTIPLE SCLEROSIS	05
POLYMYALGIA RHEUMATICA	06
POLYMYOSITIS	07
DERMATOMYOSITIS	08
UVEITIS.....	09

MH-17. Before one year ago, did you ever take corticosteroids such as cortisone or prednisone?

- YES 1
- NO 2 (INTRO TO MH-22)

MH-18. If you added up all the days that you took corticosteroids, about how many days would that be? IF DK, PROBE FOR CATEGORY.

- |_|_|_| DAYS 1
- MONTHS 2
- YEARS 3

- LESS THAN 20 DAYS 1
- 20-99 DAYS 2
- 100 DAYS OR MORE 3

MH-19. How old were you when you first took corticosteroids? IF DK, PROBE FOR CATEGORY.

- |_|_| YEARS OLD
- LESS THAN 10 01
 - 10 – 19 02
 - IN YOUR 20's 03
 - IN YOUR 30's 04
 - IN YOUR 40's 05
 - IN YOUR 50's 06
 - IN YOUR 60's 07
 - IN YOUR 70's 08

MH-20. How old were you when you last took corticosteroids? IF DK, PROBE FOR CATEGORY.

- |_|_| YEARS OLD
- LESS THAN 10 01
 - 10 – 19 02
 - IN YOUR 20's 03
 - IN YOUR 30's 04
 - IN YOUR 40's 05
 - IN YOUR 50's 06
 - IN YOUR 60's 07
 - IN YOUR 70's 08

MH-21. For what illnesses or conditions did you take the corticosteroids?

I'm now going to ask you about your immediate family—that is, your parents, your brothers or sisters, and your children. We are interested only in blood relatives, not in step or adoptive relatives. This means you would only include brothers and sisters who have the same biological mother or biological father as you. Please include any members of your immediate family who are deceased.

IF ONE RELATIVE HAS BOTH HODGKIN'S DISEASE AND LYMPHOMA, ASK R. TO CLARIFY THAT THESE WERE TWO SEPARATE DIAGNOSES.

*ASK MH-23 AND MH-24 FOR EACH "YES" IN MH-22. IF MORE THAN ONE RELATIVE IN MH-23, ASK MH-24 FOR EACH RELATIVE SPECIFIED.

MH-22. Was any member of your immediate family ever diagnosed with: CONDITION	MH-23. Which relative? PROBE FOR RELATIONSHIP.	MH-24. How old was your (RELATIVE) when (he/she) was diagnosed with (CONDITION)?
<div style="display: flex; justify-content: flex-end; gap: 20px;"> <u>YES</u> <u>NO</u> </div>		
a. Hodgkin's disease? 1 2	_____	<div style="display: flex; align-items: center; gap: 10px;"> <div style="text-align: center;"> _ _ _ _ AGE</div> <div>OR</div> <div style="text-align: center;">_____ AGE RANGE</div> </div>
b. Lymphoma? 1 2	_____	<div style="display: flex; align-items: center; gap: 10px;"> <div style="text-align: center;"> _ _ _ _ AGE</div> <div>OR</div> <div style="text-align: center;">_____ AGE RANGE</div> </div>
c. Leukemia? 1 2	_____	<div style="display: flex; align-items: center; gap: 10px;"> <div style="text-align: center;"> _ _ _ _ AGE</div> <div>OR</div> <div style="text-align: center;">_____ AGE RANGE</div> </div>
d. Multiple myeloma? 1 2	_____	<div style="display: flex; align-items: center; gap: 10px;"> <div style="text-align: center;"> _ _ _ _ AGE</div> <div>OR</div> <div style="text-align: center;">_____ AGE RANGE</div> </div>