

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 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 at least 1 cup of coffee per week? _____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

D14. Cancer? YES 1/ NO 2

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 [ICD ____]

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 888

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 ____]