

Questions When Creating an Account

Have you been diagnosed with these bladder tumours?

(complete as many as apply)

Bladder - if yes, what was the date of diagnosis? mm/yy_____ Not sure

Upper Urinary Tract (UUTT) - if yes, what was the date of diagnosis? mm/yy_____ Not sure

Lower Urinary Tract (LUTT) - if yes, what was the date of diagnosis? mm/yy_____ Not sure

Do you know the histology type? _____

Do you know the histology variant? _____

Risk Factors

Has a close relative ever been diagnosed with bladder or upper urinary tract cancer? Yes No Not sure

Do you smoke tobacco? Yes No ex smoker

Have you ever worked in the textile, rubber, leather, dye, paint and print industries? Yes No Not sure

Do you have a chronic bladder infection or a neurological condition that affects your bladder control (neurogenic bladder)? Yes No Not sure

Have you ever had radiotherapy to your pelvis? Yes No Not sure

Questions When Registering a Kit

Number of times your bladder cancer tumour/s has recurred? _____

Has it recurred in the last 12 months?

Yes No Not sure

Do you know the stage of your last treated tumour?

Do you know the grade of your last treated tumour?

Low High

Since you were first diagnosed with bladder cancer:

How many times have you had a transurethral resection of bladder tumour (TURBT)? _____

When was the last time you had a TURBT?

mm/yy _____ Not sure Never

Have you had these treatments?

Mitomycin (intravesical chemotherapy)

Yes No Not sure

BCG (intravesical immunotherapy)

Yes No Not sure

What was the date of your last treatment?

mm/yy _____ Not sure Never