

## Join the movement: tell us about your child

Please answer the questions below to help us understand more about brain cancer. As questions are filled out, answers will be automatically saved. You can return to this page at any time by using the link sent to you by email. You can reach us by emailing [Info@braincancerproject.org](mailto:Info@braincancerproject.org) if you have any questions.

If you would like to withdraw your child from the project, you can contact the study team at [Info@braincancerproject.org](mailto:Info@braincancerproject.org) at any time. Any information that has already been entered into the system cannot be withdrawn, however no additional data will be generated.

This project is studying patients with a primary brain cancer, such as glioblastoma, astrocytoma, or oligodendroglioma. If you have a different type of cancer that has metastasized or spread from a different region of your body to your brain, please visit [JoinCountMeIn.org](http://JoinCountMeIn.org) to see if there is another project for your cancer type.

Please fill out as much as you can. All questions are optional. You can return at any time with the link sent to you by email.

### 1. When was your child first diagnosed with brain cancer? Please include "month" if known

Choose year... Choose month...

### 2. When your child was first diagnosed with brain cancer, what type was it?

Type your answer here...

☐ Unsure how to answer

### 3. Some tumors are given a grade (e.g. High grade, low grade, grade I, II, III, or IV). If you know the grade of your child's tumor when your child was first diagnosed, please select below.

Choose grade...

### 4. Since your child's first diagnosis, has the type of brain cancer changed?

- ☐ Yes
- ☐ No
- ☐ Unsure how to answer

### 5. Since your child's first diagnosis, has the grade of brain cancer changed?

- ☐ Yes
- ☐ No
- ☐ Unsure how to answer

### 6. In what year is your child born?

Choose year...

### 7. What country does your child live in?

Choose country...

### 8. What is your Child's ZIP or postal code?

Zip Code

### 9. How did you hear about the project?

I understand that the information I entered here will be stored in a secure database. I understand that the study team may reach out to contact me for next steps or additional information. I understand that if I would like to withdraw my child from the project, I can contact the study team at [Info@braincancerproject.org](mailto:Info@braincancerproject.org) at any time. Any information that has already been entered into the system cannot be withdrawn, however no additional data will be generated.

Submit

## Please tell us about your child

Thank you for providing your child's information. Please help us understand more about their experience with brain cancer by answering the questions below.

As you fill out the questions, your answers will be automatically saved. If you have any questions, please feel free to reach out to us at [info@braincancerproject.org](mailto:info@braincancerproject.org).

Please fill out as much as you can. All questions are optional. You can return at any time with the link sent to you by email.

### 1. Has your child ever had any of the following surgical procedures for their brain cancer?

- ☐ Biopsy
- ☐ Resection - partial (part of your tumor was surgically removed)
- ☐ Resection - total (all of your tumor was surgically removed)
- ☐ Other
- ☐ My child has not had a biopsy or a resection for their brain cancer
- ☐ Unsure how to answer

### 2. Have your child ever had radiation for treatment of their brain cancer?

- ☐ Yes
- ☐ No
- ☐ Unsure how to answer

### 3. Has your child received any medications/chemotherapies for treatment of their brain cancer?

- ☐ Yes
- ☐ No
- ☐ Unsure how to answer

### 4. Has your child ever been diagnosed with any other cancers?

- ☐ Yes
- ☐ No
- ☐ Unsure how to answer

### 5. What is your child's gender? Select all that apply.

- ☐ Woman
- ☐ Man
- ☐ Not listed
- ☐ I prefer not to answer

### 6. Is your child transgender? (That is, is your child's current gender different than what it is/was listed on their original birth certificate?)

- ☐ Yes
- ☐ No
- ☐ Unsure how to answer

### 7. Which categories describe you? Select all that apply. Note, you may select more than one group.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black, African American, or African
- ☐ Hispanic, Latino, or Spanish
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ None of these fully describe me
- ☐ Prefer not to answer

### 8. Tell us anything else you would like to about your child or their brain cancer.

I understand that the information I entered here will be stored in a secure database for research studies conducted by the Brain Cancer Project. I understand that if I would like to withdraw from the research study, I can contact the study team at [info@braincancerproject.org](mailto:info@braincancerproject.org) at any time, although any of my information that has already been entered into the system cannot be withdrawn. My information would be removed from future studies.

Submit