

## OPTIONAL QUESTIONNAIRE

### SECTION D. MEDICAL HISTORY

#### Optional detailed information about other diseases

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

1. Rheumatoid arthritis? YES 1 / NO 2

1a. Age at diagnosis \_\_\_\_\_ YEARS

2. Systemic lupus erythematosus? YES 1 / NO 2

2a. Age at diagnosis \_\_\_\_\_ YEARS

3. Scleroderma (excessive deposits of collagen in the skin/other organs)? YES 1 / NO 2

3a. Age at diagnosis \_\_\_\_\_ YEARS

4. Polymyalgia rheumatic or temporal arthritis? YES 1 / NO 2

4a. Age at diagnosis \_\_\_\_\_ YEARS

5. Pernicious anemia (lack of vitamin B12)? YES 1 / NO 2

5a. Age at diagnosis \_\_\_\_\_ YEARS

6. Crohn's disease? YES 1 / NO 2

6a. Age at diagnosis \_\_\_\_\_ YEARS

7. Ulcerative colitis? YES 1 / NO 2

7a. Age at diagnosis \_\_\_\_\_ YEARS

8. Celiac disease? YES 1 / NO 2

8a. Age at diagnosis \_\_\_\_\_ YEARS

9. Addison's disease? YES 1 / NO 2

9a. Age at diagnosis \_\_\_\_\_ YEARS

10. Hyperthyroidism (Over active thyroid)? YES 1 / NO 2

10a. Age at diagnosis \_\_\_\_\_ YEARS

11. Hypothyroidism (Under active thyroid)? YES 1 / NO 2

11a. Age at diagnosis \_\_\_\_\_ YEARS

12. Mumps? YES 1 / NO 2

12a. Age at diagnosis \_\_\_\_\_ YEARS

13. Regular heartburn? YES 1 / NO 2

13a. Age at diagnosis \_\_\_\_\_ YEARS

14. Regular acid regurgitation (exclude if only during pregnancy)? YES 1 / NO 2

14a. Age at diagnosis \_\_\_\_\_ YEARS

15. Cirrhosis? YES 1 / NO 2

15a. Age at diagnosis \_\_\_\_\_ YEARS

16. Tonsillectomy? YES 1 / NO 2

16a. Age at surgery \_\_\_\_\_ YEARS

17. Stroke? YES 1 / NO 2

17a. Age at the event \_\_\_\_\_ YEARS

**Optional detailed information about asthma and allergies**

**1. Have you had wheezing or whistling in your chest at any time in the last 12 months?**

YES 1 / NO 2 /DK 8888

**2 Have you been at all breathless when the wheezing noise was present? YES 1 / NO 2**

/DK 8888

**3. Have you had this wheezing or whistling when you did not have a cold? YES 1 / NO 2**

/DK 8888

**4. Have you woken up with a feeling of tightness in your chest at any time in the last 12 months? YES 1 / NO 2 /DK 8888**

**5. Have you had an attack of shortness of breath that came during the day while at rest at any time in the last 12 months? YES 1 / NO 2 /DK 8888**

**6. Have you had an attack of shortness of breath that came following a strenuous activity at any time in the last 12 months? YES 1 / NO 2 /DK 8888**

7. Have you been woken by an attack of shortness of breath at any time in the last 12 months? YES 1 / NO 2 /DK 8888

8. Have you ever had asthma? YES 1 / NO 2 /DK 8888

9. Was this confirmed by a doctor? YES 1 / NO 2 /DK 8888

10. How old were you when you had your first attack of asthma? \_\_\_\_\_ YEARS

11. How old were you when you had your most recent attack of asthma? \_\_\_\_\_ YEARS

12. Have you had an attack of asthma in the last 12 months? \_\_\_\_\_ YEARS

13. Are you currently taking any medicines including inhalers, aerosols or tablets for asthma? YES 1 / NO 2 /DK 8888

14. Do you have any nasal allergies, including hay fever? YES 1 / NO 2 /DK 8888

15. How old were you when you first had hay fever or nasal allergy? \_\_\_\_\_ YEARS

16. Have you ever had a problem with sneezing, or a runny or a blocked nose, when you did not have a cold or the flu? YES 1 / NO 2 /DK 8888

16a. Have you had a problem with sneezing or a runny or blocked nose when you did not have a cold or the flu in the last 12 months? YES 1 / NO 2 /DK 8888

16b. Has this nasal problem been accompanied by itchy or watery eyes? YES 1 / NO 2 /DK 8888

17. Have you ever had eczema or any kind of skin allergy? YES 1 / NO 2 /DK 8888

18. How old were you when you first experienced eczema or any kind of skin allergy? \_\_\_\_\_ YEARS

19. Have you ever had an itchy rash that came and went for at least 6 months? YES 1 / NO 2 /DK 8888

19a. Have you had this itchy rash in the last 12 months? YES 1 / NO 2 /DK 8888

19b. Has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes? YES 1 / NO 2 /DK 8888

#### Optional detailed information about oral diseases

1. In your lifetime, excluding the last two years, have you ever noticed that you often have an unpleasant taste in your mouth and/or bad breath (halitosis)? YES 1 / NO 2 /DK 8888

2. Have you ever noticed any increased sensitivity in your teeth to cold, heat and sweet things? YES 1 / NO 2 /DK 8888

3. In your lifetime, excluding the last two years, have your gums ever bled spontaneously or when you brushed your teeth? YES 1 / NO 2 /DK 8888
4. Do your gums on occasion become inflamed or reddened? YES 1 / NO 2 /DK 8888
5. In your adulthood, excluding the last two years, have you ever found that your teeth move? YES 1 / NO 2 /DK 8888
6. Have you noticed that your gums have receded, making your teeth seem larger and more widely spaced? YES 1 / NO 2 /DK 8888
7. In your lifetime, excluding the last two years, has your dentist ever told you that you have periodontitis (periodontal disease or gum disease with bone loss)? YES 1 / NO 2 /DK 8888
8. Has your dentist ever extracted teeth because of periodontitis or have you ever lost any teeth because of periodontitis? YES 1 / NO 2 /DK 8888
9. In all, how many teeth have you lost or had removed because of periodontitis?  
\_\_\_\_\_ DK 8888

**Optional detailed information about gynaecological history**

1. How many days does your menstrual bleeding usually last? \_\_\_\_\_ DAYS
2. What is the average length of your menstrual cycles? <21days 1/ 21-25days 2/26-30days 4/31-35days 5/totally irregular 6 / DK 8888
3. Have you ever been pregnant? YES 1 / NO 2 3a. If yes, how many natural deliveries have you had? \_\_\_\_\_
- 3b. If yes, how many caesarean-sections have you had? \_\_\_\_\_
4. Have you ever used oral contraceptives for two months or more for any reason (contraception, acne, menstrual irregularity, etc)? YES 1 / NO 2 /DK 8888
5. How old were you when you began using oral contraceptives? \_\_\_\_\_
6. For how many months or years in total have you used oral contraceptives? \_\_\_\_ MONTHS1 / \_\_\_\_ YEARS 2
7. Are you still using oral contraceptives? YES 1 / NO 2 /DK 8888
- 7a. How old were you when you stopped using oral contraceptives? \_\_\_\_\_

8. Beginning with when you started using oral contraceptives, please indicate any changes in the usage

8a. Period. FROM AGE \_\_\_\_\_ TO AGE \_\_\_\_\_ YEARS

8b. For how many months/years did you use this contraceptive? \_\_\_ MONTHS1 / \_\_\_ YEARS 2

8c. What was the commercial brand of the contraceptive used? \_\_\_\_\_

9. Have you ever used other hormone contraceptives for two months or more for any reason (contraception, acne, menstrual irregularity, etc)? YES 1 / NO 2 /DK 8888

10. How old were you when you began using hormonal contraceptives? \_\_\_\_\_ YEARS

11. For how many months or years in total have you used hormonal contraceptives? \_\_\_ MONTHS1 / \_\_\_ YEARS 2

12. Are you still using hormonal contraceptives? YES 1 / NO 2 /DK 8888

12a. How old were you when you stopped using hormonal contraceptives? \_\_\_\_\_ YEARS

13. Beginning with when you started using oral contraceptives, please indicate any changes in the usage

13a. Period. FROM AGE \_\_\_\_\_ TO AGE \_\_\_\_\_ YEARS

13b. For how many months/years did you use this contraceptive? \_\_\_ MONTHS1 / \_\_\_ YEARS 2

13c. What was the commercial brand of the contraceptive used? \_\_\_\_\_

14. Have you ever used any female hormones for two months or more for treatment of hot flashes or other menopausal symptoms? YES 1 / NO 2 /DK 8888

15. How old were you when you began using these medications? \_\_\_\_\_ YEARS

16. For how many months/years in total have you used these medications? \_\_\_ MONTHS1 / \_\_\_ YEARS 2

17. Are you still using these medications? YES 1 / NO 2 /DK 8888

17a. How old were you when you stopped using these medications? \_\_\_\_\_ YEARS

18. Beginning with when you started using hormone medications for menopausal symptoms, please indicate any changes in the usage

18a. Period. FROM AGE \_\_\_\_\_ TO AGE \_\_\_\_\_ YEARS

18b. For how many months/years did you use this hormone? \_\_\_ MONTHS1 / \_\_\_ YEARS 2

18c. What was the commercial brand of the contraceptive used? \_\_\_\_\_

19. Have you ever had a hysterectomy (surgery to remove your uterus or womb)? YES 1 / NO 2

19a. Age at surgery \_\_\_\_\_ YEARS

20. Have you had one ovary removed?

YES 1 / NO 2

20a. Age at surgery \_\_\_\_\_ YEARS

21. Have you had both ovaries removed?

YES 1 / NO 2

21a. Age at surgery (if both ovaries were removed on separate occasions, write the age at which the second ovary was removed) \_\_\_\_\_ YEARS

22. Have you had ovaries removed but unsure if one or both? YES 1 / NO 2

22a. Age at surgery \_\_\_\_\_ YEARS

### Optional detailed information about illness-related questions

In the past year did you experience any of the following symptoms (ignore pain/fatigue that lasted less than a week)?

1. Pain in your upper abdomen YES 1 / NO 2

1a. Date when the pain started \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR

1b. How many weeks or months did the pain last? \_\_\_\_\_ WEEK 1 / \_\_\_\_\_ MONTHS 2

1c. Did you visit the doctor regarding this symptom? YES 1 / NO 2

2. Pain in your back YES 1 / NO 2

2a. Date when the pain started \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR

2b. How many weeks or months did the pain last? \_\_\_\_\_ WEEK 1 / \_\_\_\_\_ MONTHS 2

2c. Did you visit the doctor regarding this symptom? YES 1 / NO 2

3. Nausea YES 1 / NO 2

3a. Date when nausea started \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR

3b. How many weeks or months did the nausea last? \_\_\_\_\_ WEEK 1 / \_\_\_\_\_ MONTHS 2

3c. Did you visit the doctor regarding this symptom? YES 1 / NO 2

4. Fatigue YES 1 / NO 2

4a. Date when fatigue started \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR

4b. How many weeks or months did the fatigue last? \_\_\_\_\_ WEEK 1 / \_\_\_\_\_ MONTHS 2

4c. Did you visit the doctor regarding this symptom? YES 1 / NO 2

5. Jaundice (yellowish pigmentation of the skin) YES 1 / NO 2

- 5a. Date when jaundice started \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR
- 5b. How many weeks or months did jaundice last? \_\_\_\_\_ WEEK 1 / \_\_\_\_\_ MONTHS 2
- 5c. Did you visit the doctor regarding this symptom? YES 1 / NO 2
6. Weight loss YES 1 / NO 2
- 6a. Date when weight loss started \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR
- 6b. How many weeks or months did weight loss last? \_\_\_\_\_ WEEK 1 / \_\_\_\_\_ MONTHS 2
- 6c. Did you visit the doctor regarding this symptom? YES 1 / NO 2
7. Abdominal pain after alcohol consumption YES 1 / NO 2
- 7a. Date when pain started \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR
- 7b. How many weeks or months did pain last? \_\_\_\_\_ WEEK 1 / \_\_\_\_\_ MONTHS 2
- 7c. Did you visit the doctor regarding this symptom? YES 1 / NO 2
8. Do you feel full soon after starting a meal and unable to eat a normal meal? YES 1 / NO 2
9. How do you compare your current appetite compared to what it was one year ago?  
INCREASED 1 / THE SAME 2 / SLIGHTLY REDUCED (75% OF NORMAL) 3 / MODERATELY REDUCED (50% OF NORMAL) 4 / MARKEDLY REDUCED (25% OF NORMAL)
10. Which of the following best characterizes you at this time? I AM ABLE TO CARRY ON NORMAL ACTIVITY AND HAVE NO SYMPTOMS OR HAVE ONLY MINOR SYMPTOMS OF DISEASE 1 / I CAN CARRY ON NORMAL ACTIVITY WITH EFFORT AND HAVE SOME SYMPTOMS OF DISEASE 2 / I CAN CARE FOR MYSELF BUT AM UNABLE TO CARRY ON NORMAL ACTIVITY OR TO DO ACTIVE WORK 3 / I REQUIRE OCCASIONAL ASSISTANCE BUT AM ABLE TO CARE FOR MOST OF MY PERSONAL NEEDS 4 / I REQUIRE CONSIDERABLE ASSISTANCE FOR MY PERSONAL CARE 5

**Optional detailed information about other medications**

**1) Treatment for duodenal ulcer, heart burn, or acid regurgitation (H2-receptor antagonists, and proton pump inhibitors)**

1a. Period. FROM AGE \_\_\_ TO AGE \_\_\_

1b. How many months or years did you take the medication on a regular basis? \_\_\_\_\_ MONTH / \_\_\_\_\_ YEAR

1c. What is the name or the commercial brand of the medication? \_\_\_\_\_ DK 8888

1d. What was the reason for treatment? \_\_\_\_\_ DK 8888

**2) Aspirin, NSAIDs, paracetamol****1a. Period.** FROM AGE \_\_\_ TO AGE \_\_\_**1b. How many months or years did you take the medication on a regular basis?** \_\_\_\_\_  
MONTH / \_\_\_\_\_ YEAR**1c. What is the name or the commercial brand of the medication?** \_\_\_\_\_ DK 8888**1d. What was the reason for treatment?** \_\_\_\_\_ DK 8888**3) Treatment to lower cholesterol (Statins)****1a. Period.** FROM AGE \_\_\_ TO AGE \_\_\_**1b. How many months or years did you take the medication on a regular basis?** \_\_\_\_\_  
MONTH / \_\_\_\_\_ YEAR**1c. What is the name or the commercial brand of the medication?** \_\_\_\_\_ DK 8888**1d. What was the reason for treatment?** \_\_\_\_\_ DK 8888**4) Corticosteroids****1a. Period.** FROM AGE \_\_\_ TO AGE \_\_\_**1b. How many months or years did you take the medication on a regular basis?** \_\_\_\_\_  
MONTH / \_\_\_\_\_ YEAR**1c. What is the name or the commercial brand of the medication?** \_\_\_\_\_ DK 8888**1d. What was the reason for treatment?** \_\_\_\_\_ DK 8888**5) Antihistamines****1a. Period.** FROM AGE \_\_\_ TO AGE \_\_\_**1b. How many months or years did you take the medication on a regular basis?** \_\_\_\_\_  
MONTH / \_\_\_\_\_ YEAR**1c. What is the name or the commercial brand of the medication?** \_\_\_\_\_ DK 8888**1d. What was the reason for treatment?** \_\_\_\_\_ DK 8888**2. History of antibiotic medication. Please indicate for each treatment taken during the past five years.****2a. Period.** FROM AGE \_\_\_ TO AGE \_\_\_**2b. How many days or months did you take the medication on a regular basis?** \_\_\_\_\_  
DAYS / \_\_\_\_\_ MONTHS**2c. What is the name or the commercial brand of the medication?** \_\_\_\_\_ DK 8888**2d. What was the reason for treatment?** \_\_\_\_\_ DK 8888



## GUIDELINES FOR COMPLETING THE OPTIONAL SECTIONS OF 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.

### Section D. Medical History

#### **Optional detailed information about other diseases**

1. For all the pathologies indicated, mark yes or no, and the age at first medical diagnosis. 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 suffered 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 diagnosis (for cases) or diagnosis (for controls).

#### **Optional detailed information about asthma and allergies**

1. Indicate if the patient reports having had wheezing or whistling in their chest at any time in the last 12 months
2. Indicate if the patient reports being breathless when the wheezing noise was present
3. Indicate if the patient reports having had wheezing or whistling when NOT having a cold
4. Indicate if the patient reports ever waking up feeling tightness in their chest at any time in the last 12 months
5. Indicate if the patient reports having an attack of shortness of breath during the day while at rest at any time in the last 12 months
6. Indicate if the patient reports having an attack of shortness of breath following strenuous activity any time in the last 12 months
7. Indicate if the patient has ever been woken by an attack of shortness of breath at any time in the last 12 months
8. Indicate if the patient reports ever having asthma
9. If the patient reports having had asthma, indicate if the diagnosis has been confirmed by a doctor

10. If the patient reports having had asthma, indicate age at which they had their first attack of asthma
11. If the patient reports having had asthma, indicate age at which they had their last attack of asthma
12. If the patient reports having had asthma, indicate if they have had an attack in the last 12 months
13. If the patient reports having had asthma, indicate if they are currently taking any medicines for asthma
14. Indicate if the patient ever had any nasal allergies, including hay fever
15. If the patient reports having any nasal allergies, indicate age at their first episode of nasal allergy
16. If the patient reports having any nasal allergies, indicate if the patient has ever had a problem with sneezing or a runny or blocked nose when you DID NOT have a cold or the flu
- 16a. If the patient reports ever having sneezing or a runny or blocked nose when NOT having the cold or the flu, indicate if this happened in the last 12 months
- 16b. If the patient reports ever having sneezing or a runny or blocked nose when NOT having the cold or the flu in the last 12 months, indicate if this was accompanied by itchy or watery eyes
17. Indicate if the patient ever had eczema or any kind of skin allergy
18. If the patient reports having eczema or any kind of skin allergy, indicate age at their first episode of nasal allergy
19. Indicate if the patient ever had an itchy rash that came and went for at least 6 months
- 19a. If the patient reports ever having an itchy rash that came and went for at least 6 months, indicate if this happened in the last 12 months
- 19b. If the patient reports ever having an itchy rash that came and went for at least 6 months during the last 12 months, indicate if this affected the  folds of the elbows, behind the knees, the front of the ankles, under the buttocks, or around the neck, ears or eyes

#### **Optional detailed information about oral diseases**

1. Excluding the last two years, indicate if the patient ever noticed an unpleasant taste in his/her mouth and/or bad breath (halitosis)
2. Indicate if the patient has ever noticed any increased sensitivity in his/her teeth to cold, heat, or sweet things.

3. Excluding the last two years, indicate if the patient ever had his/her gums bled spontaneously or when brushing the teeth.
4. Indicate if the patient reports if his/her gums become on occasion inflamed or reddened
5. Excluding the last two years, indicate if the patient has ever in his/her adulthood found that his/her teeth move
6. Indicate if the patient has ever noticed that his/her gums have receded which would make his/her teeth look larger and more widely spaced
7. Excluding the last two years, indicate if the patient has ever at any point in their life had his/her dentist diagnosing periodontitis (Interviewer: periodontitis is when the gums become reddened, withdrawn, may bleed, and the teeth appear longer and more widely spaced)
8. Indicate if the patient reported having his/her dentist ever extracting his/her teeth or losing his/her teeth because of periodontitis
9. If the patient reports ever losing or having extracted his/her teeth, indicate how many teeth have ever been lost or removed due to Periodontitis

#### **Optional detailed information about gynaecological history**

Obviously, this section must be completed only for female cases and controls

1. Indicate the number of days the menstrual bleeding usually lasts, if the patient is not bleeding anymore report the number of days she usually bled in the past.
2. Indicate the average number of days the menstrual cycle usually lasts, if the patient is not bleeding anymore report the usual length of her menstrual cycle in the past.
- 3a. If the patient reports ever being pregnant, indicate the number of natural deliveries she had
- 3b. If the patient reports ever being pregnant, indicate the number of caesarean sections she had
- 4 - 18. Indicate if the patient reports ever using oral contraceptives, other hormone contraceptives, or hormones for treatment of menopausal symptoms. If the patient reports that she ever took any of these medications, indicate for each treatment type and for each period of specific consumption habits:
  - a. Age of start and end of the treatment period
  - b. How many months or years did this treatment period lasted
  - c. The commercial brand used during the treatment period
19. Indicate if the patient ever reported having a hysterectomy (surgery to remove uterus or womb) and age at surgery.

20. Indicate if the patient ever reported having one ovary removed and age at surgery
21. Indicate if the patient ever reported having both ovaries removed and age at surgery (if both ovaries were removed on separate occasions, write the age at which the second ovary was removed)
22. Indicate if the patient ever reported having ovaries removed but unsure if one or both and age at surgery

### **Optional detailed information about illness-related questions**

This section is designed to evaluate specific pancreatic cancer symptoms before the patient was diagnosed with the disease and to evaluate the severity of the disease at time of recruitment.

- 1 - 7. Indicate if the patient has suffered any of the symptoms ignoring those that lasted less than a week. For each affirmative answer, indicate the month and the year at which the symptom started, the time in weeks or months that the symptom lasted, and if the patient ever sought medical attention regarding that symptom.
8. Indicate if the patient feels full soon after starting a meal, or if the patient is unable to eat a normal meal
9. Indicate the current appetite of the patient compared to his/her appetite one year ago
10. Indicate the current activity status of the patient

### **Optional detailed information about other medications**

1. Inquire if the patient has taken any of the following medication categories: 1) Treatment for duodenal ulcer, heart burn, or acid regurgitation (H2-receptor antagonists, and proton pump inhibitors), 2) Aspirin, NSAIDs, paracetamol, 3) Treatment to lower cholesterol (Statins ), 4) Corticosteroids, 5) Antihistamines. It is helpful to provide the patient with a list of brand names of diabetes medication (or a set of pictures) to help him/her remember about them. In case of an affirmative answer, indicate for each drug and treatment period:

- a. Age of start and end of the treatment period
- b. How many months or years did this treatment lasted
- c. The commercial brand used during the treatment
- d. The reason of the treatment

2. Inquire about the patient's antibiotic use during the past five years. In case of an affirmative answer, indicate for each drug and treatment period:

- a. Age of start and end of the treatment period
- b. How many months or years did this treatment lasted



- c. The commercial brand used during the treatment
- d. The reason of the treatment