



THE MOLECULAR EPIDEMIOLOGY OF LYMPHOMAS

INTERVIEW

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Thank you for agreeing to be interviewed on this important study. Just before I start asking the questions I would like to ask you to sign a consent form. This gives me permission to ask you questions about your residential, occupational, medical and similar aspects of your family history. You are protected by the Data Protection Act and the information you give us, is only used by members of the study team.

QUESTIONNAIRE

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1. IDENTIFICATION DETAILS

Start time

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Most of the questions I am going to ask you are about your life, work, and health.

Reminder to Interviewer. Have you checked the pre-interview form? Yes (circle)

Have you checked the details on the registration form? Yes (circle)

1. Again, may I just confirm your date of birth?

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2. Have you ever been known by any other names? Y N DK (circle)

If yes ask:

What other first names have you been known by?

Previous first name(s) _____

What other surnames have you been known by?

Previous surname(s) _____

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2. GENERAL BACKGROUND

I would now like to ask you a few general questions.

- 2.1 How old were you when you started school?
- 2.2 How old were you when you left school?
- 2.3 Since leaving school, have you ever had any full-time education? (*circle*)
- Y N DK

If yes: ask 2.3.1 & 2.3.2

- 2.3.1 How many years full-time education yrs
- 2.3.2 How many months full-time education? mths

(*include any period less than 1 year*)

- 2.4 Do you own or rent your current home?(*circle*) Own Rent Other
- 2.5 Do you drive a vehicle? (*circle*) Y N

If yes ask 2.5.1

- 2.5.1 How many miles did you drive in (2yrs before year of diagnosis)
- miles

- 2.6 Would you describe yourself as: (*read list*) (*circle*)
- White/BlackCaribbean/BlackAfrican/Indian
Pakistani/Bangladeshi/Chinese/Any other ethnic group

- 2.7 Do you have a paid job at present? (*circle*) Y N

If yes ask 2.10.1 - 2.10.6 - if no ask 2.7.1

- 2.7.1 **If no:** Have you had a paid job lasting more than 1 year in the last 10 years? (*circle*).
- Y N

If yes ask 2.10.1 - 2.10.6

(*take details of part-time job - a maximum of 2 can be given only if they run concurrently*)

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- 2.8 Would you currently describe yourself as: (*read list*) (*circle*)

single/ married / cohabiting / widowed / separated / divorced?

(if respondent answers single, widowed, separated, divorced do not ask 2.9)

2.9 Does your partner have a paid job at present? *(circle)* Y N

If yes ask 2.10.7 - 2.10.12

(take details only of present partner)

If no: Have they worked in a paid job lasting more than one year in the last 10 years?

(circle) Y N

If yes ask 2.10.7 - 2.10.12

(take details of part-time job - a maximum of 2 can be given only if they run concurrently)

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To be completed for any job, with a positive response to 2.7 or 2.7.1.

Number of jobs following: (one/two)

2.10 Subject identifier

2.10.1 What is/was the job? _____

2.10.2 How many hours per week do/did you work?

2.10.3 Are/were you employed or self employed? (*circle*) E SE

2.10.4 What does/did the organisation make or do? _____

2.10.5 Do/did you manage/supervise/employ other people? (*circle*)
M S E No

If yes to 2.10.5 ask 2.10.6

2.10.6 How many people?

2.10 Subject identifier

2.10.1 What is/was the job? _____

2.10.2 How many hours per week do/did you work?

2.10.3 Are/were you employed or self employed? (*circle*) E SE

2.10.4 What does/did the organisation make or do? _____

2.10.5 Do/did you manage/supervise/employ other people? (*circle*)
M S E No

If yes to 2.10.5 ask 2.10.6

2.10.6 How many people?

Now ask 2.8

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2.10 **Partner identifier**

2.10.7 What is/was the job? _____

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2.10.8 How many hours per week does/did your partner work?

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2.10.9 Is/was your partner employed or self employed? (*circle*) E SE

2.10.10 What does/did the organisation make or do? _____

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2.10.11 Does/did your partner manage/supervise/employ other people? (*circle*)

M S E No DK

If yes to 2.10.11 ask 2.10.12

2.10.12 How many people?

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2.10 **Partner identifier**

2.10.7 What is/was the job? _____

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2.10.8 How many hours per week does/did your partner work?

--	--	--

2.10.9 Is/was your partner employed or self employed? (*circle*) E SE

2.10.10 What does/did the organisation make or do? _____

--	--	--	--

2.10.11 Does/did your partner manage/supervise/employ other people? (*circle*)

M S E No DK

If yes to 2.10.11 ask 2.10.12

2.10.12 How many people?

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Now a few questions on whether you have ever used a mobile phone. We are not interested in cordless phones which are often used in and around the home.

2.11 Have you used a mobile phone 10 times or more in 1 year? (*circle*) Y N

If yes ask 2.12

2.12 Have you used more than 1 phone? (*circle*) Y N

number following

If yes ask 2.13.1 - 2.13.5 (repeat if necessary)

2.13.1 Was the mobile phone a hand-held cellular phone or a permanently installed car cellular phone? (*circle*) phone no

Hand-held Permanent car Other DK

2.13.2 What was the make and model of the phone? _____ DK

2.13.3 When did you start using this phone? mth yr

2.13.4 When did you stop using this phone? mth yr

2.13.5 How many mins and/or hours did you use this phone in a week?
 hand held hrs mins
 hands free hrs mins

2.13.1 Was the mobile phone a hand-held cellular phone or a permanently installed car cellular phone? (*circle*) phone no

Hand-held Permanent car Other DK

2.13.2 What was the make and model of the phone? _____ DK

2.13.3 When did you start using this phone? mth yr

2.13.4 When did you stop using this phone? mth yr

2.13.5 How many mins and/or hours did you use this phone in a week?
 hand held hrs mins
 hands free hrs mins

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3. OCCUPATIONAL HISTORY

You will have already checked that the pre- interview questionnaire has been filled in correctly. Please return to the employment section and check that for each job recorded there is a good job description and that the employers name and address is recorded if known.

Then ask for each job:-

What did/does the organisation you worked/work for make or do?

(record their answer in the shaded area on the pre-interview form).

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4. RESIDENTIAL HISTORY

Now some questions on your present home and past homes you have had during the last 20 years for 2 years or more. (Please include present address even if less than 2 years).

Number of residences following:

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4.1 **Residence identifier:-** (input no. from pre-interview form and dates from & to).

Res no

--	--

--	--	--	--

month year

--	--	--	--

month year

4.2 When, approximately, was the residence first built?

Before 1919/1919-44/1945-64/1965+ (circle)

4.3 What type of accommodation was/is this? (circle)

House Detached

Bungalow Semi - detached

Flat/maisonette Terraced

Bedsit Back to back

Caravan/mobile home

Farm

Other please describe _____

4.4 Did you use an open fire in this house? (circle) Y N DK

(we are only interested in fires burning fossil fuel and wood)

If yes, ask: 4.4.1

4.4.1 How many open fires were used in this house?

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For each one ask: 4.4.2 - 4.4.5

Res No

--	--

--	--	--	--	--	--	--	--

4.4.2 Where was this fire? _____

4.4.3 What did it burn? (*circle*) Fossil fuel Wood DK

4.4.4 How many years was it in use?

4.4.5 In (*January-December*) was it used: daily, weekly, monthly, or not at all?
(*repeat for every month*)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
daily												
weekly												
monthly												
not at all												

Res No

4.4.2 Where was this fire? _____

4.4.3 What did it burn? (*circle*) Fossil fuel Wood DK

4.4.4 How many years was it in use?

4.4.5 In (*January-December*) was it used: daily, weekly, monthly, or not at all?
(*repeat for every month*)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
daily												
weekly												
monthly												
not at all												

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4.5 Was/is the water supply from (*circle*)

1. Mains
2. Spring
3. Well
4. Both (mains/well)
5. DK

4.6 Was this house ever chemically treated for woodworm, wet or dry rot or any other infestations/pests while you were living there?

Y N DK

If yes ask the following questions for each treatment 4.7.1 - 4.7.3
(*repeat if necessary*)

Res no

4.7.1 Why was it treated? _____

4.7.2 Please can you tell me when it was treated?

4.7.3 Did you treat the house yourself? Y N DK

Res no

4.7.1 Why was it treated? _____

4.7.2 Please can you tell me when it was treated?

4.7.3 Did you treat the house yourself? Y N DK

Res no

4.7.1 Why was it treated? _____

4.7.2 Please can you tell me when it was treated?

4.7.3 Did you treat the house yourself? Y N DK

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5. SKIN TYPE AND SUN EXPOSURE

I would now like to ask you some questions on your skin type and how much time you have spent in the sun.

5.1 When you are not suntanned would you describe your skin as:
(read list)

Oily	
Dry	
Combination	
Normal	

5.2 When you are not suntanned would you describe the colour of your skin as:
(read list)

Very fair	
Fair	
Medium	
Olive	
Very dark	

5.3 Would you describe the natural colour of your hair when you were 5yrs old as:
(read list)

Blond/fair	
Red/auburn	
Light brown	
Dark brown	
Brown	
Black	
Other	

5.4 Would you describe the natural colour of you hair now as mainly:
(read list)

Blond/fair	
Red/auburn	
Light brown	
Dark brown	
Brown	
Black	
Grey	
White	
Bald (25% hair or less)	

5.5 How would you describe the colour of your eyes? (if necessary read list) (circle)

Blue / blue-grey / grey / blue-green / green / green-brown (hazel) / brown / other

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I would now like to ask you some questions about the summers 5yrs, 10 yrs and 20 yrs ago, starting with the summer 5 yrs ago? (tick boxes)

5.6.1 (5 years ago) in the day time during your working time(including time at school), were you out of doors: more than 5hrs, 3-4 hrs, 1-2 hrs, or less than 1 hour?

5.6.2 (5 years ago) in the day time during your non-working time were you out of doors: more than 5hrs, 3-4 hrs, 1-2 hrs, or less than 1 hour?

		Years ago					
		5		10		20	
working = w	non-working = n	w	n	w	n	w	n

More than 5 hours							
3-4 hours							
1-2 hours							
Less than 1 hour							
(DK)							

5.7 (5 years ago) when out of doors, did you generally: try to cover yourself up from the sun, wear normal summer clothing, or wear very little?

Try to cover yourself up from the sun			
Wear normal summer clothing			
Wear very little			
(DK)			

5.8 Again, when out of doors during the summer (5 years ago), did you cover your head: most of the summer months, occasionally, or never?

Most of the summer months			
Occasionally			
Never			
(DK)			

5.9 (5 years ago) did you use suntan oil, lotion or cream to protect your skin when you were out in the sun: yes, almost always, yes sometimes, yes rarely, or never?

Yes, almost always			
Yes, sometimes			
Yes, rarely			
Never			
(DK)			

5.10 (5 years ago) did you ever get sunburnt enough times to cause discomfort for more than one day: 5 or more times, 3-4 times, 1-2 times, or never?

>5			
3-4			
1-2			
Never			
(DK)			

5.11 During that year (five years ago) did you ever use a sunlamp or sunbed: 11 or more times, 6-10 times, 1-5 times, or never?

>11			
6-10			
1-5			
Never			
(DK)			

Repeat questions 5.6-5.11 asking about 10 and 20 years ago.

5.12 Have you been sunburnt on any other occasion enough to cause discomfort for more than one day? (circle) Y N DK

If yes, ask:

How many times?

Now ask 5.12.1

5.12.1

When was this?

age or year

5.12.1

When was this?

5.12.1

When was this?

5.13 Have you used a sunlamp or sunbed on any other occasion? (circle) Y N DK

If yes, ask:

How many times?

Now ask 5.13.1

5.13.1

When was this?

age or year

>11
6-10
1-5

5.13.1

When was this?

>11
6-10
1-5

5.13.1

When was this?

>11
6-10
1-5

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5.14 Have you ever been abroad (include holidays and work) for more than 1 continuous month in a year?(circle) Y N DK

If yes, ask:

How many times?

Now ask 5.14.1-5.14.3

5.14.1 When was this? age or year

5.14.2 Where did you go? _____

5.14.3 How long did you spend there? weeks months years

5.14.1 When was this? age or year

5.14.2 Where did you go? _____

5.14.3 How long did you spend there? weeks months years

5.14.1 When was this? age or year

5.14.2 Where did you go? _____

5.14.3 How long did you spend there? weeks months years

5.14.1 When was this? age or year

5.14.2 Where did you go? _____

5.14.3 How long did you spend there? weeks months years

5.14.1 When was this? age or year

5.14.2 Where did you go? _____

5.14.3 How long did you spend there? weeks months years

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6. SOCIAL/DIETARY HABITS

6.1 How tall are you? (*metric or imperial*)

	.		
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6.2 How much did you weigh _____ (*month of Δ or $p\Delta$*)
in _____

Weight(<i>metric or imperial</i>)	Δ or $p\Delta$	5yrs ago	10yrs ago	20yrs ago

Repeat the question for 5,10 and 20 years

Now some questions on your social life and dietary habits.

6.3.1 Have you ever regularly smoked cigarettes, cigars or a pipe? (regularly - at least 1 cigarette or equivalent per day for at least 6 mths).

(*circle*) Y N DK

If yes, ask:- Which of the following have you smoked: filter tipped cigarettes, plain or untipped cigarettes, hand rolled cigarettes, cigars, or a pipe?

	From age or year	To age or year	Number per day	Ounces per week
Filter tipped cigarettes				
Plain or untipped cigarettes				
Hand rolled cigarettes				
Cigars				
Pipe				

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6.4 Have you ever lived with a smoker including your parents for longer than 2 years?

(circle) Y N DK

If yes ask 6.4.1

6.4.1 Can you remember when this was?

From age or year	To age or year

--	--	--	--	--	--	--	--	--

6.5 During the last 20 yrs have you ever drunk wine, spirits, beer or lager ?
 (Ranging from drinking most days to 1-5 times a year)

(circle) Y N DK If yes ask 6.5.1

6.5.1 If yes: for each group of drinks ascertain frequency and amount per occasion

(5 years ago) did you drink, beer, lager, stout, cider, shandy
 alcopops: most days, 3-4 times a week, once or twice a
 week, once or twice a month 1-5 times a year, or never?

Years ago		
5	10	20

For a positive reply ask

On each occasion how many 1/2 pint units
 did you drink?

Most days
 3-4 week
 1-2 week
 1-2 month
 1-5 year
 Never

(5 years ago) did you drink wine : most days, 3-4 times a
 week, once or twice a week, once or twice a month,
 1-5 times a year or never?

For a positive reply ask

On each occasion how many glasses
 did you drink?

Most days
 3-4 week
 1-2 week
 1-2 month
 1-5 year
 Never

(5 years ago) did you drink Sherry, Martini or any
 fortified wines: most days, 3-4 times a week, once or
 twice a week, once or twice a month, 1-5 times a year
 or never?

For a positive reply ask

On each occasion how many glasses
 did you drink?

Most days
 3-4 week
 1-2 week
 1-2 month
 1-5 year
 Never

(5 years ago) did you drink spirits or liqueurs: most
 days, 3-4 times a week, once or twice a week, once or
 twice a month, 1-5 times a year or never?

For a positive reply ask

On each occasion how many single units
 did you drink?

Most days
 3-4 week
 1-2 week
 1-2 month
 1-5 year
 Never

Repeat question for 10, and 20 years ago

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6.6 In (month of Δ or $p\Delta$) were you following any of these eating patterns?

(read list)

	Years ago		
Δ or $p\Delta$	5	10	20
Low fat			
Weight reduction			
Vegetarian			
Vegan			
Low salt			
Gluten free			
Diabetic			
High fibre			
Nut free			
None of these			

Repeat question for 5, 10, and 20 years ago

7. GENERAL HEALTH

In the following section I am going to ask questions on your general health 5,10 and 20 yrs ago, starting with 5 yrs ago.

7.1 (5 years ago) would you describe your general health as very good, good, average, poor, or very poor? (*tick*)

	Years ago		
	5	10	20
Very good			
Good			
Average			
Poor			
Very poor			
(DK)			

7.2 (5 years ago) How many times during the year, were you ill enough with any type of illness, to stay at home for three or more days in a row: never, 1-3 times, 4-6 times, or 7 or more times? (*tick*)

Never			
1 - 3			
4 - 6			
7 +			
(DK)			

7.3 (5 years ago) How many times during the year, did you suffer from a cold: never, 1-3 times, 4-6 times, or 7 or more times? (*tick*)

Never			
1-3			
4-6			
7+			
(DK)			

7.4 (5 years ago) How many times during the year, did you take any of the following drugs for five or more days in a row: never, 1-3times, 4-6 times, or 7 or more times? (*tick*)

Antacids/indigestion	Never			
	1 - 3			
	4 - 6			
	7+			
	(DK)			
Antihistamines/anti allergy	Never			
	1 - 3			
	4 - 6			
	7+			
	(DK)			
Antibiotics	Never			
	1 - 3			
	4 - 6			
	7+			
	(DK)			

Repeat 7.1 -7.4 for 10 and 20 years ago

Thinking back to your childhood now - up to the age of 15 years

7.5 Would you describe your general health around the (age of 5) as very good, good, average, poor or very poor?

	Age (years)		
	5	10	15
Very good			
Good			
Average			
Poor			
Very poor			
(DK)			

Repeat question 7.5 for age 10 and age 15

7.5.a For women only (to date of diagnosis or pseudo-diagnosis)

(i) About how old were you when your periods started?

(ii) Have your periods stopped? (circle) Y N
Irregular

If yes ask: How old were you when they stopped?

(iii) Have you ever used hormone replacement therapy (HRT)? Y N

If yes ask (iv) and (v) :

(iv) How old were you when you first started using HRT?

(v) How many years and months in total have you used HRT?
yrs mths

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7.6 Have you ever had hayfever, asthma, eczema, an allergic reaction to food, drugs or any other allergic reaction?

(circle) Y N DK

If yes ask: 7.6.1

7.6.1 What type of allergy was this?

Type	When did you start with this allergy? (age or year)	When did you stop having this allergy? (age or year)	DK	Have you had any treatment for this allergy?	
Hayfever			DK	Y	N
Asthma			DK	Y	N
Eczema			DK	Y	N
Food			DK	Y	N
Food			DK	Y	N
Drugs			DK	Y	N
Drugs			DK	Y	N
Other			DK	Y	N
Other			DK	Y	N

(if allergy is ongoing, age or year at diagnosis or pseudo-diagnosis)

7.7 Do you suffer from, or have you ever suffered from any of the following illnesses?

(circle)

- Measles 1 Y N DK
- Mumps 2 Y N DK
- Whooping cough 3 Y N DK
- Chicken pox 4 Y N DK
- German measles 5 Y N DK
- Scarlet fever 6 Y N DK
- Diphtheria 7 Y N DK
- Rheumatic fever 8 Y N DK
- Diabetes 9 Y N DK
- Thyroid disease 10 Y N DK
- Rheumatoid arthritis 11 Y N DK

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Osteoarthritis	<input type="checkbox"/> 12	Y	N	DK
Perthes' disease	<input type="checkbox"/> 13	Y	N	DK
Pernicious anaemia	<input type="checkbox"/> 14	Y	N	DK
Haemophilia/other blood disorders	<input type="checkbox"/> 15	Y	N	DK
Scleroderma	<input type="checkbox"/> 16	Y	N	DK
Multiple sclerosis	<input type="checkbox"/> 17	Y	N	DK
M.E/C.F.S/P.V.S	<input type="checkbox"/> 18	Y	N	DK
Peptic ulcer	<input type="checkbox"/> 19	Y	N	DK
Duodenal ulcer	<input type="checkbox"/> 20	Y	N	DK
Epilepsy	<input type="checkbox"/> 21	Y	N	DK
Glandular fever	<input type="checkbox"/> 22	Y	N	DK
Tuberculosis	<input type="checkbox"/> 23	Y	N	DK
Polio	<input type="checkbox"/> 24	Y	N	DK
Tetanus	<input type="checkbox"/> 25	Y	N	DK
Meningitis	<input type="checkbox"/> 26	Y	N	DK
Hepatitis	<input type="checkbox"/> 27	Y	N	DK
Shingles	<input type="checkbox"/> 28	Y	N	DK
Cold sores	<input type="checkbox"/> 29	Y	N	DK
H.I.V	<input type="checkbox"/> 30	Y	N	DK
Sexually transmitted disease	<input type="checkbox"/> 31	Y	N	DK
Any other long standing illness, disability or infirmity, if yes:	<input type="checkbox"/> 32	Y	N	DK

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If yes to 8-32 inclusive please complete a record for each condition.

Number of conditions following:

7.8 Condition identifier

7.8.1 Can you describe this condition? _____

- 7.8.2 What treatment do/did you have? _____
- 7.8.3 When was this? age or year
- 7.8.4 Are/were you treated: as a hospital inpatient / hospital outpatient / GP / other (*circle*)
- 7.8.5 Which hospital/treatment centre did you attend? _____
- 7.8.6 Who was the consultant? _____
-

- 7.8 **Condition identifier**
- 7.8.1 Can you describe this condition? _____
- 7.8.2 What treatment do/did you have? _____
- 7.8.3 When was this? age or year
- 7.8.4 Are/were you treated: as a hospital inpatient / hospital outpatient / GP / other (*circle*)
- 7.8.5 Which hospital/treatment centre did you attend? _____
- 7.8.6 Who was the consultant? _____
-

- 7.8 **Condition identifier**
- 7.8.1 Can you describe this condition? _____
- 7.8.2 What treatment do/did you have? _____
- 7.8.3 When was this? age or year
- 7.8.4 Are/were you treated: as a hospital inpatient / hospital outpatient / GP / other (*circle*)
- 7.8.5 Which hospital/treatment centre did you attend? _____
- 7.8.6 Who was the consultant? _____

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7.9 Have you ever had any of the following operations or procedures? (*circle*)

Appendicectomy 1 Y N DK

Tonsillectomy 2 Y N DK

An operation for a fracture of the hip 3 Y N DK

Blood transfusion 4 Y N DK

Chemotherapy 5 Y N DK

Organ transplantation 6 Y N DK

(*men only*) Prostatectomy 7 Y N DK

(*women only*) Hysterectomy 8 Y N DK

If yes to any of these please complete a record for each procedure.

Number of procedures following:

7.10 **Procedure identifier**

7.10.1 When was this? age or year

7.10.2 Why did you have this? _____

7.10.3 Which hospital did you attend? _____

7.10.4 Who was the consultant? _____

7.10 **Procedure identifier**

7.10.1 When was this? age or year

7.10.2 Why did you have this? _____

7.10.3 Which hospital did you attend? _____

7.10.4 Who was the consultant? _____

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7.11 Have you ever had an artificial hip or knee replacement? (eg. for osteoarthritis or rheumatoid arthritis?) (*circle*)

Y N

If yes for each joint replacement ask: 7.11.1 - 7.11.6 and then ask 7.11.7

7.11.1 Which side? left right (*circle*)

7.11.2 Which site? hip knee (*circle*)

7.11.3 When was this? age or year

7.11.4 Why did you have this? _____

7.11.5 Which hospital did you attend? _____

7.11.6 Who was the consultant? _____

7.11.7 Has this joint replacement ever been revised? (eg; because it came loose or caused pain)

(*circle*) Y N

If yes for each revision ask: 7.11.8 - 7.11.13

7.11.8 Which side? left right (*circle*)

7.11.9 Which site? hip knee (*circle*)

7.11.10 When was this? age or year

7.11.11 Why did you have this? _____

7.11.12 Which hospital did you attend? _____

7.11.13 Who was the consultant? _____

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7.12 Have you ever had malaria? (*circle*) 1 Y N DK

Have you ever had any other tropical or unusual diseases? (*circle*) Y N DK

If yes ask:- Do you remember the name? (*if necessary read the list*)

Schistosomiasis/Bilharzia 2 Y N DK

Amoebic dysentery 3 Y N DK

Trypanosomiasis (sleeping sickness) 4 Y N DK

Chagas disease 5 Y N DK

Yellow fever 6 Y N DK

Leishmaniasis 7 Y N DK

Other - please state 8 Y N DK

If yes to any of these please complete a record for each disease. 7.13 - 7.13.6

Number of diseases following:

7.13 **Condition Identifier**

ICD code (office use only) .

7.13.1 When was this? age or year

7.13.2 Where did you contract the disease? _____

7.13.3 What treatment did you have? _____

7.13.4 Were you treated as a hospital inpatient / hospital outpatient / GP / other (*circle*)

7.13.5 Which hospital/treatment centre did you attend? _____

7.13.6 Who was the consultant/doctor at the time? _____

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7.14 Have you ever had any of the following vaccinations/injections?

		If yes how many times?	Age or year of last time					
Tetanus	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Typhoid	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Hepatitis	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Yellow fever	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Small pox	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Cholera	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Meningitis	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Influenza	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
T.B.	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK
Rabies	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N	DK

7.15 **CASES ONLY**

a) Now thinking about your present illness, when do you think you first became ill?

<input type="text"/>					
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b) Have you ever had any other form of cancer? (circle) Y N DK

If yes:

1. Please can you tell me what type of cancer? _____

ICD code (office use only)

2. When was this? age or year

3. Where were you treated? _____

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7.16 **CONTROLS ONLY**

Have you ever had any form of cancer? (*circle*) Y N DK

If yes:

1. Please can you tell me what type of cancer? _____

ICD code (office use only)

			.	
--	--	--	---	--

2. When was this? age

--	--

 or year

--	--	--	--

3. Where were you treated? _____

--	--	--	--	--	--	--	--

8. X-RAY HISTORY

I have already asked you about illnesses you may have had. I would like to ask you more specifically about any x-rays and investigations you may have had at any time in your life.

8.1 Have you had any of the following? (*circle*)

Fluoroscopy - x-ray examination of movement in the body observed by means of fluorescent screen and TV system 1 Y N DK

IVP or intravenous pyelogram - x-rays of your kidney after an injection of dye into the arm 2 Y N DK

Barium meal - x-rays of your stomach taken after swallowing a glass of chalky liquid 3 Y N DK

Cholecystogram - x-rays of your gall bladder after taking tablets the day before. Then you swallow a glass of thick liquid and some further x-rays are taken 4 Y N DK

Barium enema - x-rays taken after a tube has been passed up your back passage and fluid poured in 5 Y N DK

Venogram - x-rays of a vein after dye has been injected into your foot or arm 6 Y N DK

Lymphangiogram - x-rays taken of different parts of the body after dye has been injected slowly between the toes 7 Y N DK

Angiogram or arteriogram - x-rays of your heart or blood vessels taken after a tube has been passed into your arm or groin, or more recently an injection into your arm 8 Y N DK

Radioactive or isotope injections with pictures or x-rays taken afterwards 9 Y N DK

Radiotherapy - treatment with x-rays 10 Y N DK

CAT scan - x-rays of your whole body taken inside a machine where the equipment rotates around you 11 Y N DK

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NMR or MRI (magnetic resonance imaging) scan - where you

are put inside a large tunnel, having removed all metal objects 12 Y N DK

(*women only*) Salpingiogram or insufflation - where x-rays are taken of your fallopian tubes after dye has been introduced via a tube into your vagina 13 Y N DK

(*women only*) Mammogram - an x-ray of your breast 14 Y N DK

For osteoarthritis of the hip or knee 15 Y N DK

Dental (including panoramic) x-rays 16 Y If yes, how many? N DK

Chest x-rays 17 Y If yes, how many? N DK

X-rays to show possible broken bones 18 Y If yes, how many? N DK

Skull x-rays 19 Y If yes, how many? N DK

Foot x-rays (shoe shops) 20 Y If yes, how many? N DK

Abdominal x-rays 21 Y If yes, how many? N DK

(*women only*) Pelvimetry- measurement of the dimensions of the pelvis 22 Y If yes, how many? N DK

KUB - kidney, urethra, bladder x-rays 23 Y If yes, how many? N DK

Any other x-rays or x-ray investigations 24 Y If yes, how many? N DK

specify -

**If yes to 1 - 15 please complete an x-ray record for each examination/investigation.
(8.2.2 - 8.2.4).**

X-ray id total no of this type x-ray no

8.2.2 When was this? age or year

8.2.3 Which hospital did you attend? _____

8.2.4 Who was the treating consultant? _____

X-ray id total no of this type x-ray no

8.2.2 When was this? age or year

8.2.3 Which hospital did you attend? _____

8.2.4 Who was the treating consultant? _____

X-ray id total no of this type x-ray no

8.2.2 When was this? age or year

8.2.3 Which hospital did you attend? _____

8.2.4 Who was the treating consultant? _____

X-ray id total no of this type x-ray no

8.2.2 When was this? age or year

8.2.3 Which hospital did you attend? _____

8.2.4 Who was the treating consultant? _____

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9. LIFE EVENTS

Please will you think back to 2 years from

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(*diagnosis or pseudo-diagnosis*) and for each of the following events choose a number on the scale 1-10 which best describes how upsetting the particular event was to you.

Hand this page to respondent to fill in

1 = a little, 10 = a great deal

	<u>EVENT</u>	<u>SCALE</u>									
1	Moving house	1	2	3	4	5	6	7	8	9	10
2	Marital/relationship difficulties	1	2	3	4	5	6	7	8	9	10
3	Family problems	1	2	3	4	5	6	7	8	9	10
4	Problems at work	1	2	3	4	5	6	7	8	9	10
5	Financial problems	1	2	3	4	5	6	7	8	9	10
6	Legal or business problems	1	2	3	4	5	6	7	8	9	10
7	Death of close relative/friend	1	2	3	4	5	6	7	8	9	10
8	Serious illness in the family	1	2	3	4	5	6	7	8	9	10
9	Retirement/change in lifestyle	1	2	3	4	5	6	7	8	9	10
10	Death of a pet	1	2	3	4	5	6	7	8	9	10
11	Your own health	1	2	3	4	5	6	7	8	9	10

finish time

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INTERVIEW EVALUATION

Name of interviewer _____

Place of interview _____

1 = home 2 = hospital 3 = other - specify ? = not known

Date of interview

--	--	--	--	--	--	--	--

Length of interview - total minutes _____

Indicate total length of time spent with respondent

(including interview time) _____

Give reasons for extended time _____

Who was present at interview:

1 = respondent only
2 = other - please specify _____

Would you consider the quality of this interview:

1 = unsatisfactory
2 = generally satisfactory
3 = high quality

If unsatisfactory, state why _____

How much difficulty, if any, did the respondent have answering the questions

1 = much
2 = some
3 = a little
4 = no difficulty

Which questions caused difficulty? _____

Were there any questions or sections which the respondent refused to answer? Y N

If yes, please specify _____
