

Self-reported case history ALLBARN Patient no.: _____

Name: _____

National identity number: _____

1. What kind of cancer did you have? _____

Cancer of the blood Leukaemia Don't know

If leukaemia, ALL or AML? ALL AML Don't know

2. How old were you when you became ill? _____

3. Did you have chemotherapy, radiotherapy or a bone marrow transplant?

Chemotherapy yes no don't know

Radiotherapy yes no don't know

Bone marrow transplant yes no don't know

3a. Do you remember the name of any chemotherapy drugs?

_____ don't know

3b. Do the names Adriamycin or Doxorubicin say anything to you?

yes no Comment: _____

3c. Does the name Methotrexat say anything to you?

yes no Comment: _____

3d. Do you remember the colours of any chemotherapy drugs?

red / orange yellow other (e.g. Kasper) : _____ don't know

3e. Radiotherapy: if yes, whereabouts on your body?

_____ don't know

3f. Bone marrow transplant: if yes, why?

_____ don't know

4. Have you had CVC or VAP? (explain what these are if necessary)

CVC VAP neither don't know

5. Did you know that the treatment you were given could lead to health problems later?

yes no don't know Which: _____

6a. After follow-up by the paediatrician ended, did you go to another doctor for follow-up regarding the leukaemia?

yes no if yes, type of doctor: _____

6b. Have you been followed up with late effects in mind?

yes no don't know

7. Have you been to a doctor in the last two years?

yes no

8. If yes, do you think the consultation had anything to do with your earlier cancer or treatment?

yes no don't know

9. Have you ever received a summary of your illness and treatment?

yes no don't know

10. Have you been found to have late effects after the treatment?

yes no don't know Which: _____