CORE QUESTIONNAIRE

Date of interview  ____/_____/____
DAY/ MONTH/ YEAR

Date of diagnosis  ____/_____/____
DAY/ MONTH/ YEAR

Diagnosis __________________________ [ICD10 _______]

Hospital name____________________________

Interviewer’s full name______________________________

Patient’s information

Full name____________________________________________

ID number____________________________________________

Clinical record number________________________________

Case control status  CASE 1/ CONTROL 2
SECTION A. BACKGROUND INFORMATION

A1. What is your date of birth?  _____/ _____/ _____
    DAY/ MONTH/ YEAR


A2. Without asking, write the sex of the subject:  MALE 1/ FEMALE 2

A3. Which of the following ethnic or cultural groups do you consider yourself you belong to?  WHITE-CAUCASIAN 1/ LATIN AMERICAN 2/ BLACK 3/ CHINESE 4/ OTHER ASIAN 5/ TURKISH 6/ MIDDLE EASTERN 7/ MIXED 8/ OTHER 9/ DK 8888

A3a. If other ethnic group, please specify.  _______________________________________

A4. Where were you born?  TOWN____________________________________
    REGION_________________________________
    COUNTRY_______________________________

A4a. If not born at the country of recruitment, at what age did you start living in this country?
    _____YEARS/ DK 8888

A5. Where have you resided for the longest period of time?  TOWN____________________
    REGION___________________
    COUNTRY_________________

A6. What is your current marital status?  SINGLE OR NEVER MARRIED 1/ MARRIED OR LIVING WITH A PARTNER 2/ WIDOWED 3/ SEPARATED OR DIVORCED 4/ DK 8888

A7. How many years of full time education have you completed?  _____YEARS/ DK 8888

A7a. How many years of full time education have your spouse completed?  _____YEARS/ DK 8888

A8. What is your adult height?  _____METERS/ _____CENTIMETERS/ DK 8888

A9. What is your normal adult weight?  _____KILOGRAMS/ DK 8888

A9a. What was your weight 2 yr ago?  _____KILOGRAMS/ DK 8888
SECTION B. SMOKING

B1. Have you smoked a total of 100 cigarettes or more in your lifetime (in other words, 5 or more packets)?   YES 1/ NO 2/ DK 8888

B2. How old were you when you first started smoking cigarettes?  ____YEARS/ DK 8888

B3. Do you smoke now?   YES 1/NO 2

B3a. How old were you when you last smoked cigarettes?  ____YEARS/ CURRENT SMOKER 7777/ DK 8888

B4. Thinking about all the years between the time you started smoking and when you gave up/the present, was there ever a period of at least one year during which you did not smoke cigarettes?   YES 1/ NO 2/ DK 8888

B5. For how many months/years did you stop smoking cigarettes?  ____MONTHS/ ____YEARS/ DK 8888

B6. Thinking over all the years that you smoked, how many cigarettes did you usually smoke in a day/week/month?  ____DAY/ ____WEEK/ ____ MONTH/ DK 8888
SECTION C. BEVERAGES

ALCOHOL

C1. Have you ever drunk alcohol regularly (at least once per month for six months or longer)?

YES 1/ NO 2/ DK 8888

C2. At what age did you first start drinking alcohol regularly? _____YEARS/ DK 8888

C3. Do you still drink alcohol now? YES 1/NO 2

C3a. At what age did you stop drinking alcohol? _____YEARS/ DK 8888

C4. For beer, how many drinks (1 can, 330ml) did you usually drink per day/week/month? _____DAY/ _____WEEK/ _____MONTH/ DK 8888

C5. For wine, how many drinks (1 glass, 125ml) did you usually drink per day/week/month? _____DAY/ _____WEEK/ _____MONTH/ DK 8888

C6. For hard liquor, how many drinks (one pub measure, 25ml), did you usually drink per day/week/month? _____DAY/ _____WEEK/ _____MONTH/ DK 8888

OTHER BEVERAGES

C7. Have you ever drunk at least 1 cup of coffee per week for a year or longer? YES 1/ NO 2/ DK 8888

C8. How old were you when you first started drinking coffee? _____YEARS/ DK 8888

C9. How old were you when you last drank coffee? _____YEARS/ CURRENT COFFEE DRINKER 7777/ DK 8888

C10. Thinking over all the years that you have drunk coffee, which may be different from the current situation, how many cups of coffee did you regularly drink per day/week/month? _____DAY/ _____WEEK/ _____MONTH/ DK 8888

C11. Have you ever drunk at least 1 cup of tea per week for a year or longer? YES 1/ NO 2/ DK 8888
C12. How old were you when you first started drinking at least 1 cup of tea per week? _____YEARS/

DK 8888

C13. How old were you when you last drank tea? _____/CURRENT TEA DRINKER 7777/ DK 8888

C14. Thinking over all the years that you have drunk tea, which may be different from the current situation, how many cups of coffee did you regularly drink per day/week/month? _____ DAY/

_____WEEK/ _____MONTH/ DK 8888
SECTION D. MEDICAL HISTORY

DISEASES

Has your doctor ever told you that you had any of the following illnesses, health problems or procedures?

D1. Diabetes (exclude if only during pregnancy)? YES 1/ NO 2
   D1a. Age at first diagnosis _____YEARS/ DK 8888
   D1b. What type of diabetes was diagnosed? TYPE I (JUVENILE DIABETES OR INSULIN-DEPENDENT DIABETES) 1/ TYPE II (ADULT-ONSET DIABETES OR NON INSULIN-DEPENDENT DIABETES 2

D2. High blood pressure? YES 1/ NO 2
   D2a. Age at first diagnosis _____YEARS

D3. High cholesterol? YES 1/ NO 2
   D3a. Age at first diagnosis _____YEARS

D4. Before this admission, pancreatitis? YES 1/ NO 2
   D4a. Age at first diagnosis _____YEARS
   D4b. What type of pancreatitis was diagnosed? ACUTE 1/ CHRONIC 2
   D4c. If acute pancreatitis, how many acute episodes have you had? _____EPISODES

D5. Gastric or duodenal ulcer? YES 1/ NO 2
   D5a. Age at first diagnosis _____YEARS

D6. Have you had a stomach surgery? YES 1/ NO 2
   D6a. Age at surgery _____YEARS

D7. Gallbladder stones? YES 1/ NO 2
   D7a. Age at first diagnosis _____YEARS

D8. Gallbladder removed? YES 1/ NO 2
   D8a. Age at surgery _____YEARS

D9. Helicobacter pylori infection? YES 1/ NO 2
D9a. Age at first diagnosis  ______YEARS

D10. Hepatitis virus infection?  YES 1/ NO 2

D10a. Age at first diagnosis  ______YEARS

D10b. What type of hepatitis was diagnosed?  TYPE B 1/ TYPE C 2

D11. Asthma?  YES 1/ NO 2

D11a. Age at first asthma attack  ______YEARS

D12. Nasal allergies including hay fever?  YES 1/ NO 2

D12a. Age at first allergic symptoms started  ______YEARS

D13. Periodontitis?  YES 1/ NO 2

D13a. Age at diagnosis  ______YEARS


D14a. Age at diagnosis  ______YEARS

D14b. In what organ or part of the body did this cancer occurred?  ______________________________

GYNECOLOGICAL HISTORY

D15. How old were you when you had your first menstrual period?  ______YEARS

D16. What is your menopausal status? PRE-MENOPAUSAL 1/ POST-MENOPAUSAL 2/ UNDERGOING MENOPAUSE 3

D16a. If post-menopausal, how old were you when your menstrual period completely stopped (menopause)?  ______YEARS

D17. Have you ever been pregnant?  YES 1/ NO 2

D18a. If yes, how many times have you been pregnant (include live births, miscarriages, still births and abortions)? ______

D18b. How many of your pregnancies resulted in deliveries (number of live births)? ______ DELIVERIES

D19. Were you diagnosed with diabetes during pregnancy (gestational diabetes)?  YES 1/ NO 2
**MEDICATION**

D20. Did you control your diabetes with diet only?  
YES 1/ NO 2/ DK8888

D21. Have you taken diabetes pills to lower your blood sugar?  
YES 1/ NO/ DK8888

D22. For how many months/years have you been taking pills?  
___MONTHS/ ___YEARS/ DK8888

D23a. What is the name of the pills?  
_________________________________________________________/ DK 8888

D24. Have you ever taken insulin to control your diabetes?  
YES 1/ NO 2/ DK8888

D25. For how many months/years have you been taking insulin?  
___MONTHS/ ___YEARS/ DK8888
SECTION E. FAMILY HISTORY

E1. Is your father still alive?  YES 1/ NO 2/ DK 8888

E2. How old is he now? OR How old was he when he died?  _____/ DK 8888

E3. Does or did he have a diagnosis of cancer?  YES 1/ NO 2/ DK 8888

E3a. Age at diagnosis _____/ DK 8888

E3b. In what organ or part of the body did this cancer occurred?  _____/ DK 8888

E1. Is your mother still alive? YES 1/ NO 2/ DK 8888

E2. How old is she now? OR How old was she when she died?  _____/ DK 8888

E3. Does or did she have a diagnosis of cancer?  YES 1/ NO 2/ DK 8888

E3a. Age at diagnosis _____/ DK 8888

E3b. In what organ or part of the body did this cancer occurred?  _____/ DK 8888

E4. How many brothers and sisters do you or did you have?  _____ BROTHERS/ _____ SISTERS/ DK 8888

E5. How many sons and daughters do you or did you have?  _____ SONS/ _____ DAUGHTERS/ DK 8888

E6. Is your __BROTHER/SISTER/SON/DAUGHTER ___ still alive?  YES 1/ NO 2/ DK 8888

E6a. How old is he/she now? OR How old was she/he when she/he died?  _____/ DK 8888

E6b. Does or did he/she have a diagnosis of cancer?  YES 1/ NO 2/ DK 8888

E6c. Age at diagnosis _____/ DK 8888

E6d. In what organ or part of the body did this cancer occurred?  _____/ DK 8888

[ICD _____]