

Join the movement: tell us about yourself

Thank you for providing your contact information. The Brain Cancer Project is open to patients in the United States or Canada. Please help us understand more about your brain cancer by answering the questions below.

As you fill out the questions below, your answers will be automatically saved. If you've previously entered information here and want to pick up where you left off, please use the link we sent you via email to return to this page.

If you decide not to complete this form and would like the information entered below to be deleted from the database, now or in the future, you can email info@braincancerproject.org to request that your responses be removed.

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 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 were you first diagnosed with brain cancer? Please include "month" if known

Choose year... Choose month...

2. When you were 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 tumor when you were first diagnosed, please select below.

Choose grade...

4. Since your first diagnosis, has the type of your brain cancer changed?

☐ Yes
☐ No
☐ Unsure how to answer

5. Since your first diagnosis, has the grade of your brain cancer changed?

☐ Yes
☐ No
☐ Unsure how to answer

6. In what year were you born?

Choose year...

7. What country do you live in? *

Choose country...

8. What is your 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 for research studies conducted by the Brain Cancer Project. If I am in the USA or Canada, I agree to be contacted about possibly participating in the Brain Cancer Project.

I understand that if I do not sign the research consent form to participate in the Brain Cancer Project and would like the information entered above to be deleted from the database, now or in the future, I can email info@braincancerproject.org to request that my information be removed.

I understand that if I sign the research consent form and would like to withdraw from the research study, I can contact the study team at 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

Please tell us about yourself

Thank you for providing your consent for research. Please help us understand more about your 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.

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. Have you ever had any of the following surgical procedures for your brain cancer?

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

2. Have you ever had radiation for treatment of your brain cancer?

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

3. Have you received any medications/chemotherapies for treatment of your brain cancer?

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

4. Have you ever been diagnosed with any other cancers?

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

5. What is your gender? Select all that apply.

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

6. Are you transgender? (That is, is your current gender different than what it is/was listed on your 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 yourself or your brain cancer.

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Submit