# X-ray Technicians – Second survey

**Personal medical history of cancer**

**32. Has a doctor ever told you that you had any type of CANCER?**

O No GO TO NEXT QUESTION
O Yes → Please mark "YES" for each type of cancer you have had diagnosed by a doctor and specify the year of first diagnosis. Include only primary cancers, not those that originated from a different site (i.e., do not list metastases).

| PRIMARY CANCER | Mark here for "Yes" ↓ | | YEAR OF FIRST DIAGNOSIS |
|---|---|---|---|
| Bladder | O | → | 19 _____ |
| Bone | O | → | 19 _____ |
| Brain or Central Nervous system | O | → | 19 _____ |
| Breast | O | → | 19 _____ |
| Cervix (invasive) | O | → | 19 _____ |
| Colon | O | → | 19 _____ |
| Connective Tissue (Soft Tissue Sarcoma) | O | → | 19 _____ |
| Esophagus | O | → | 19 _____ |
| Hodgkin's Disease | O | → | 19 _____ |
| Kaposi's Sarcoma | O | → | 19 _____ |
| Kidney | O | → | 19 _____ |
| Larynx | O | → | 19 _____ |
| Leukemia, Acute Lymphocyic | O | → | 19 _____ |
| Leukemia, Chronic Lymphocytic | O | → | 19 _____ |
| Leukemia, Acute Myeloid or Granulocytic | O | → | 19 _____ |
| Leukemia, Chronic Myeloid or Granulocytic | O | → | 19 _____ |
| Leukemia, other than above or type unknown | O | → | 19 _____ |
| Liver | O | → | 19 _____ |
| Lung or Bronchus | O | → | 19 _____ |
| Lymphoma, Non-Hodgkin's | O | → | 19 _____ |
| Lymphoma, type unknown | O | → | 19 _____ |
| Melanoma | O | → | 19 _____ |
| Multiple Myeloma | O | → | 19 _____ |
| Oral Cavity or Pharynx | O | → | 19 _____ |
| Ovary | O | → | 19 _____ |
| Pancreas | O | → | 19 _____ |
| Prostate | O | → | 19 _____ |
| Rectum | O | → | 19 _____ |
| Stomach | O | → | 19 _____ |
| Testis | O | → | 19 _____ |

| PRIMARY CANCER | Mark here for "Yes" ↓ | | YEAR OF FIRST DIAGNOSIS |
|---|---|---|---|
| Thyroid | O | → | 19 _____ |
| Uterus (endometrium) | O | → | 19 _____ |
| Skin, Basal Cell Carcinoma | O | → | 19 _____ |
| Skin, Squamous Cell Carcinoma | O | → | 19 _____ |
| Other cancer, specify below | O | → | 19 _____ |

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