

CANCER SCREENINGS

Collection date for cancer screening information:

(DD-MM-YYYY)

In the past three years has the participant had...

	No	Yes - once	Yes - more than once
A chest X-Ray?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A test for blood in the stool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A colonoscopy sigmoidoscopy, or barium enema to examine the colon and rectum?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mammogram?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A blood test for liver cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IF FEMALE) a pap smear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IF FEMALE) a pelvic examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IF FEMALE) an ultrasound or scan of your ovaries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IF FEMALE) a blood test for ovarian cancer (e.g., CA-125)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IF MALE) a digital rectal examination of the prostate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(IF MALE) a blood test for prostate cancer (e.g. PSA)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A genetic test for cancer/cancer susceptibility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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H3ABioNet & H3Africa Phenotype Standards