

Join the movement: tell us about your child

Thank you for providing your child's consent for research. Please answer the questions below to help us understand more about brain tumor. 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@braintumorproject.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@braintumorproject.org at any time. Any information that has already been entered into the system cannot be withdrawn, however no additional data will be generated.

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. Who is filling out this survey? *

- ☐ My child has been diagnosed with a primary brain tumor, and we are filling out this survey together.
- ☐ My child has been diagnosed with a primary brain tumor, and I am filling out this survey on their behalf.

2. When was your child first diagnosed with a brain tumor? Please include "month" if known

Choose year...

▼

Choose month...

▼

3. When your child was first diagnosed with a brain tumor, what type was it?

Type your answer here...

☐ Unsure how to answer

4. 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...

▼

5. Since your child's first diagnosis, has the type of brain tumor changed?

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

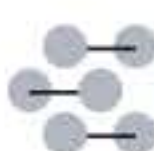
6. Since your child's first diagnosis, has the grade of brain tumor changed?

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

7. 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@braintumorproject.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 Any information that has already been entered into the system cannot be withdrawn, however no additional data will be generated.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 more about your child

Thank you for joining the movement. Please help us understand more about their experience with a brain tumor by answering some additional 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@braintumorproject.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 tumor?

- ☐ 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 tumor
- ☐ Unsure how to answer

2. Has your child ever had radiation for treatment of their brain tumor?

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

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

- ☐ 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 sex was your child assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Prefer not to answer

6. What is your child's gender identity? Select all that apply

- ☐ Boy
- ☐ Girl
- ☐ Transgender
- ☐ Nonbinary
- ☐ A gender not listed here
- ☐ Prefer not to answer

7. Which categories describe you child? 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 tumor.

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

Submit