GUIDELINES FOR COMPLETING THE QUESTIONNAIRE

This questionnaire was designed for case-control studies. Questionnaire must be applied by trained interviewers and questions must not be modified in any way.

INCLUSION CRITERIA

Cases

1. Have been hospitalized with suspected/established diagnosis of pancreatic cancer

2. Are over 20 and under 85 years of age

3. Must not be recurrences or other tumors prior to the suspected/established pancreatic cancer diagnosis

Hospital controls

1. Hospital controls must by as “healthy” as possible, have acute diseases that brought them to the hospital “by chance” and that have not changed their lifestyle.

2. The conditions of admission of controls must be as varied as possible. The subjects within the same class of diseases cannot be more than 10% of the total number of control cases.

3. The conditions of admissions of controls include the following:

   A). Diseases of the circulatory system: Haemorrhoids

   B) Diseases of the digestive system: Appendicitis, Appendiceal abscess, Inguinal hernia and other abdominal hernias, Fissure and fistula of anal and rectal regions, Anal prolapse, Rectal prolapse, Stenosis of anus and rectum

   C) Diseases of the skin and subcutaneous tissue: Cutaneous abscess, Furuncle, Cellulitis, Pilonidal cyst. Exclude: Bowen’s disease and hyperkeratosis


   E) Injury, poisoning and certain other consequences of external causes (S00-T98): Fractures including prosthesis due to fractures, Dislocations, Sprains, Internal Injuries of thorax, abdomen and pelvis, Open wounds of the superior and inferior extremities, Other injuries, Other diseases of external causes, Burns, Plastic Surgery (due to burns, accidents).

   F) Diseases of the musculoskeletal system and connective tissue: Acquired deformities of toe, Change of orthopedic prosthesis due to infection, Sacral cyst. Exclude: congenital deformations
G) Diseases of the eye and adnexa and Diseases of the ear and mastoid process: Cornea transplant, Retinal detachments and breaks, Cholesteatoma (cleaning of), Timpanoplasty due to perforation of tympanic membrane

H) Operations on the nose, mouth, and pharynx: Nasal septoplasty, Turbinectomy, Uvulopalatoplasty

I) Diseases of the respiratory system: Spontaneous pneumothorax

4. Controls must:
   
   A) Have been admitted to another department of the same hospital as the case
   
   B) Are of the same sex as the case and +/- 5 years as the case’s age
   
   C) Have a diagnosis of a disease not a symptom

5. Controls must be excluded if they were admitted to hospital for:

   A) Any cancer
   
   B) Benign tumors
   
   C) Pathologies associated with pancreatic cancer risk: Endocrine and metabolic disorders and their complications (diabetes, diabetes retinopathy, thyroid, adrenal, pituitary disease, pancreatitis, obesity and weight loss of unknown origin), Digestive system pathologies

NOTE FOR BULLET C: controls may be included if any of these diseases were diagnosed prior to the hospital visit, i.e. these are not the principal diagnosis at time of recruitment.

QUESTIONNAIRE COMPLETION

General rules

1. It is essential to obtain the informed consent of participants, and keep a list with full name, sex, age and diagnosis of those who refused to answer and reason of rejection.

2. Subjects that have had a tumor in the past shall not be interviewed neither as cases nor as controls. Confirm this potential diagnosis in the patient’s clinical history.

3. Each questionnaire must record the date of the diagnosis of the disease that brought the person to the hospital. Any event that happens after diagnosis (diagnosis of cancer in cases, or diagnosis of the disease that derived in hospitalization in controls) must NOT be recorded in the questionnaire.

4. In case of unknown information type 8888

5. The questions must be asked as written, and these are not to be modified by the interviewer.
6. Equal attention must be paid to all sections of the questionnaire for both cases and controls.

**Questionnaire**

1. Indicate date of interview DAY (DD)/MONTH (MM)/YEAR (YYYY)
2. Indicate date of diagnosis DAY (DD)/MONTH (MM)/YEAR (YYYY)
3. Indicate the principal diagnosis of admission. Subsequently, add the code of the International Classification of Disease (ICD, version 10)
4. Indicate the name of the hospital where the interview takes place
5. Indicate first and second name(s) of the person performing the interview
6. Indicate first and second name(s) of the person who is being interviewed
7. Indicate the ID number given by the study to the patient
8. Indicate the clinical record number of the patient
9. Indicate if the patient interviewed is either a case or a control

**Section A. Background information**

A1. Indicate patient's date of birth DAY (DD)/MONTH (MM)/YEAR (YYYY)
A1a. Indicate the patient's current age
A2. Indicate sex of the patient
A3. Indicate the ethnic group reported by the patient, if other than the options given write down his/her ethnic group with words.
A4. Indicate town, region, and country of the patient's place of birth
A4a. Indicate the age at which the patient moved to the country where the interview takes place in case he/she was born in a different country.
A5. Indicate town, region, and country of the longest place of residence reported by the patient
A6. Indicate marital status as reported by the patient
A7. Indicate the total number of years the patient and his/her spouse/partner attended school
A8. Indicate patient’s adult height in meters or centimeters
A9. Indicate in kilograms the normal adult weight reported by the patient
A9a. Indicate in kilograms the patients weight 2 years prior the interview
Section B. Smoking

B1. Indicate if the patient reports having smoked at least 100 cigarettes during his/her lifetime

B2. Indicate age of the patient when he/she first started smoking cigarettes

B3. Indicate if the patient reports to be currently smoking or reports to have been smoking during the year prior the interview

B3a. If the patient reports to have stopped smoking more than a year before the interview, indicate the age at which he/she stopped smoking (if either current smoker or smoker during one year prior to the interview indicate as 7777)

B4. Indicate if the patient reports to have stopped smoking for at least a year during his/her smoking life period

B5. Indicate in either months or years the time the patient reported to have stopped smoking during his/her smoking life period

B6. Indicate the average number of cigarettes smoked by the patient either by day, week, or month for both smokers and ex-smokers. If the patient reports very different consumptions for different periods, record the amount he/she consumed for the longest period. If the patients do not smoke cigarettes, but other products, please indicate the product and frequency of smoking per day, week or month

Section C. Beverages

Alcohol

C1. Indicate if the patient reports to have drunk alcohol at least once a month during a period of at least six months

C2. If patient answers yes, indicate the age at which the patient reports that she/he first started drinking alcohol regularly (that is at least once a month)

C3. Indicate if the patient reports to be currently drinking alcohol or reports to have been drinking during the year prior the interview

C3a. If the patient reports to have stopped drinking alcohol more than a year before the interview, indicate the age at which he/she stopped drinking

C4-C6. Indicate the average number of drinks drunk by the patient either by day, week, or month for both drinkers and ex-drinkers. If the patient reports very different consumptions for different periods, record the amount he/she consumed for the longest period. Report this for each different type of alcohol: Beer (one drink = 1 can or 330ml), wine (one drink= one glass or 125 ml), or hard liquor (one drink = one pub measure or 20-25 ml)

Other beverages
C7. Indicate if the patient reports to have drunk at least one cup of coffee once a week for a year or longer. This refers to all types of coffee including decaffeinated.

C8. If patient answers yes, indicate the age at which the patient reports that she/he first started drinking coffee regularly (that is at once a week).

C9. Report the age at which the patient stopped drinking coffee, if he/she reports to be a current drinker (either current regular drinker or drinker during one year prior to the interview) indicate as 7777.

C10. Indicate the average number of cups of coffee drunk by the patient either by day, week, or month for both drinkers and ex-drinkers. If the patient reports very different consumptions for different periods, record the amount he/she consumed for the longest period.

C11. Indicate if the patient reports to have drunk at least one cup of tea once a week for a year or longer. This refers to all types of tea including decaffeinated.

C12. If patient answers yes, indicate the age at which the patient reports that she/he first started drinking tea regularly (that is at once a week).

C13. Report the age at which the patient stopped drinking tea, if he/she reports to be a current drinker (either current regular drinker or drinker during one year prior to the interview) indicate as 7777.

C14. Indicate the average number of cups of tea drunk by the patient either by day, week, or month for both drinkers and ex-drinkers. If the patient reports very different consumptions for different periods, record the amount he/she consumed for the longest period.

Section D. Medical History

1. For all the pathologies indicated, mark yes or no, and the age at first medical diagnosis. For some selected diseases indicate the specific type of disease. To these questions the answer “I don’t know” is not an option under the assumption that the subject must know if he/she has suffer a specific type of disease. It is useful to know and mention specific type of symptoms or treatment for these diseases as the patient may be able to recognize them. In case the patient doesn’t remember the age at diagnosis, ask the patient to provide an indicative age range and indicate the lower age (e.g. between 30-40, indicate 30). If it is not possible to remember, indicate 8888. Indicate only medical conditions diagnosed at least one year prior to recruitment. Exclude the diagnosis for which controls have been hospitalized.

2. Inquire if the patient has taken medication to control his/her diabetes. In case of an affirmative answer indicate time in months or years during which the patient has regularly taken the drug. It is helpful to provide the patient with a list of brand names of diabetes medication (or a set of pictures).
Section E. Family history

Ask about patient’s family history. Indicate specific information for all direct blood relatives, whether living or deceased, reported by the patient: mother, father, brothers and/or sisters (include even if only sharing one parent), sons and/or daughters. Please do not include relatives who you are related to only by marriage or adoption.