Large Granular Lymphocyte (LGL) Leukemia Registry
PATIENT INFORMATION QUESTIONNAIRE

Patient Name:

Patient Date of Birth: ☐☐/☐☐/☐☐

Patient Information

1. On what date was this questionnaire completed? (Month / Day / Year) ☐☐/☐☐/☐☐
2. Please print your full name in the boxes below:
   - Last Name:
   - First Name:
   - Middle Name:
3. Please print your address in the boxes below:
   - Street:
   - Apt #:
   - City:
   - State: ☐☐ Zip Code: ☐☐☐☐☐-☐☐☐☐
4. Please print your email address in the boxes below:
5. What is your home telephone number? (Area Code) ☐☐☐-☐☐☐-☐☐☐☐
6. What is your work telephone number? ☐☐☐-☐☐☐-☐☐☐☐ Ext. ☐☐☐☐
7. On what date were you born? (Month / Day / Year) ☐☐/☐☐/☐☐
8. What is your Social Security Number? ☐☐☐-☐☐-☐☐☐☐ (optional)
9. What is your gender? ☐ Male ☐ Female
10. What is your race?
    - ☐ White, not of Hispanic origin
    - ☐ Black, not of Hispanic origin
    - ☐ Hispanic
    - ☐ American Indian/Alaskan Native
    - ☐ Asian/Pacific Islander
    - ☐ Other
11. What is the average total income for your entire household before taxes?
    - ☐ Under $20,000
    - ☐ $20,000-$39,999
    - ☐ $40,000-$59,999
    - ☐ $60,000-$79,999
    - ☐ $80,000-$99,999
    - ☐ $100,000 or more
    - ☐ Decline to answer
12. What is the highest grade or level of schooling that you completed?
    - ☐ No Formal Education
    - ☐ 8th Grade or Less
    - ☐ Some High School
    - ☐ High School Graduate or GED
    - ☐ Technical or Vocational School
    - ☐ Associate Degree or Some College
    - ☐ Bachelor’s Degree
    - ☐ Advanced Degree
13. What has been your usual occupation for most of your adult life? ____________________
14. What is your current occupation or job? ____________________

15. Have you experienced any of the following possible risk factors for LGL Leukemia?
Please check "Yes", "No", or "Don't Know" for each.

Yes	No	Don't Know	
☐	☐	☐	Have you shared needles or syringes to inject drugs or steroids?
☐	☐	☐	If you are male, have you had sex with any other males? (If you are female, leave these boxes blank.)
☐	☐	☐	Have you had sex with someone who you believe may have been infected with HIV?
☐	☐	☐	Have you had a sexually transmitted disease (STD)?
☐	☐	☐	Have you ever received blood transfusions or blood products?
☐	☐	☐	Have you ever been employed in a healthcare setting where you were exposed to bodily fluids?
☐	☐	☐	Have you had sex without a condom with someone who would answer 'yes' to any of the above questions?

Family Medical History

Part 1 – Family Members with Autoimmune Diseases:

Do you have any family members who have been *diagnosed with an autoimmune disease* (e.g. rheumatoid arthritis, lupus, diabetes, multiple sclerosis, scleroderma, etc.)? ☐ No ☐ Yes ☐ Don't Know

- **If you answered 'No' or 'Don't Know' to the above question**, please skip to "Part 2 – Family Members with Cancer" on page 4.
- **If you answered 'Yes' to the above question**, please complete one box (below) for each family member diagnosed with an autoimmune disease. (Attach copies of this sheet if more space is needed.)

Type of Family Member (please check)**:**

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt
☐ uncle
☐ niece
☐ nephew
☐ cousin

☐ grandson
☐ granddaughter
☐ grandfather
☐ grandmother

☐ great grandfather
☐ great grandmother
☐ great granddaughter
☐ great grandson
☐ other: _____

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	_____	_____ years old
☐ Lupus	_____	_____ years old
☐ Juvenile / Type 1 Diabetes	_____	_____ years old
☐ Psoriasis	_____	_____ years old
☐ Scleroderma	_____	_____ years old
☐ Multiple Sclerosis	_____	_____ years old
☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:
_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt
☐ uncle
☐ niece
☐ nephew
☐ cousin

☐ grandson
☐ granddaughter
☐ grandfather
☐ grandmother

☐ great grandfather
☐ great grandmother
☐ great granddaughter
☐ great grandson
☐ other: _____

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	_____	_____ years old
☐ Lupus	_____	_____ years old
☐ Juvenile / Type 1 Diabetes	_____	_____ years old
☐ Psoriasis	_____	_____ years old
☐ Scleroderma	_____	_____ years old
☐ Multiple Sclerosis	_____	_____ years old
☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:
_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

more boxes on next page…

Part 1 – Family Members with Autoimmune Diseases (continued)

Type of Family Member (please check)**:**

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
- ☐ mother's side
- ☐ father's side

- ☐ aunt
- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: ____________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	____________	____ years old
☐ Lupus	____________	____ years old
☐ Juvenile / Type 1 Diabetes	____________	____ years old
☐ Psoriasis	____________	____ years old
☐ Scleroderma	____________	____ years old
☐ Multiple Sclerosis	____________	____ years old
☐ Other ____________	____________	____ years old
☐ Don't Know	____________	____ years old

Family member's Date of Birth:

____ / ____ / ____
Month Day Year

Gender:
☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
- ☐ mother's side
- ☐ father's side

- ☐ aunt
- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: ____________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	____________	____ years old
☐ Lupus	____________	____ years old
☐ Juvenile / Type 1 Diabetes	____________	____ years old
☐ Psoriasis	____________	____ years old
☐ Scleroderma	____________	____ years old
☐ Multiple Sclerosis	____________	____ years old
☐ Other ____________	____________	____ years old
☐ Don't Know	____________	____ years old

Family member's Date of Birth:

____ / ____ / ____
Month Day Year

Gender:
☐ Male ☐ Female

Type of Family Member (please check)**:**

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
- ☐ mother's side
- ☐ father's side

- ☐ aunt
- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: ____________________

Type of Autoimmune Disease:	Treatment:	Age at Diagnosis:
☐ Rheumatoid Arthritis	____________	____ years old
☐ Lupus	____________	____ years old
☐ Juvenile / Type 1 Diabetes	____________	____ years old
☐ Psoriasis	____________	____ years old
☐ Scleroderma	____________	____ years old
☐ Multiple Sclerosis	____________	____ years old
☐ Other ____________	____________	____ years old
☐ Don't Know	____________	____ years old

Family member's Date of Birth:

____ / ____ / ____
Month Day Year

Gender:
☐ Male ☐ Female

Part 2 – Family Members with Cancer:

Do you have any family members who have been *diagnosed with cancer*? ☐ No ☐ Yes ☐ Don't Know

- **If you answered 'No' or 'Don't Know" to the above question**, you are finished. Thank you for your participation.
- **If you answered 'Yes' to the above question**, please complete one box (below) for each family member diagnosed with cancer. (Attach copies of the sheet if more space is needed.)

Type of Family Member: (please check)

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt
☐ uncle
☐ niece
☐ nephew
☐ cousin
☐ grandson
☐ granddaughter
☐ grandfather
☐ grandmother
☐ great grandfather
☐ great grandmother
☐ great granddaughter
☐ great grandson
☐ other: _____

Type of Cancer:	**Treatment:**	**Age at Diagnosis:**
☐ Chronic Myelogenous Leukemia (CML)	_____	_____ years old
☐ Chronic Lymphocytic Leukemia (CLL)	_____	_____ years old
☐ Acute Lymphocytic Leukemia (ALL)	_____	_____ years old
☐ Acute Myeloid Leukemia (AML)	_____	_____ years old
☐ Hairy Cell Leukemia	_____	_____ years old
☐ Non-Hodgkin's Lymphoma	_____	_____ years old
☐ Hodgkin's Lymphoma	_____	_____ years old
☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:
_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

What is this person's status? (check all that apply)
☐ Family member died - death was related to this cancer
☐ Family member died – death was not related to this cancer
☐ Cancer was treated successfully, there is no longer evidence of cancer
☐ Cancer is currently being treated
☐ Cancer is in remission
☐ Don't know
☐ Other: _____

Type of Family Member: (please check)

Immediate Family:
☐ mother
☐ father
☐ brother, sister
☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
☐ mother's side
☐ father's side

☐ aunt
☐ uncle
☐ niece
☐ nephew
☐ cousin
☐ grandson
☐ granddaughter
☐ grandfather
☐ grandmother
☐ great grandfather
☐ great grandmother
☐ great granddaughter
☐ great grandson
☐ other: _____

Type of Cancer:	**Treatment:**	**Age at Diagnosis:**
☐ Chronic Myelogenous Leukemia (CML)	_____	_____ years old
☐ Chronic Lymphocytic Leukemia (CLL)	_____	_____ years old
☐ Acute Lymphocytic Leukemia (ALL)	_____	_____ years old
☐ Acute Myeloid Leukemia (AML)	_____	_____ years old
☐ Hairy Cell Leukemia	_____	_____ years old
☐ Non-Hodgkin's Lymphoma	_____	_____ years old
☐ Hodgkin's Lymphoma	_____	_____ years old
☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:
_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

What is this person's status? (check all that apply)
☐ Family member died - death was related to this cancer
☐ Family member died – death was not related to this cancer
☐ Cancer was treated successfully, there is no longer evidence of cancer
☐ Cancer is currently being treated
☐ Cancer is in remission
☐ Don't know
☐ Other: _____

more boxes on next page…

Part 2 – Family Members with Cancer (continued)

Type of Family Member: (please check)

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
- ☐ mother's side
- ☐ father's side

- ☐ aunt
- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: _____

Type of Cancer:	**Treatment:**	**Age at Diagnosis:**
☐ Chronic Myelogenous Leukemia (CML)	_____	_____ years old
☐ Chronic Lymphocytic Leukemia (CLL)	_____	_____ years old
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☐ Non-Hodgkin's Lymphoma	_____	_____ years old
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☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:
_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

What is this person's status? (check all that apply)
- ☐ Family member died - death was related to this cancer
- ☐ Family member died – death was not related to this cancer
- ☐ Cancer was treated successfully, there is no longer evidence of cancer
- ☐ Cancer is currently being treated
- ☐ Cancer is in remission
- ☐ Don't know
- ☐ Other: _____

Type of Family Member: (please check)

Immediate Family:
- ☐ mother
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Other:
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- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
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☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:
_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

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- ☐ Family member died - death was related to this cancer
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- ☐ Other: _____

more boxes on next page…

Part 2 – Family Members with Cancer (continued)

Type of Family Member: (please check)

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
- ☐ mother's side
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- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: _____

Type of Cancer:	**Treatment:**	**Age at Diagnosis:**
☐ Chronic Myelogenous Leukemia (CML)	_____	_____ years old
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☐ Non-Hodgkin's Lymphoma	_____	_____ years old
☐ Hodgkin's Lymphoma	_____	_____ years old
☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:

_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

What is this person's status? (check all that apply)
- ☐ Family member died - death was related to this cancer
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- ☐ Cancer is currently being treated
- ☐ Cancer is in remission
- ☐ Don't know
- ☐ Other: _____

Type of Family Member: (please check)

Immediate Family:
- ☐ mother
- ☐ father
- ☐ brother, sister
- ☐ son, daughter

Other:
If the family member is listed to the right, which side of the family is this person on?
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- ☐ father's side

- ☐ aunt
- ☐ uncle
- ☐ niece
- ☐ nephew
- ☐ cousin
- ☐ grandson
- ☐ granddaughter
- ☐ grandfather
- ☐ grandmother
- ☐ great grandfather
- ☐ great grandmother
- ☐ great granddaughter
- ☐ great grandson
- ☐ other: _____

Type of Cancer:	**Treatment:**	**Age at Diagnosis:**
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☐ Chronic Lymphocytic Leukemia (CLL)	_____	_____ years old
☐ Acute Lymphocytic Leukemia (ALL)	_____	_____ years old
☐ Acute Myeloid Leukemia (AML)	_____	_____ years old
☐ Hairy Cell Leukemia	_____	_____ years old
☐ Non-Hodgkin's Lymphoma	_____	_____ years old
☐ Hodgkin's Lymphoma	_____	_____ years old
☐ Other _____	_____	_____ years old
☐ Don't Know	_____	_____ years old

Family member's Date of Birth:

_____ / _____ / _____
Month Day Year

Gender:
☐ Male ☐ Female

What is this person's status? (check all that apply)
- ☐ Family member died - death was related to this cancer
- ☐ Family member died – death was not related to this cancer
- ☐ Cancer was treated successfully, there is no longer evidence of cancer
- ☐ Cancer is currently being treated
- ☐ Cancer is in remission
- ☐ Don't know
- ☐ Other: _____

Thank you for your participation!