Jefferson Pancreas Tumor Registry Questionnaire
(completed by FAMILY MEMBER for Patient)

Please fill in the information requested. If you do not know how to answer a question, please leave it blank. We will contact you to complete any unanswered questions.

Name of person completing this form: _____ _____
Relationship to patient

Home address:

_____
street

_____
city state zip code

Email Address:_____

Phone number (___)_____

Contact person if you are unavailable:

_____
name

_____
street address

_____
city state zip

Phone number (___)_____

1. Last Name: _____ First Name: _____ MI: _____

2. Today's Date: ____/____/____
Mo Day Year

3. a. Patient's ethnic group:

a. ☐ Caucasian
b. ☐ Hispanic
c. ☐ African-American
d. ☐ Asian-American
e. ☐ Native American
f. ☐ Other _____

Please indicate Registry Site where you enrolled:

☐ Thomas Jefferson University Hospital
☐ Lankanau Hospital
☐ Bryn Mawr Hospital
☐ Paoli Hospital
☐ Riddle Hospital
☐ Poconos Medical Center
☐ Abington Health
☐ Internet
☐ Other _____

b. Was patient's mother Jewish? ___Yes ___No

If yes, was she of Ashkenazi descent (Eastern European/Russian background)? ___Yes ___No

c. Was patient's father Jewish? ___Yes ___No

If yes, was he of Ashkenazi descent (Eastern European/Russian background)? ___Yes ___No

5a. Patient's date of birth: ____/____/____
Mo Day Yr

5b. If deceased, Patient's date of death: ____/____/____

6. Patient's gender: ☐ male ☐ female

Thomas Jefferson University IRB
Approval Date 10/20/16
Approved until END OF STUDY

7. Name, address, and phone number of patient's primary doctor:

_____
name

_____
street address

_____
city state zip

__(___)_____
telephone

8. Which of the following conditions has the patient been diagnosed with: (Check all that apply)

☐ Pancreas Cancer ☐ Bile Duct Cancer ☐ Duodenal Cancer ☐ Ampullary Cancer
☐ Pancreatitis ☐ IPMN ☐ Pancreas Cyst ☐ Other _____

How old was the patient when the pancreas tumor or other condition was diagnosed? _____

Date of diagnosis: _____

Was the patient treated with? ☐ Radiation Therapy ☐ Chemotherapy ☐ Surgery ☐ No Treatment

Name of the hospital where the pancreas or other tumor was diagnosed: _____

Has the patient had any other cancers or tumors? ☐ Yes ☐ No

Please describe: _____

_____

_____

_____

9. What is/was the patient's height? _____feet _____inches

What is/was the patient's weight two years before the pancreas or other tumor was diagnosed? _____

If the patient is still living, what is the patient's current weight? _____ pounds

10. How often does/did patient smoke cigarettes? ☐ Never ☐ Occasionally ☐ Regularly

11. If patient ever smoked cigarettes:

    a. Were the cigarettes:

    ☐ With filters ☐ Without filters ☐ Both with and without filters ☐ Don't know

    b. How many cigarettes does(did) patient usually smoke each day? _____

    c. About how old was patient when he/she first started smoking cigarettes regularly?

    _____ years old ☐ Don't know

12. If patient quit smoking, how old was he/she when he/she stopped smoking? _____ years old

    a. On the average of the entire time patient smoked, how many cigarettes did he/she smoke per day? _____

	Never	Occasionally	Regularly	
13. Does (did) patient smoke pipes or cigars?	____	____	____	How long? _____ years
14. Does (did) patient use chewing tobacco or snuff?	____	____	____	How long? _____ years

15. Has the patient **regularly spent 1 hour or more per day** in a room (at home or work) where someone else was smoking? Please check the appropriate box(es).

Between the ages:	**NO**	**YES**		
		Parent	**Significant Other**	**Co-worker**
0 - 20 years old?				
21 - 40 years old?				
41 - 60 years old?				
When older than 60 years?				

16. Please fill in the table. **PATIENT'S FAMILY HISTORY**

FULL NAME	DATE OF BIRTH Mo/Day/Yr	ANY PANCREAS PROBLEMS?	ANY OTHER CANCERS, INHERITED ANEMIAS OR DISORDERS?	*SMOKER?	DECEASED?
Patient's mother's Name:		**Pancreas Cancer:** ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
Patient's father's Name:		**Pancreas Cancer:** ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
Patient's mother's mother's Name:		**Pancreas Cancer:** ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
Patient's mother's father's Name:		**Pancreas Cancer:** ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
Patient's father's mother's Name:		**Pancreas Cancer:** ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
Patient's father's father's Name:		**Pancreas Cancer:** ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
Patient's spouse's Name:		**Pancreas Cancer:** ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:

*Smoker = >100 cigarettes in Lifetime **Use the back of the form if necessary to explain any illnesses.**

17. How many brothers does/did patient have? _______ How many sisters does/did patient have? _______
If any of patient's brothers and sisters have different parents, please indicate which are half-siblings and whether blood relationship is through patient's mother or patient's father.

PATIENT'S BROTHERS AND SISTERS

FULL NAME	GENDER (F/M)	DATE OF BIRTH Mo/Day/Yr	ANY PANCREAS PROBLEMS?	ANY OTHER CANCERS, INHERITED ANEMIAS OR DISORDERS?	*SMOKER?	DECEASED?
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:

*Smoker = >100 cigarettes in Lifetime

Use back of form if necessary to explain any illnesses.

18. How many sons does/did patient have? _______ How many daughters does/did patient have? _______
Please complete the following for the patient's children. Please indicate which children are half-siblings (have different mother or father).

PATIENT'S CHILDREN

FULL NAME	GENDER (F/M)	DATE OF BIRTH Mo/Day/Yr	ANY PANCREAS PROBLEMS?	ANY OTHER CANCERS, INHERITED ANEMIAS OR DISORDERS?	*SMOKER?	DECEASED?
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:

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Use back of form if necessary to explain any illnesses.

19. Please complete for patient's mother's brothers and sisters.

PATIENT'S *MOTHER'S* SIBLINGS

FULL NAME	GENDER (F/M)	DATE OF BIRTH Mo/Day/Yr	ANY PANCREAS PROBLEMS?	ANY OTHER CANCERS, INHERITED ANEMIAS OR DISORDERS?	*SMOKER?	DECEASED?
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:

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Use back of form if necessary to explain any illnesses.

20. Please complete for patient's <u>father's</u> brothers and sisters.

PATIENT'S *FATHER'S* SIBLINGS

FULL NAME	GENDER (F/M)	DATE OF BIRTH Mo/Day/Yr	ANY PANCREAS PROBLEMS?	ANY OTHER CANCERS, INHERITED ANEMIAS OR DISORDERS?	*SMOKER?	DECEASED?
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
			Pancreas Cancer: ☐ Yes ☐ No ☐Unknown **Diabetes:** ☐ Yes ☐ No ☐Unknown **Pancreatitis**: ☐ Yes ☐ No ☐Unknown Age(s) at Diagnosis:	☐ Yes ☐ No ☐ Unknown Type: Age at Diagnosis:	☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:

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Use back of form if necessary to explain any illnesses.

21. Does patient have any other blood relatives (alive or deceased), i.e. grandchildren or great-grandparents who have been diagnosed with pancreas cancer or other cancer? (not listed in questions 17-22) ☐ Yes ☐ No If yes, please fill in the table below.

PATIENT'S OTHER BLOOD RELATIVES

FULL NAME	GENDER (F/M)	RELATIONSHIP TO PATIENT	DATE OF BIRTH Mo/Day/Yr	Type of cancer, inherited anemia or disorder, date diagnosed, hospital where diagnosed or treated	*SMOKER?	DECEASED?
					☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
					☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
					☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
					☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
					☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:
					☐ Never ☐ Occasional ☐ Regular ☐ Unknown # Years Smoked: # Cigarettes/Day:	☐Yes ☐ No Date of Death: Cause of Death:

*Smoker = >100 cigarettes in Lifetime

Use back of form if necessary.

22. Does patient's spouse have blood relatives with pancreas cancer? ☐ Yes ☐ No
If yes, please explain.

_____

_____

_____

_____

23. a. Has patient or any family member had other tumors removed or undergone any radiation or chemotherapy? ☐ Yes ☐ No
If yes, please explain.

_____

_____

_____

_____

b. Were they treated with? ☐ Radiation Therapy ☐ Chemotherapy ☐ Surgery ☐ No Treatment

24. Are there any other conditions that run in the patient's family that we should know about? (including Gardner's syndrome, hereditary pancreatitis, Von-Hippel Lindau syndrome, Lynch syndrome, neurofibromatosis, familial atypical multiple mole melanoma syndrome)

_____

_____

_____

_____

25. Please check the box of the highest level of education of the following:

	Don't know	Grades 1-6	Grades 7-9	Grades 10-11	High school graduate	Some college	College graduate	Post-graduate degree
a. Patient								
b. Patient's father								
c. Patient's mother								
d. Patient's spouse								

26. What was patient's employment status at time of death?
Check the one that applies to the greatest percent of time.

1 ☐ Employed 2 ☐ Homemaker 3 ☐ Retired 4 ☐ Disabled, unable to work
5 ☐ Unemployed 6 ☐ Student 7 ☐ Other

27. **Place a check in the box of the category of the patient's usual occupation or job (the one they have worked at the longest).**

☐	**Management and Business Occupations**	Includes accountants, administrators, bankers, business owners, CEOs, company chairman, CPAs, economists, grocers, human resources, marketing managers, public relations, shop/store owners, sales managers, stock brokers.
☐	**Health care professionals, scientists, engineers**	Includes aerospace engineers, architects, biologists, biomedical engineers, biophysicists, chemists, child care workers, civil engineers, dentists, draftsmen, lab techs, LPNs, mathematicians, MDs, morticians, nurses aides, pharmacists, pharmacologists, physicists, radiology technicians, RNs, rocket scientists, social workers, statisticians, urban planners, veterinarians.
☐	**Lawyers and education professional**	Includes historians, insurance agents, judges, librarians, lawyers, map makers, ministers, paralegals, principals, professors, tax consultants, teachers.
☐	**Office support, sales personnel, communications personnel**	Includes advertising agents, art directors, cashiers, clerks, composers, journalists, key punch operators, mailroom personnel, news reporters, photographers, punch press operators, purchasing personnel, radio broadcasters, receptionists, real estate agents, sales persons (all types), secretaries, telephone operators, travel agents, TV directors, typists, writers editors.
☐	**Construction work, farming, fishing, forestry, installation, production, transportation**	Includes assembly line workers, auto repair, boilerman, brakeman, burner, construction workers and laborers, delivery drivers, electricians, electronic technicians, factory workers, farmers, fed ex drivers, florists, fork lift operators, fuelers, gardeners, gas station attendant, glass melting, housewasher, irrigation workers, item processing, lathe operator, lumberjacks, machinists, mason, mechanics, mold maker, milkman, oil riggers, pilots, pipe fitters, plumbers, printer, railroad workers, ranchers, roofers, sheet metal worker, ship captains, solderer, steamfitter, steel industry workers, textile cutters, textile worker, tool/die makers, train repair, truck drivers, TV techs, UPS drivers, wallpaper hangers, watermen, welders, well drillers.
☐	**Service workers**	Includes barbers, beauticians, butchers, butlers, casino dealers, clothing designer, cooks, custodians, fast food workers, housekeepers, housewives/homemakers, maids, seamstress.
☐	**Government workers, military, law enforcement**	Includes air force personnel, army, CIA, correctional officers, firemen, marines, navy, police, postal workers.
☐	**Computer technicians, production and support personnel**	Includes computer programmers, computer service personnel, program analysts.

Number of years in this job _____What does/did the patient do on their job?_____

_____

In their work, does/did the patient spend more than 50% of the time ☐ indoors or ☐ outdoor

28. At work was patient ever exposed to any of the following <u>for a year or more</u>?

	YES	NO	DON'T KNOW
Arsenic			
Asbestos			
Asphalt			
Benzidine or betanaphthylamine			
Cadmium			
Chromium			
Coal			
DDT			
Dry cleaning agents			
Dyestuffs			
Heavy wood dust			
Herbicides			
Isopropyl oil			

	YES	NO	DON'T KNOW
Leather tanning chemicals			
Metal working fluids			
Nitrosamines			
Nickel			
Organophosphates			
PAH			
PCPs			
Pesticides			
Roofing chemicals (such as tar, soot, pitch, creosote)			
Rubber			
Styrene			
Vinyl chloride			
Uranium radiation			

29. Has the patient ever been exposed to residential radon? ☐ Yes ☐ No

If yes, was the radon level confirmed by a monitoring device or company? ☐ Yes ☐ No

30. Did the patient ever live in a neighborhood that was located near an industrial area? ☐ Yes ☐ No

If yes, where? _____

If yes, please estimate the number of years that the patient lived in that home: _____

31. a. Has a doctor ever told the patient that they have sugar diabetes (diabetes mellitus)? ☐ Yes ☐ No

b. If yes, how old was the patient? _____ Date: _____

Does/did the patient take insulin? ☐ Yes ☐ No

Does/did the patient any medications by mouth to control their sugar?

_____

_____

32. a. Has a doctor ever told the patient that they have pancreatitis? ☐ Yes ☐ No

b. Has the patient ever had gallstones? ☐ Yes ☐ No

c. Has the patient ever had their gallbladder removed? ☐ Yes ☐ No

d. Has the patient ever had a pancreatic pseudocyst? ☐ Yes ☐ N0

e. Has the patient ever had celiac disease, sclerosing cholangitis, or gluten sensitive entropathy? ☐ Yes ☐ No

33. Please mark the box that best describes how much you drank of the following beverages in the last year:

BEVERAGE	HOW OFTEN									HOW MUCH			
	Never or less than once per month	1 - 3 per month	1 per week	2 - 4 per week	5 - 6 per week	1 per day	2 - 3 per day	4 - 5 per day	6+ per day	If a serving is:			
Beer										12 oz. can or bottle			
Wine or wine coolers										1 medium glass			
Hard Liquor (whiskey, gin, tequila, vodka)										1 shot (1 oz)			

THANK YOU VERY MUCH!

Please do not hesitate to call 215-955-9402 if you have any questions.

Jefferson Pancreas Tumor Registry
Department of Surgery
Thomas Jefferson University Hospital
1015 Walnut Street, 620 Curtis
Philadelphia, PA 19107

This document is based upon the questionnaire used by the Johns Hopkins National Familial Pancreas Tumor Registry, Baltimore, MD.