

## Your Surgical History

1.

Have you had a benign brain tumor removal?

[Single select]

a. Yes

b. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

2.

Have you had a cancerous brain tumor removal?

[Single select]

c. Yes

d. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

3.

Have you had a cerebral shunt insertion?

[Single select]

e. Yes

f. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

5.

Have you had a removal of bleeding around the brain?

[Single select]

g. Yes

h. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

6. Have you had vascular malformation surgery?

[Single select]

i. Yes

j. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

7.

Have you had an appendix removal (appendectomy)?

[Single select]

k. Yes

l. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

8.

Have you had a colon polyp removal?

[Single select]

m. Yes

n. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

9.

Have you had esophageal surgery?

[Single select]

o. Yes

p. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

a. Esophageal stricture dilation (surgery for treatment of narrowing of the esophagus)

b. Feeding tube insertion (gastrostomy tube, PEG tube)

c. Partial removal due to cancerous tumor

d. Partial removal due to ulcer

10.

Have you had a gallbladder removal?

[Single select]

q. Yes

r. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

11.

Have you had a hemorrhoid ligation?

[Single select]

s. Yes

t. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

12.

Have you had a liver surgery?

[Single select]

u. Yes

v. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Prefer Not to Answer

Child question (If =a)

Type

[Single select]

- a. Benign tumor removal
- b. Cancerous tumor removal
- c. Transplant

13.

Have you had a removal of part of the colon?

[Single select]

- w. Yes
- x. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

- a. Due to cancer
- b. Due to diverticulitis
- c. Due to inflammatory bowel disease (Crohn's, ulcerative colitis)
- d. Due to an obstruction

14.

Have you had a stomach surgery?

[Single select]

- y. Yes
- z. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

- a. Bariatric (weight loss) surgery (gastric bypass, partial gastrectomy, banding)
- b. Hernia repair in stomach (hiatal hernia)
- c. Partial removal due to cancerous tumor
- d. Partial removal due to ulcer
- e. Pyloric stenosis repair (removal of narrowing in stomach)

15.

Have you had a tumor removal from the liver?

[Single select]

- aa. Yes
- bb. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

16.

Have you had an adenoid removal (adenoidectomy)?

[Single select]

- cc. Yes
- dd. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

17.

Have you had a cosmetic nose job?

[Single select]

- ee. Yes
- ff. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)  
[Year input]

18.  
Have you had an ear tube insertion?  
[Single select]  
gg. Yes  
hh. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

19.  
Have you had a face lift?  
[Single select]  
ii. Yes  
jj. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

20.  
Have you had a removal of polyps on vocal cords?  
[Single select]  
kk. Yes  
ll. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

21.  
Have you had a sinus surgery?  
[Single select]  
mm. Yes

nn. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

22. Have you had a stapedectomy?  
[Single select]  
oo. Yes  
pp. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

23.  
Have you had a tonsil removal (tonsillectomy)?  
[Single select]  
qq. Yes  
rr. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

24.  
Have you had cataract removal?  
[Single select]  
ss. Yes  
tt. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

25.

Have you had a glaucoma surgery?

[Single select]

uu. Yes

vv. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

26.

Have you had a laser eye surgery?

[Single select]

ww. Yes

xx. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

27.

Have you had an elbow repair or replacement?

[Single select]

yy. Yes

zz. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

28.

Have you had a hip replacement?

[Single select]

aaa. Yes

bbb. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)  
[Year input]

29.

Have you had a knee replacement?

[Single select]

ccc. Yes

ddd. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

30.

Have you ever had a ligament repair?

[Single select]

eee. Yes

fff. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

31.

Have you ever had a limb amputation?

[Single select]

ggg. Yes

hhh. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

32.

Have you ever had a meniscus repair?

[Single select]

iii. Yes

jjj. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

33.  
Have you ever had a neck/spine surgery?  
[Single select]  
kkk. Yes  
lll. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

34. Have you had a bone fracture repair?  
[Single select]  
mmm. Yes  
nnn. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

35.  
Have you had a rotator cuff surgery?  
[Single select]  
ooo. Yes  
ppp. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

36.

Have you had a spinal fusion?

[Single select]

qqq. Yes

rrr. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

37.

Have you had a tendon repair?

[Single select]

sss. Yes

ttt. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

38.

Have you had a removal of the spleen (splenectomy)?

[Single select]

uuu. Yes

vvv. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

39.

Have you had a skin surgery?

[Single select]

www. Yes

xxx. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)  
[Year input]

Child question (If =a)  
Type

[Single select]

- a. Squamous cell removal
- b. Melanoma removal
- c. Basal cell carcinoma removal
- d. Removal of cancer (type unknown)
- e. Benign lesion removal
- f. Skin graft for burns
- g. Skin graft for other reasons

40.

Have you had a thyroid surgery?

[Single select]

- yyy. Yes
- zzz. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)  
[Year input]

Child question (If =a)  
Type

[Single select]

- a. Partial removal (partial thyroidectomy)
- b. Complete removal (total thyroidectomy)

41.

Have you had a heart surgery?

[Single select]

- aaaa. Yes
- bbbb. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)  
[Year input]

Child question (If =a)

Type

[Single select]

- a. Bypass (bypassing grafting, CABG)
- b. Valve surgery
- c. Pacemaker insertion
- d. Defibrillator insertion
- e. Ablation (for irregular heart rhythm, arrhythmia)
- f. Transplant

42.

Have you had a lung surgery?

[Single select]

- cccc. Yes
- dddd. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

- g. Lobectomy (partial lung removal)
- h. Pneumonectomy (complete lung removal)
- i. Cancerous tumor removal
- j. Benign tumor removal
- k. Transplant

43.

Have you had a breast surgery?

[Single select]

- eeee. Yes
- ffff. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

- a. Cancerous tumor removal
- b. Benign tumor removal
- c. Removal of entire breast (mastectomy)
- d. Cosmetic surgery

44.

Have you had a caesarean section (c-section)?

[Single select]

- gggg. Yes
- hhhh. No

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Prefer Not to Answer

45.

Have you had a cervical polyp removal?

[Single select]

- iiii. Yes
- jjjj. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

- a. Cancerous
- b. Precancerous
- c. Benign

46.

Have you had a dilation and curettage (d and c)?

[Single select]

- kkkk. Yes
- llll. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)  
[Year input]

47.  
Have you had a hysterectomy (removal of uterus)?  
[Single select]  
mmmm. Yes  
nnnn. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

48.  
Have you had an ovary surgery?  
[Single select]  
oooo. Yes  
pppp. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

Child question (If =a)  
Type  
[Single select]  
a. Removal along with uterus, reason unspecified  
b. Cancerous tumor removal  
c. Benign tumor removal  
d. Tubal ligation  
e. Removal due to ectopic pregnancy

49.  
Have you had a uterine fibroid removal?  
[Single select]  
qqqq. Yes  
rrrr.No  
Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

50.

Have you had a uterine prolapse surgery?

[Single select]

ssss. Yes

tttt. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

51.

Have you had a vaginal prolapse surgery?

[Single select]

uuuu. Yes

vvvv. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

52.

Have you had a bladder surgery?

[Single select]

wwww. Yes

xxxx. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

a. Cancerous tumor removal

- b. Benign tumor removal
- c. Stone removal
- d. Bladder prolapse surgery
- e. Urinary incontinence surgery

53.

Have you had a hernia repair in the groin?

[Single select]

yyyy. Yes

zzzz. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

54.

Have you had a kidney surgery?

[Single select]

aaaaa. Yes

bbbbb. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

a. Kidney removal (nephrectomy)

b. Stone ablation (lithotripsy)

c. Benign tumor removal

d. Cancerous tumor removal

e. Transplant

55.

Have you had a prostate surgery?

[Single select]

cccc. Yes

dddd. No

Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

Child question (If =a)  
Type  
[Single select]  
a. Removal due to cancer  
b. Removal due to enlargement

56.  
Have you had a testicular surgery?  
[Single select]  
eeree. Yes  
fffff. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

Child question (If =a)  
Type  
[Single select]  
a. Cancerous tumor removal  
b. Surgery due to development (undescended testes, torsion)  
c. Surgery due to traumatic injury  
d. Testicle(s) removal due to cancer

58.  
Have you had a ureteral stent?  
[Single select]  
ggggg. Yes  
hhhhh. No  
Prefer Not to Answer

Child question (If =a)  
Year of procedure (to the best of your memory)  
[Year input]

59.  
Have you had a vasectomy?  
[Single select]

iiii. Yes

jjjj. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

60.

Have you had an aneurysm clipping?

[Single select]

kkkk. Yes

llll. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

61.

Have you had an aortic aneurysm repair?

[Single select]

mmmm. Yes

nnnn. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

62.

Have you had an other aneurysm repair?

[Single select]

oooo. Yes

pppp. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

63.

Have you had a varicose vein surgery?

[Single select]

qqqq. Yes

rrrr. No

Prefer Not to Answer

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]

Child question (If =a)

Type

[Single select]

a. Removal

b. Abilation

64.

Have you had another surgery?

[Single select]

sssss. Yes

tttt. No

Prefer Not to Answer

Child question (If =a)

Name of surgery

[Free text]

Child question (If =a)

Description

[Free text]

Child question (If =a)

Year of procedure (to the best of your memory)

[Year input]