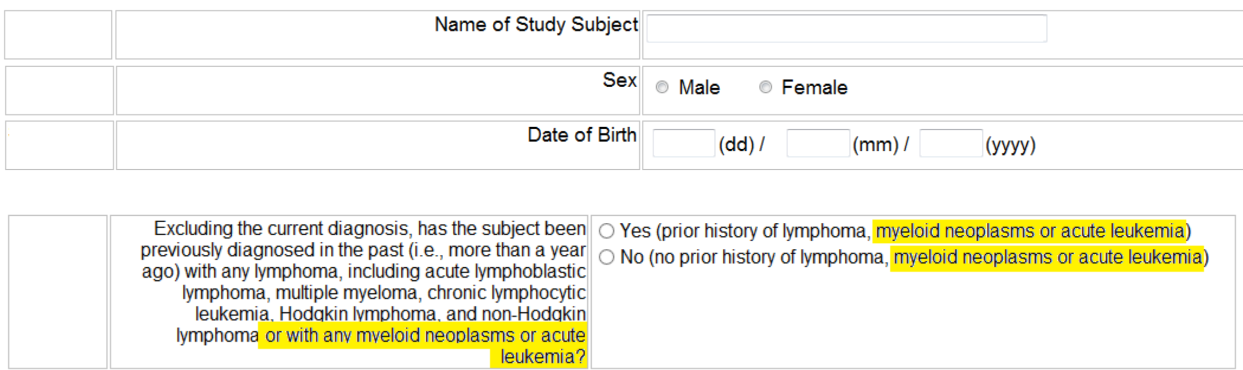
AsiaLymph Study

Screener and Questionnaire

Screener

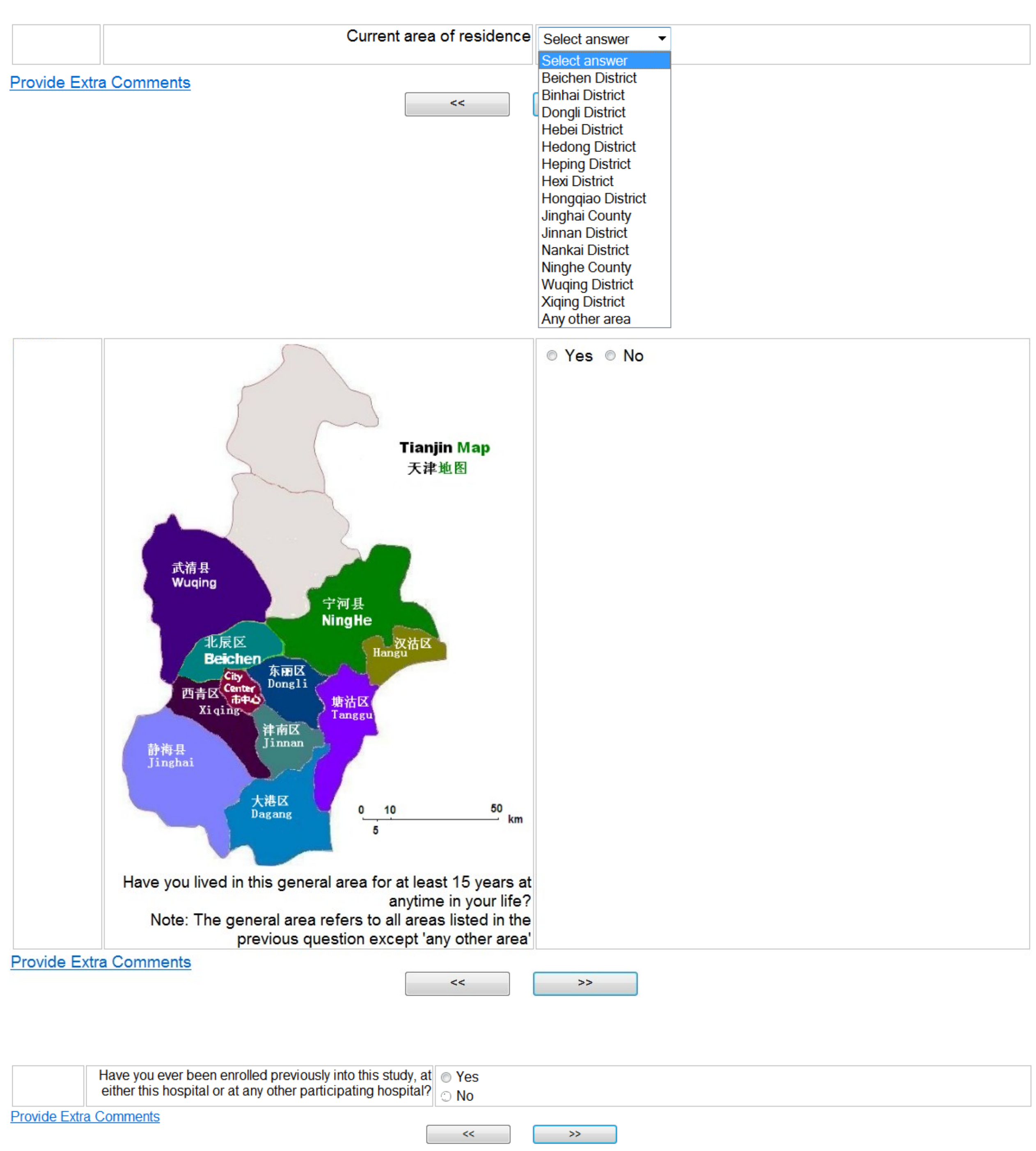
OMB #: 0925-0654
Expiration date: 10/31/2015

Public reporting for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0654). Do not return the completed form to this address.



	Name of Study Subject	
	Sex	Male Female
	Date of Birth	(dd) / (mm) / (yyyy)

	Excluding the current diagnosis, has the subject been previously diagnosed in the past (i.e., more than a year ago) with any lymphoma, including acute lymphoblastic lymphoma, multiple myeloma, chronic lymphocytic leukemia, Hodgkin lymphoma, and non-Hodgkin lymphoma or with any myeloid neoplasms or acute leukemia?	Yes (prior history of lymphoma, myeloid neoplasms or acute leukemia) No (no prior history of lymphoma, myeloid neoplasms or acute leukemia)



	Current area of residence	Select answer

Select answer
Beichen District
Binhai District
Dongli District
Hebei District
Hedong District
Heping District
Hexi District
Hongqiao District
Jinghai County
Jinnan District
Nankai District
Ninghe County
Wuqing District
Xiqing District
Any other area

Provide Extra Comments

<<

	Have you lived in this general area for at least 15 years at anytime in your life? Note: The general area refers to all areas listed in the previous question except 'any other area'	Yes No

Provide Extra Comments

<< >>

	Have you ever been enrolled previously into this study, at either this hospital or at any other participating hospital?	Yes No

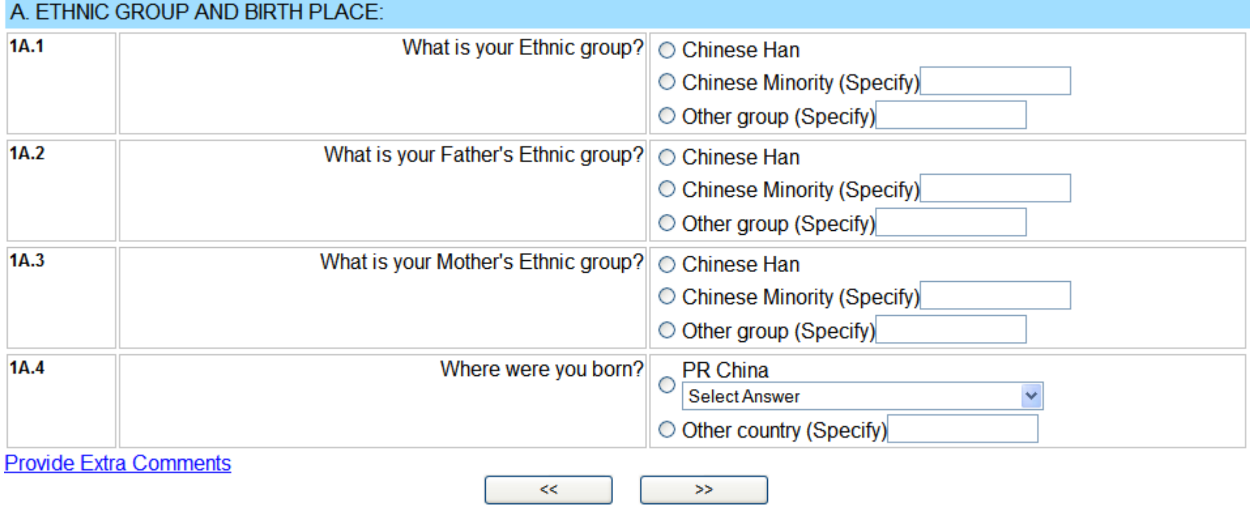
Provide Extra Comments

<< >>

Questionnaire

OMB #: 0925-0654
Expiration date: 10/31/2015

Public reporting for this collection of information is estimated to average 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0654). Do not return the completed form to this address.



A. ETHNIC GROUP AND BIRTH PLACE:

1A.1	What is your Ethnic group?	○ Chinese Han ○ Chinese Minority (Specify) ○ Other group (Specify)
1A.2	What is your Father's Ethnic group?	○ Chinese Han ○ Chinese Minority (Specify) ○ Other group (Specify)
1A.3	What is your Mother's Ethnic group?	○ Chinese Han ○ Chinese Minority (Specify) ○ Other group (Specify)
1A.4	Where were you born?	○ PR China Select Answer ○ Other country (Specify)

Provide Extra Comments

<< >>

B. SIBLINGS

1B.1	How many total siblings do you have? Please include all living or deceased brothers and sisters, but do not count adopted or half-siblings, and do not count yourself.	

If No (0) Siblings, Go To 1C.1

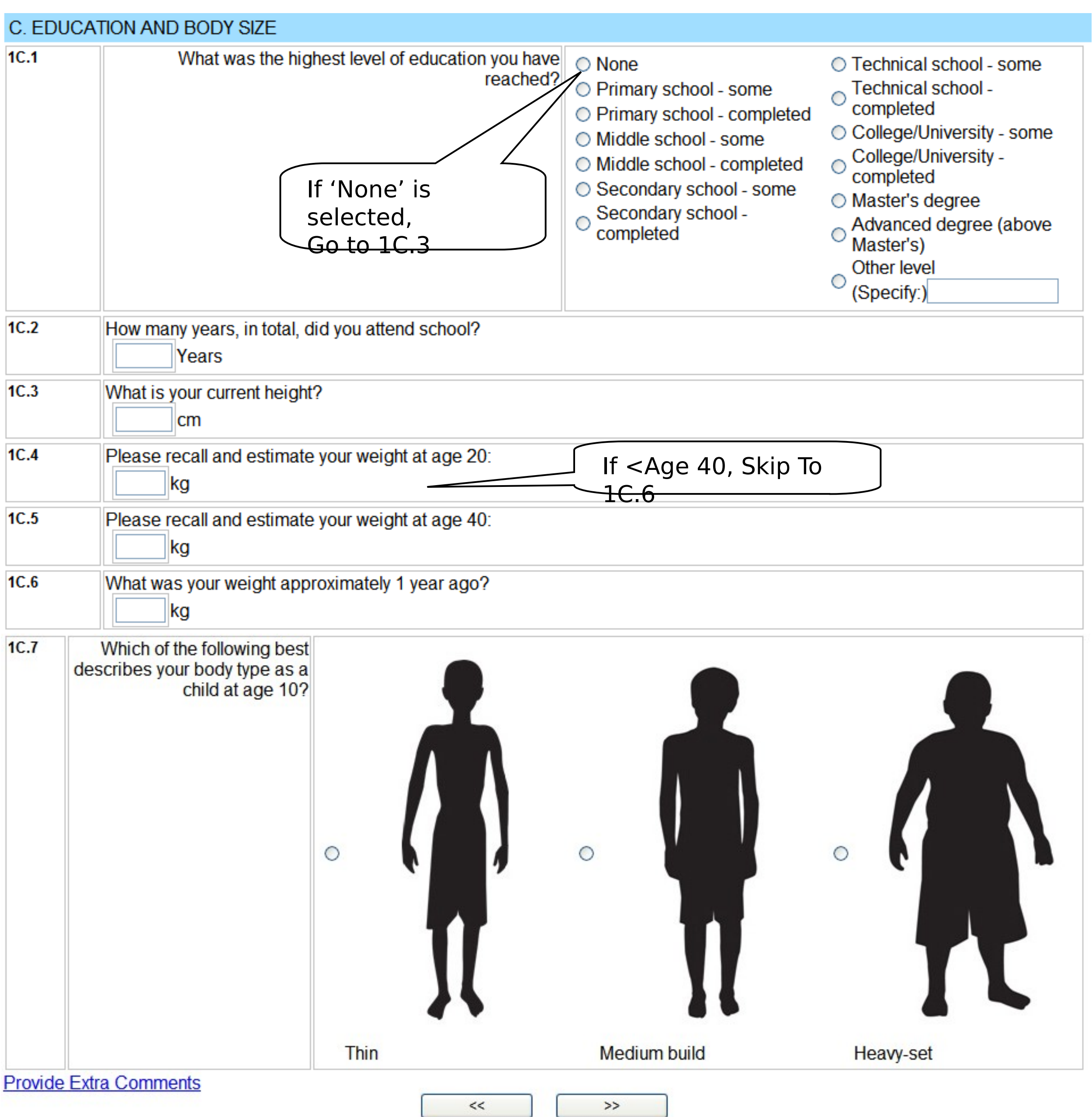
Provide Extra Comments

<< >>

1B.2	What is the order number that you are within your siblings? If you are the oldest child among siblings, your order number is "1." If you are the second-oldest child, you would be number "2," and so on.	
1B.3	How many brothers do you have (not counting yourself)?	
1B.4	How many sisters do you have (not counting yourself)?	

Provide Extra Comments

<< >>



C. EDUCATION AND BODY SIZE

1C.1 What was the highest level of education you have reached?

- None
- Primary school - some
- Primary school - completed
- Middle school - some
- Middle school - completed
- Secondary school - some
- Secondary school - completed
- Technical school - some
- Technical school - completed
- College/University - some
- College/University - completed
- Master's degree
- Advanced degree (above Master's)
- Other level (Specify:) ______

If ‘None’ is selected, Go to 1C.3

1C.2 How many years, in total, did you attend school?
______ Years

1C.3 What is your current height?
______ cm

1C.4 Please recall and estimate your weight at age 20:
______ kg

If <Age 40, Skip To 1C.6

1C.5 Please recall and estimate your weight at age 40:
______ kg

1C.6 What was your weight approximately 1 year ago?
______ kg

1C.7 Which of the following best describes your body type as a child at age 10?

- Thin
- Medium build
- Heavy-set

Provide Extra Comments

<< >>

D. OCCUPATIONAL HISTORY

Now I'd like to ask you some questions about the kind of work you have done.
We are interested in every job, at home, or outside the home, part-time or full-time, paid or unpaid, including work on a farm, any self-employment, or work for companies or family businesses (excluding housewife), which you held for a total of 12 months or longer since you first began working.

1D.1	Are you currently employed, not employed, or retired?	○ EMPLOYED ○ NOT EMPLOYED ○ RETIRED

Provide Extra Comments

<< >>

If Yes, Go To INTRO for 1D.4

1D.3	Did you ever have any jobs, held for a total of 12 months or longer, either outside the home or at home (?)...	○ Yes ○ No ○ Don't Know

If No or Don't Know, Go To INTRO for 2A.1

Provide Extra Comments

<< >>

INTRO for 1D.4

If you held more than one job at a company (or at home), or more than one job at the same time, we would like to talk about each job separately. Also, please include any seasonal work and any time while in the military. Let's begin by listing only the employer name, job title, and years worked at each of these jobs.

jobHistory Grid		EMPLOYER-1D.4 What was the name of the employer or workplace where you (first/next) worked for a total of 12 months or longer?	JOB TITLE-1D.5 What was the job title of the (first/next) job you held for 12 months or longer at (EMPLOYER-1D.4)?	START-1D.6 When did you start working as a (JOB TITLE-1D.5)? How old were you or what year was it?		STOP 1D.7 When did you stop working as a (JOB TITLE-1D.5) at (EMPLOYER-1D.4)? How old were you or what year was it?	
				Age, OR	Year	Age, OR	Year
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						

Do you have any more jobs to add? If yes, please click here!!

Confirm	So just to confirm, the most recent job you held ended in [last Age, Year (ID.7) in grid]. Is that correct?	○ Yes ○ No

Provide Extra Comments

<< >>

Go To 1D.4 and begin completing grid
When you have obtained 1D.4-1D.7 for all jobs (up to 12 total jobs available for entry on CAPI), GO TO 1D.8 for 1st job. Then ask 1D.8 through 1D.16 for the first job and then repeat for all additional jobs

1st Job Questions

1D.8	When you worked at **[EMPLOYER 1D.4] from [YEAR 1D.6] to [YEAR 1D.7]** what did they make, or what service did they provide?	
1D.9	How many months per year did you usually work on this job?	MONTHS PER YEAR
1D.10	On average, how many days per week did you work on this job?	DAYS PER WEEK
1D.11	On average, about many hours per day did you work on this job?	HOURS PER DAY
1D.12	In this job, on average, about how many hours did you spend outdoors on a normal working day on this job?	HOURS PER DAY OUTDOORS
1D.13	What were your main activities or duties as a **[JOB TITLE 1D.5] at [EMPLOYER 1D.4]?**	
1D.14	In this job, did you ever use paints, stains or varnishes or work in an area where they were used?	○ Yes ○ No ○ Don't Know
1D.15	In this job, did you ever use solvents, glues, degreasing agents (to clean metal parts), gasoline or other fuels, or work in an area where they were used?	○ Yes ○ No ○ Don't Know
1D.16	In this job, did you ever use particle board, plywood, or veneered woods or work in an area where they were used?	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

2nd Job Questions

1D.8	When you worked at **[EMPLOYER 1D.4] from [YEAR 1D.6] to [YEAR 1D.7]** what did they make, or what service did they provide?	
1D.9	How many months per year did you usually work on this job?	MONTHS PER YEAR
1D.10	On average, how many days per week did you work on this job?	DAYS PER WEEK
1D.11	On average, about many hours per day did you work on this job?	HOURS PER DAY
1D.12	In this job, on average, about how many hours did you spend outdoors on a normal working day on this job?	HOURS PER DAY OUTDOORS
1D.13	What were your main activities or duties as a **[JOB TITLE 1D.5] at [EMPLOYER 1D.4]?**	
1D.14	In this job, did you ever use paints, stains or varnishes or work in an area where they were used?	○ Yes ○ No ○ Don't Know
1D.15	In this job, did you ever use solvents, glues, degreasing agents (to clean metal parts), gasoline or other fuels, or work in an area where they were used?	○ Yes ○ No ○ Don't Know
1D.16	In this job, did you ever use particle board, plywood, or veneered woods or work in an area where they were used?	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

3rd Job Questions

1D.8	When you worked at **[EMPLOYER 1D.4] from [YEAR 1D.6] to [YEAR 1D.7]** what did they make, or what service did they provide?	[ ]
1D.9	How many months per year did you usually work on this job?	[ ] MONTHS PER YEAR
1D.10	On average, how many days per week did you work on this job?	[ ] DAYS PER WEEK
1D.11	On average, about many hours per day did you work on this job?	[ ] HOURS PER DAY
1D.12	In this job, on average, about how many hours did you spend outdoors on a normal working day on this job?	[ ] HOURS PER DAY OUTDOORS
1D.13	What were your main activities or duties as a **[JOB TITLE 1D.5] at [EMPLOYER 1D.4]?**	[ ]
1D.14	In this job, did you ever use paints, stains or varnishes or work in an area where they were used?	○ Yes ○ No ○ Don't Know
1D.15	In this job, did you ever use solvents, glues, degreasing agents (to clean metal parts), gasoline or other fuels, or work in an area where they were used?	○ Yes ○ No ○ Don't Know
1D.16	In this job, did you ever use particle board, plywood, or veneered woods or work in an area where they were used?	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

NOTE: After asking questions 1D.8 through 1D.16 for the last job, Go To 1D.17 INTRO.

INTRO. The last question in this section is about night shift work.

This question pertains to the whole occupational history and not only to the last job.

If NO, Go To OccIDEAS transition screen.

1D.17	Have you ever worked at night for at least 1 hour between midnight and 5am?	○ Yes ○ No

Provide Extra Comments

<< >>

If NO, Go To OccIDEAS transition screen.

1D.17a	Have you ever worked rotating night shifts (defined as at least three nights/month in addition to days and evenings in that month)	○ Yes ○ No

Provide Extra Comments

<< >>

1D.17b	What is the total number of years you worked in rotating night shifts?	[ ] YEARS

Provide Extra Comments

<< >>

OccIDEAS Transition Screen

English

Step 1: We will now review the specialized occupational questions (OccIDEAS) BEFORE you proceed to Next Question! Please click the buttons below.

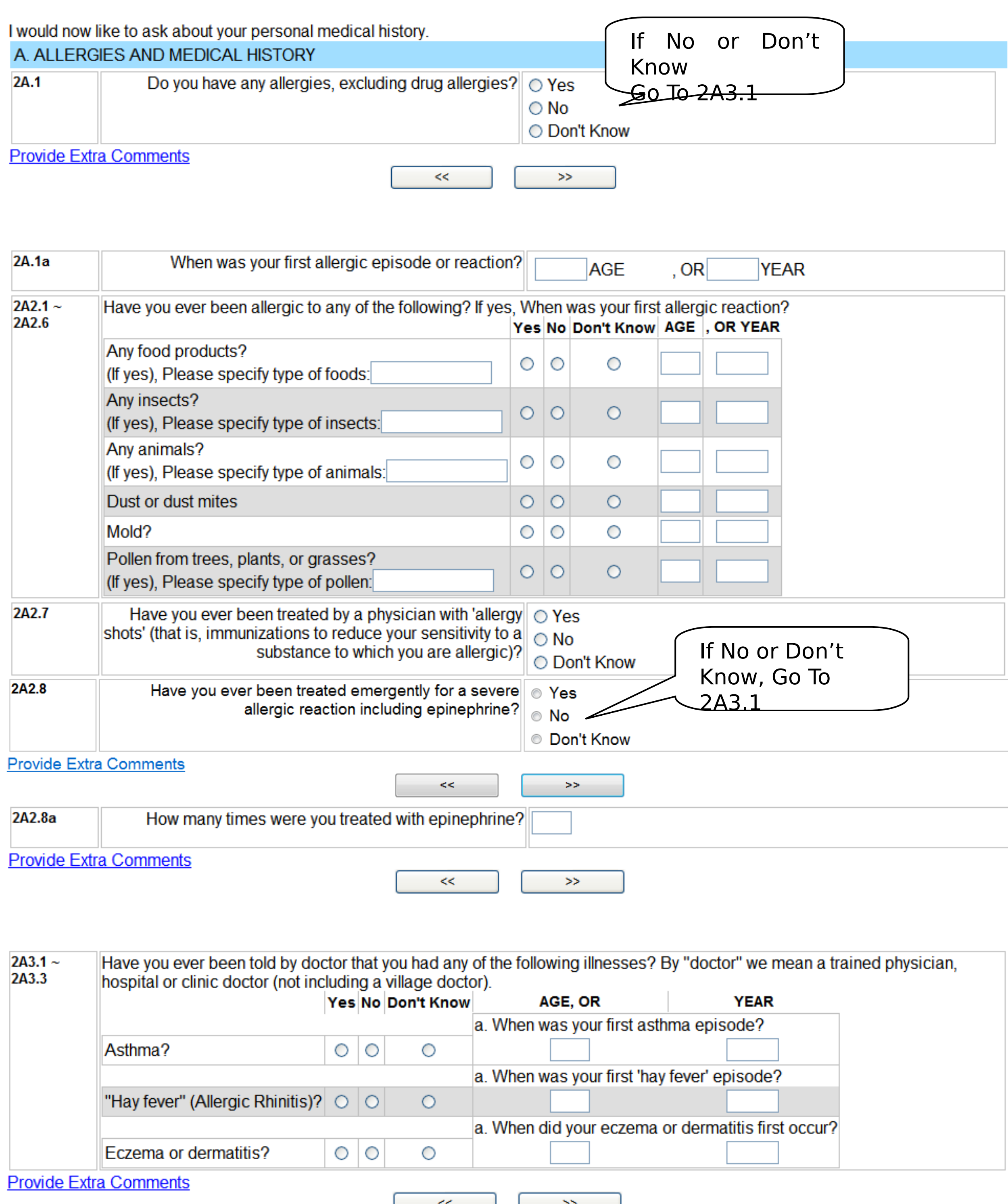
Start occIDEAS OR Review occIDEAS

Step 2: Please press the below button to check if you have completed the OccIDEAS. If it is completed, you will see >> button below to proceed to Next Question. Else, please make sure you have completed OccIDEAS or contact support.

Check if completed

Provide Extra Comments

<<



I would now like to ask about your personal medical history.

A. ALLERGIES AND MEDICAL HISTORY

2A.1	Do you have any allergies, excluding drug allergies?	○ Yes ○ No ○ Don't Know

If No or Don't Know Go To 2A3.1

Provide Extra Comments

<< >>

2A.1a	When was your first allergic episode or reaction?	AGE , OR YEAR

2A2.1 ~ 2A2.6 Have you ever been allergic to any of the following? If yes, When was your first allergic reaction?

	Yes	No	Don't Know	AGE	, OR YEAR
Any food products? (If yes), Please specify type of foods:	○	○	○		
Any insects? (If yes), Please specify type of insects:	○	○	○		
Any animals? (If yes), Please specify type of animals:	○	○	○		
Dust or dust mites	○	○	○		
Mold?	○	○	○		
Pollen from trees, plants, or grasses? (If yes), Please specify type of pollen:	○	○	○		

2A2.7	Have you ever been treated by a physician with 'allergy shots' (that is, immunizations to reduce your sensitivity to a substance to which you are allergic)?	○ Yes ○ No ○ Don't Know
2A2.8	Have you ever been treated emergently for a severe allergic reaction including epinephrine?	○ Yes ○ No ○ Don't Know

If No or Don't Know, Go To 2A3.1

Provide Extra Comments

<< >>

2A2.8a	How many times were you treated with epinephrine?	

Provide Extra Comments

<< >>

2A3.1 ~ 2A3.3 Have you ever been told by doctor that you had any of the following illnesses? By "doctor" we mean a trained physician, hospital or clinic doctor (not including a village doctor).

	Yes	No	Don't Know	AGE, OR	YEAR
				a. When was your first asthma episode?	
Asthma?	○	○	○		
				a. When was your first 'hay fever' episode?	
"Hay fever" (Allergic Rhinitis)?	○	○	○		
				a. When did your eczema or dermatitis first occur?	
Eczema or dermatitis?	○	○	○		

Provide Extra Comments

<< >>

2A3.4 ~ 2A311.4

Have you ever had any of the following diseases?

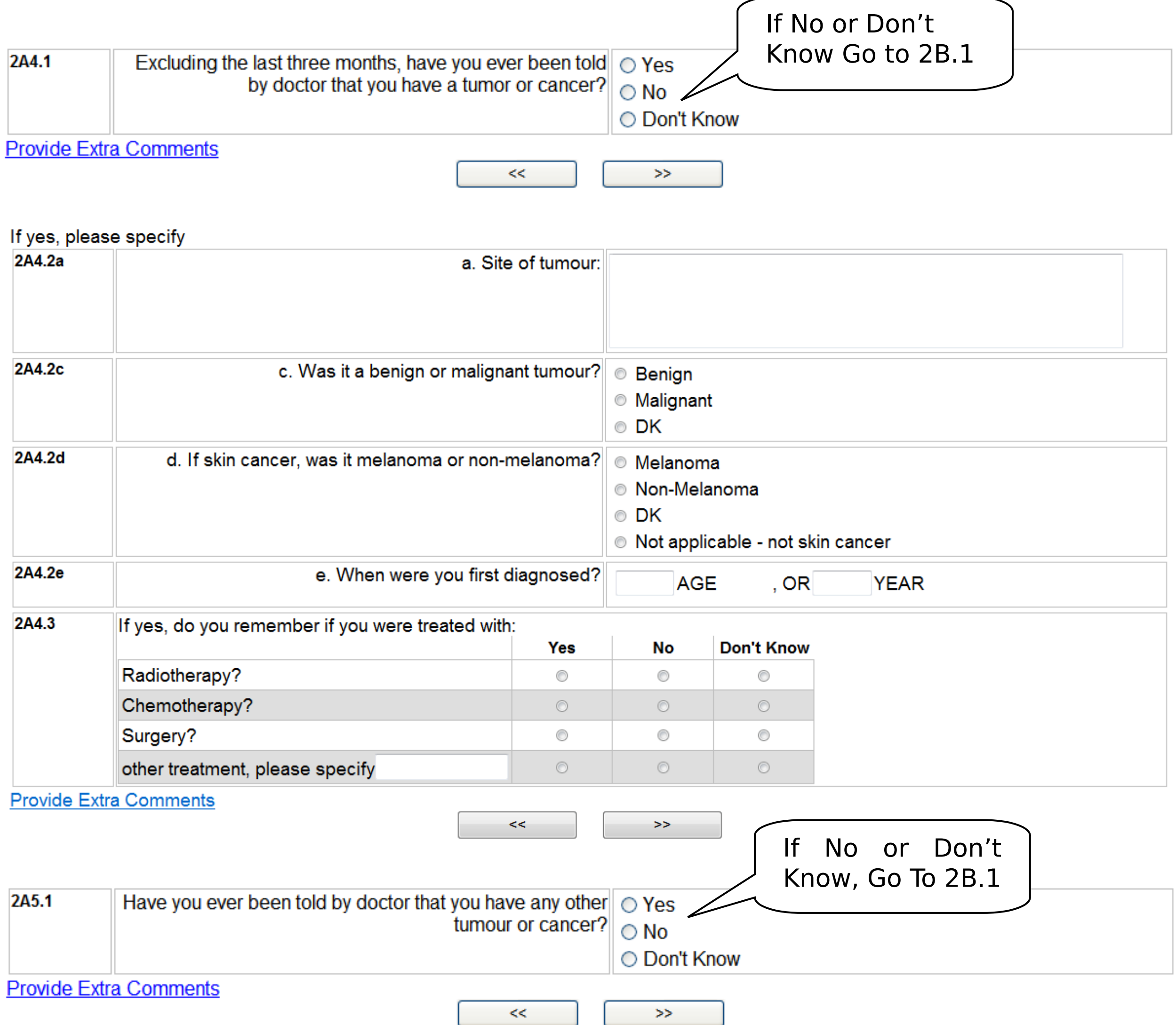
	a. Was this condition diagnosed by a doctor?			b. When were you first diagnosed?		c. Did you receive treatment for this condition?			d. If yes, what type of treatment?
	Yes	No	Don't Know	Age, OR	Year	Yes	No	Don't Know	
Related to skin									
Shingles	○	○	○	Age, OR	Year	○	○	○	
Other conditions									
Tuberculosis	○	○	○	Age, OR	Year	○	○	○	
Childhood diabetes	○	○	○	Age, OR	Year	○	○	○	
Adult diabetes	○	○	○	Age, OR	Year	○	○	○	
Rheumatoid arthritis	○	○	○	Age, OR	Year	○	○	○	
Systemic lupus erythematosus	○	○	○	Age, OR	Year	○	○	○	
Chronic rheumatic heart disease	○	○	○	Age, OR	Year	○	○	○	

If No or Don't Know Go To 2A4.1

	a. Was this condition diagnosed by a doctor?			b. When were you first diagnosed?		c. Did you receive treatment for this condition?			d. If yes, what type of treatment?
	Yes	No	Don't Know	Age, OR	Year	Yes	No	Don't Know	
Thyroid disease. IF YES, Was it...	○	○	○						
Grave's disease	○	○	○	Age, OR	Year	○	○	○	
Hashimoto's thyroiditis	○	○	○	Age, OR	Year	○	○	○	
Hypothyroidism	○	○	○	Age, OR	Year	○	○	○	
Other type of thyroid disease (please specify):	○	○	○	Age, OR	Year	○	○	○	

Provide Extra Comments

<< >>



If No or Don't Know Go to 2B.1

2A4.1	Excluding the last three months, have you ever been told by doctor that you have a tumor or cancer?	◯ Yes ◯ No ◯ Don't Know

Provide Extra Comments

<< >>

If yes, please specify

2A4.2a	a. Site of tumour:	
2A4.2c	c. Was it a benign or malignant tumour?	◯ Benign ◯ Malignant ◯ DK
2A4.2d	d. If skin cancer, was it melanoma or non-melanoma?	◯ Melanoma ◯ Non-Melanoma ◯ DK ◯ Not applicable - not skin cancer
2A4.2e	e. When were you first diagnosed?	AGE , OR YEAR

2A4.3 If yes, do you remember if you were treated with:

	Yes	No	Don't Know
Radiotherapy?	◯	◯	◯
Chemotherapy?	◯	◯	◯
Surgery?	◯	◯	◯
other treatment, please specify	◯	◯	◯

Provide Extra Comments

<< >>

If No or Don't Know, Go To 2B.1

2A5.1	Have you ever been told by doctor that you have any other tumour or cancer?	◯ Yes ◯ No ◯ Don't Know

Provide Extra Comments

<< >>

If yes, please specify

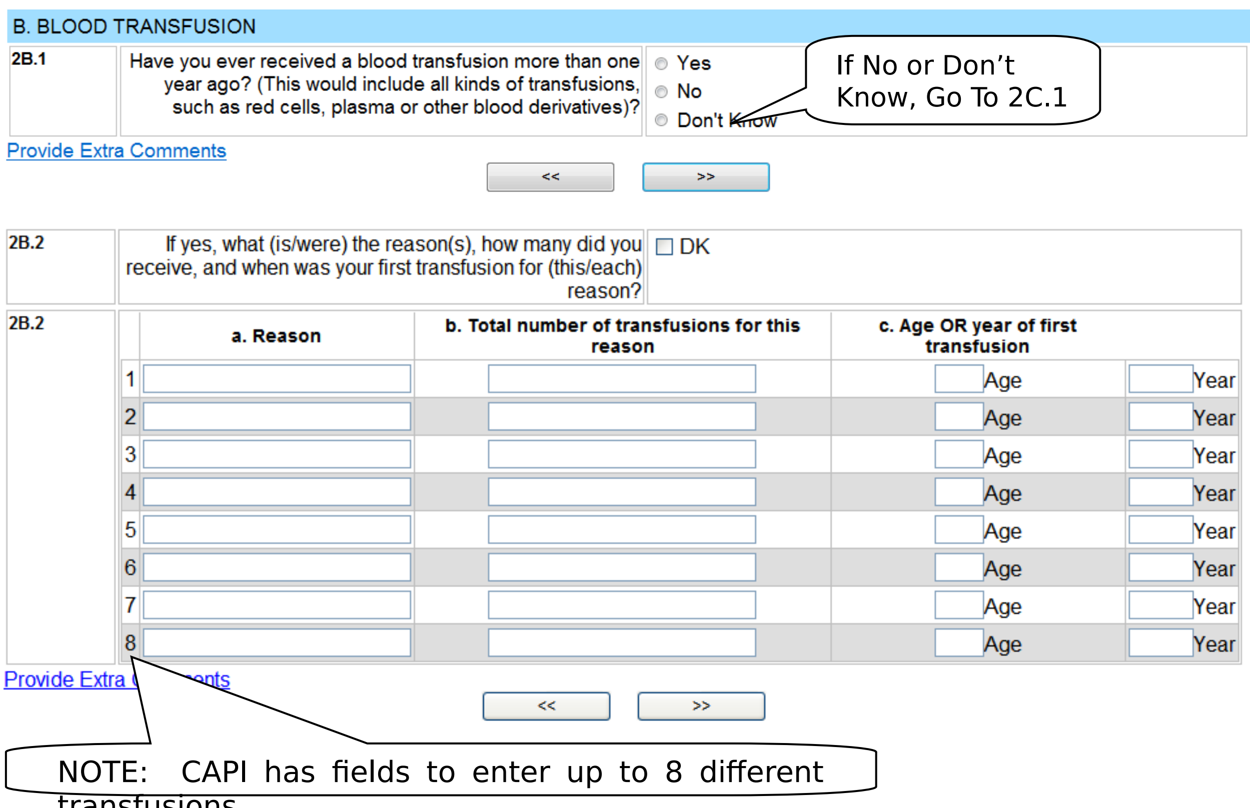
2A5.2a	a. Site of tumour:	
2A5.2c	c. Was it a benign or malignant tumour?	◎ Benign ◎ Malignant ◎ DK
2A5.2d	d. If skin cancer, was it melanoma or non-melanoma?	◎ Melanoma ◎ Non-Melanoma ◎ DK ◎ Not applicable - not skin cancer
2A5.2e	e. When were you first diagnosed?	AGE , OR YEAR

2A5.3 If yes, do you remember if you were treated with:

	Yes	No	Don't Know
Radiotherapy?	◎	◎	◎
Chemotherapy?	◎	◎	◎
Surgery?	◎	◎	◎
other treatment, please specify	◎	◎	◎

Provide Extra Comments

<< >>



B. BLOOD TRANSFUSION

2B.1	Have you ever received a blood transfusion more than one year ago? (This would include all kinds of transfusions, such as red cells, plasma or other blood derivatives)?	Yes No Don't Know

If No or Don't Know, Go To 2C.1

Provide Extra Comments

<< >>

2B.2	If yes, what (is/were) the reason(s), how many did you receive, and when was your first transfusion for (this/each) reason?	DK

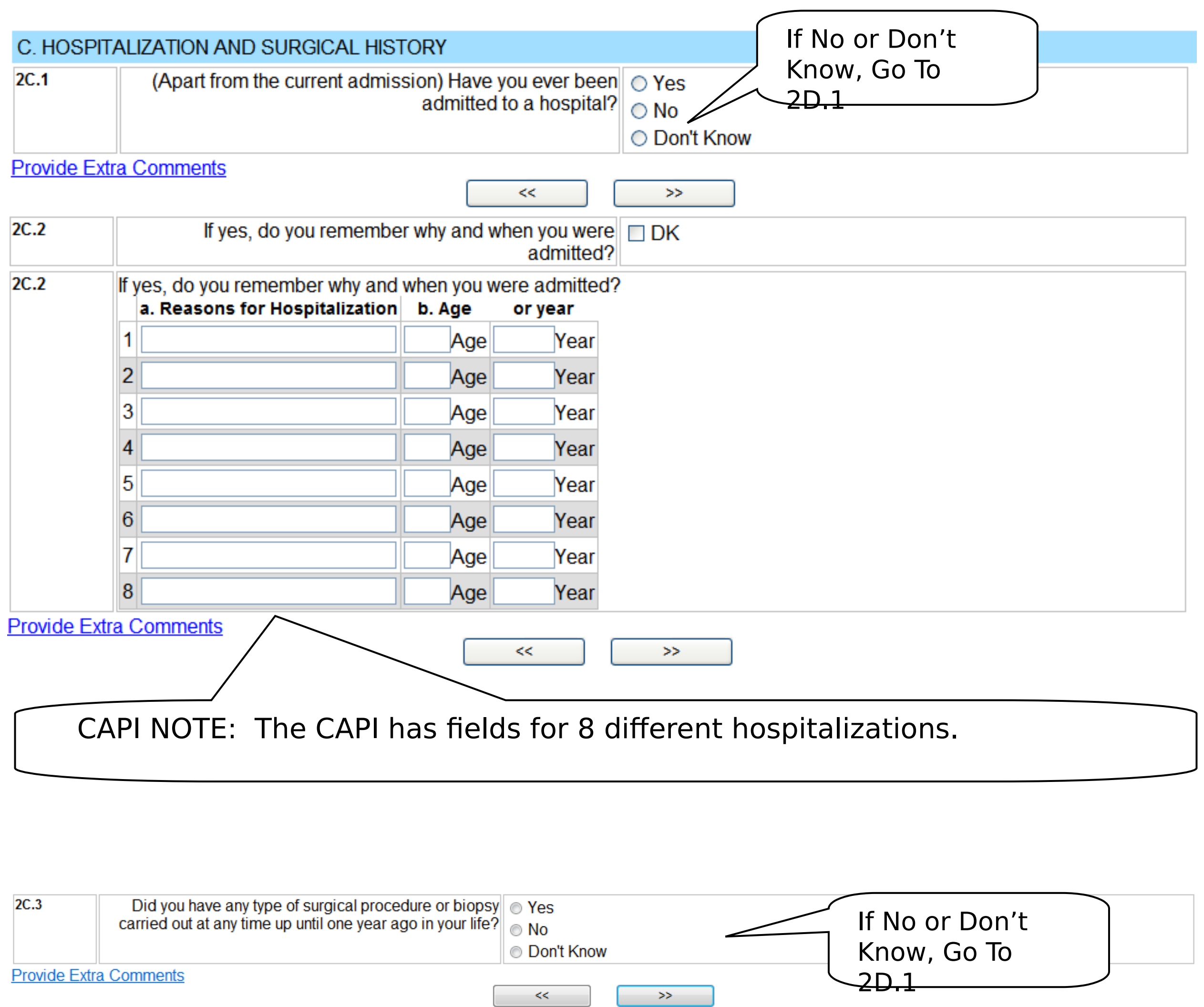
2B.2

	a. Reason	b. Total number of transfusions for this reason	c. Age OR year of first transfusion	
1			Age	Year
2			Age	Year
3			Age	Year
4			Age	Year
5			Age	Year
6			Age	Year
7			Age	Year
8			Age	Year

Provide Extra Comments

<< >>

NOTE: CAPI has fields to enter up to 8 different transfusions



C. HOSPITALIZATION AND SURGICAL HISTORY

2C.1	(Apart from the current admission) Have you ever been admitted to a hospital?	○ Yes ○ No ○ Don't Know

If No or Don't Know, Go To 2D.1

Provide Extra Comments

<< >>

2C.2	If yes, do you remember why and when you were admitted?	☐ DK

2C.2 If yes, do you remember why and when you were admitted?

	a. Reasons for Hospitalization	b. Age	or year
1		Age	Year
2		Age	Year
3		Age	Year
4		Age	Year
5		Age	Year
6		Age	Year
7		Age	Year
8		Age	Year

Provide Extra Comments

<< >>

CAPI NOTE: The CAPI has fields for 8 different hospitalizations.

2C.3	Did you have any type of surgical procedure or biopsy carried out at any time up until one year ago in your life?	○ Yes ○ No ○ Don't Know

If No or Don't Know, Go To 2D.1

Provide Extra Comments

<< >>

For Females:

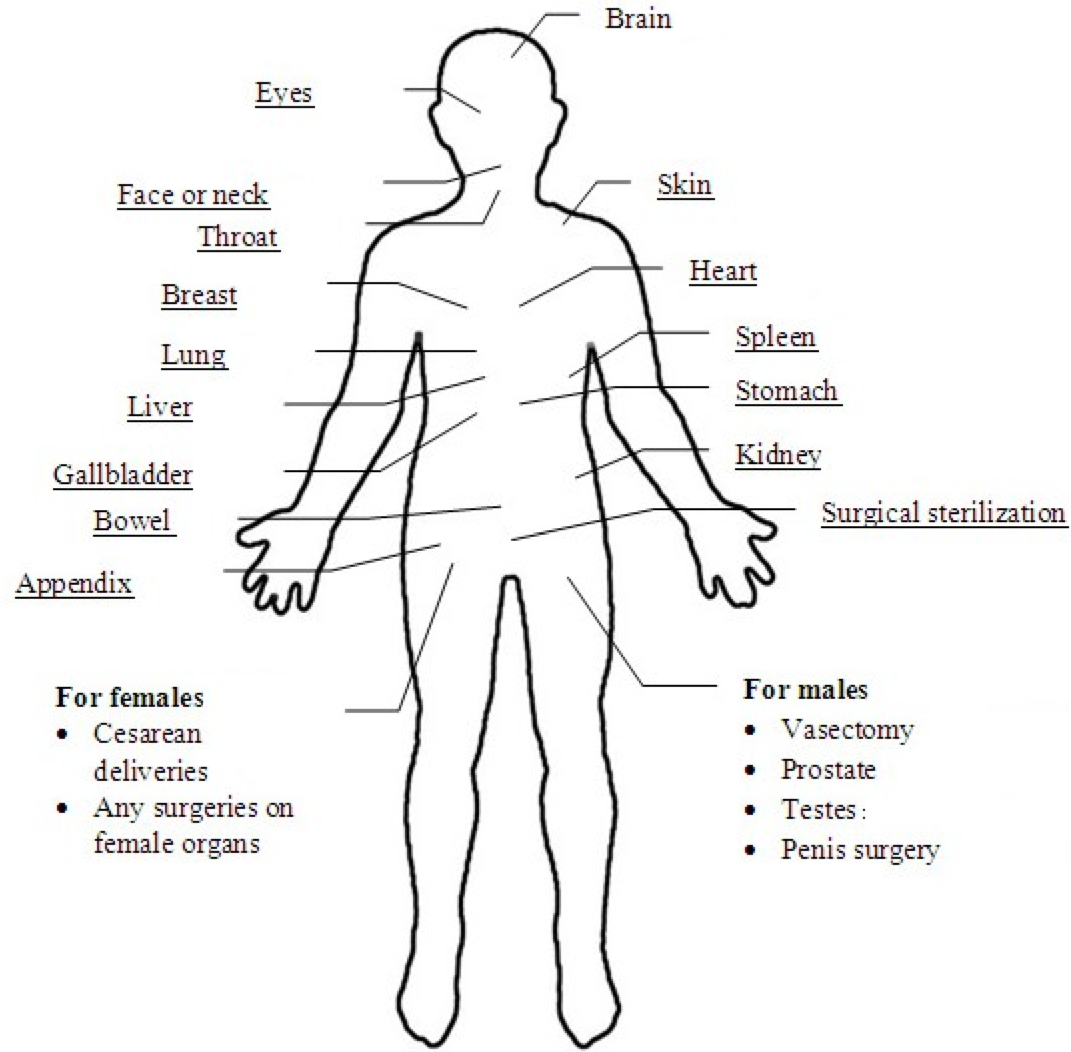
2C.4	How many total surgical procedures and biopsies did you undergo up until one year ago? Please include surgery involving biopsies or removal of growths from the skin, eyes, brain, face or neck, throat, breast, heart, lung, spleen, kidney, surgical sterilization, liver, gallbladder, appendix, stomach, bowel, bone or any other type of surgery. Do not include any surgical procedures for your current admission, normal deliveries of a baby in a hospital, and do not include any dental surgeries. For females, include cesarean section deliveries and any surgeries on female organs.	◎ 1 to 3 ◎ 4 to 6 ◎ 7 to 9 ◎ 10 to 12 ◎ 13 to 16 ◎ 17 to 19 ◎ 20 to 23 ◎ 24 to 26 ◎ 27 or more ◎ DK

For Males

2C.4	How many total surgical procedures and biopsies did you undergo up until one year ago? Please include surgery involving biopsies or removal of growths from the skin, eyes, brain, face or neck, throat, breast, heart, lung, spleen, kidney, surgical sterilization, liver, gallbladder, appendix, stomach, bowel, bone or any other type of surgery. Do not include any surgical procedures for your current admission, normal deliveries of a baby in a hospital, and do not include any dental surgeries. For males, include vasectomy, prostate, testes, and penis surgery.	◎ 1 to 3 ◎ 4 to 6 ◎ 7 to 9 ◎ 10 to 12 ◎ 13 to 16 ◎ 17 to 19 ◎ 20 to 23 ◎ 24 to 26 ◎ 27 or more ◎ DK

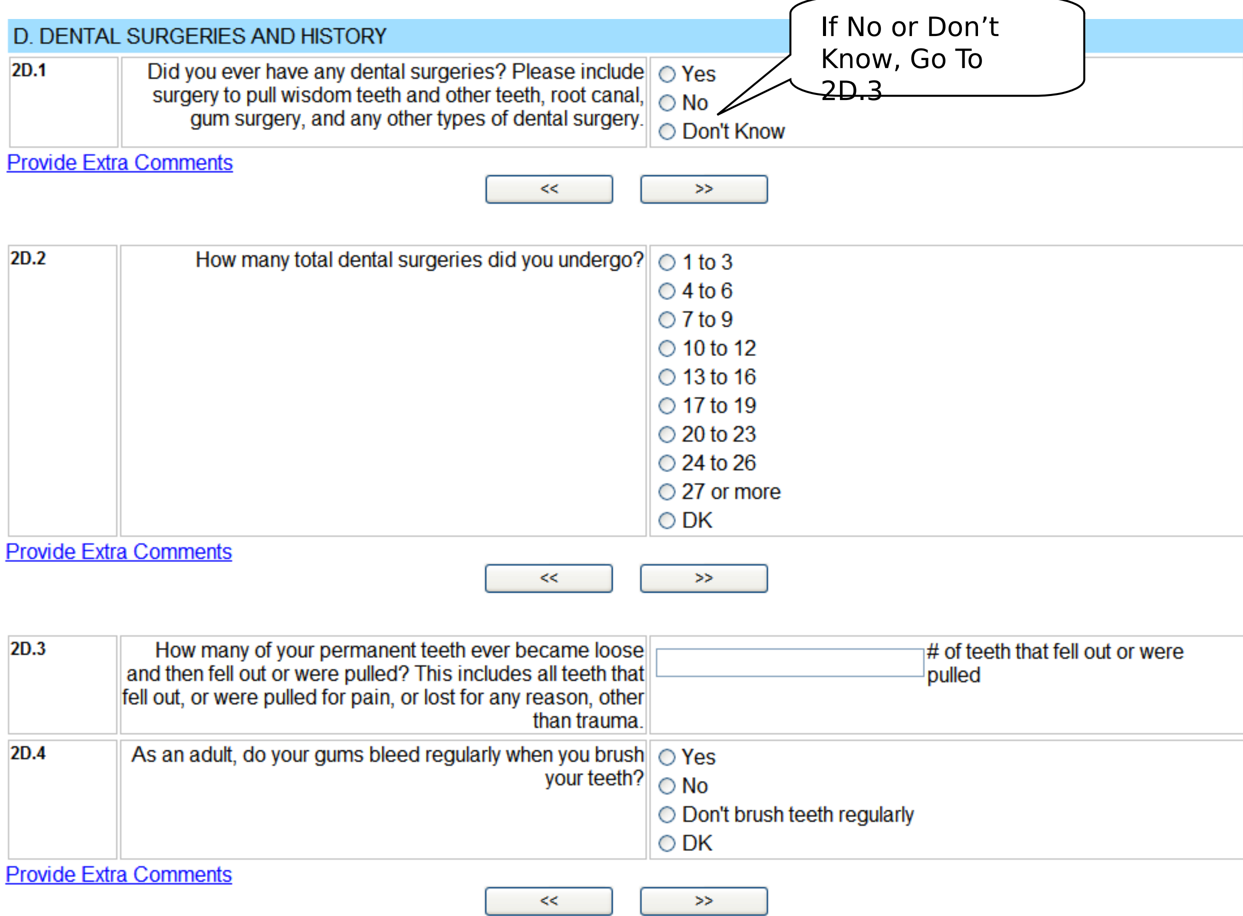
Surgical History

How many total surgical procedures and biopsies did you undergo?



Please include surgery involving biopsies or removal of growths from the skin, eyes, brain, face or neck, throat, breast, heart, lung, spleen, kidney, surgical sterilization, liver, gallbladder, appendix, stomach, bowel, bone or any other type of surgery.

For females, include cesarean section deliveries and any surgeries on female organs. For males, include vasectomy, prostate, testes, and penis surgery.



D. DENTAL SURGERIES AND HISTORY

If No or Don't Know, Go To 2D.3

2D.1	Did you ever have any dental surgeries? Please include surgery to pull wisdom teeth and other teeth, root canal, gum surgery, and any other types of dental surgery.	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

2D.2	How many total dental surgeries did you undergo?	○ 1 to 3 ○ 4 to 6 ○ 7 to 9 ○ 10 to 12 ○ 13 to 16 ○ 17 to 19 ○ 20 to 23 ○ 24 to 26 ○ 27 or more ○ DK

Provide Extra Comments

<< >>

2D.3	How many of your permanent teeth ever became loose and then fell out or were pulled? This includes all teeth that fell out, or were pulled for pain, or lost for any reason, other than trauma.	[ ] # of teeth that fell out or were pulled
2D.4	As an adult, do your gums bleed regularly when you brush your teeth?	○ Yes ○ No ○ Don't brush teeth regularly ○ DK

Provide Extra Comments

<< >>

E. ACUPUNCTURE HISTORY

If No or Don't Know, Go To Section F

2E.1	Have you ever had acupuncture performed on you?	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

2E.2	How old were you when you first had acupuncture?	[ ] Age OR [ ] Year
2E.3	How many times have you had acupuncture in your lifetime? Was it . . .	○ Only once ○ Between 2 and 10 times ○ More than 10 times during your lifetime ○ DK

Provide Extra Comments

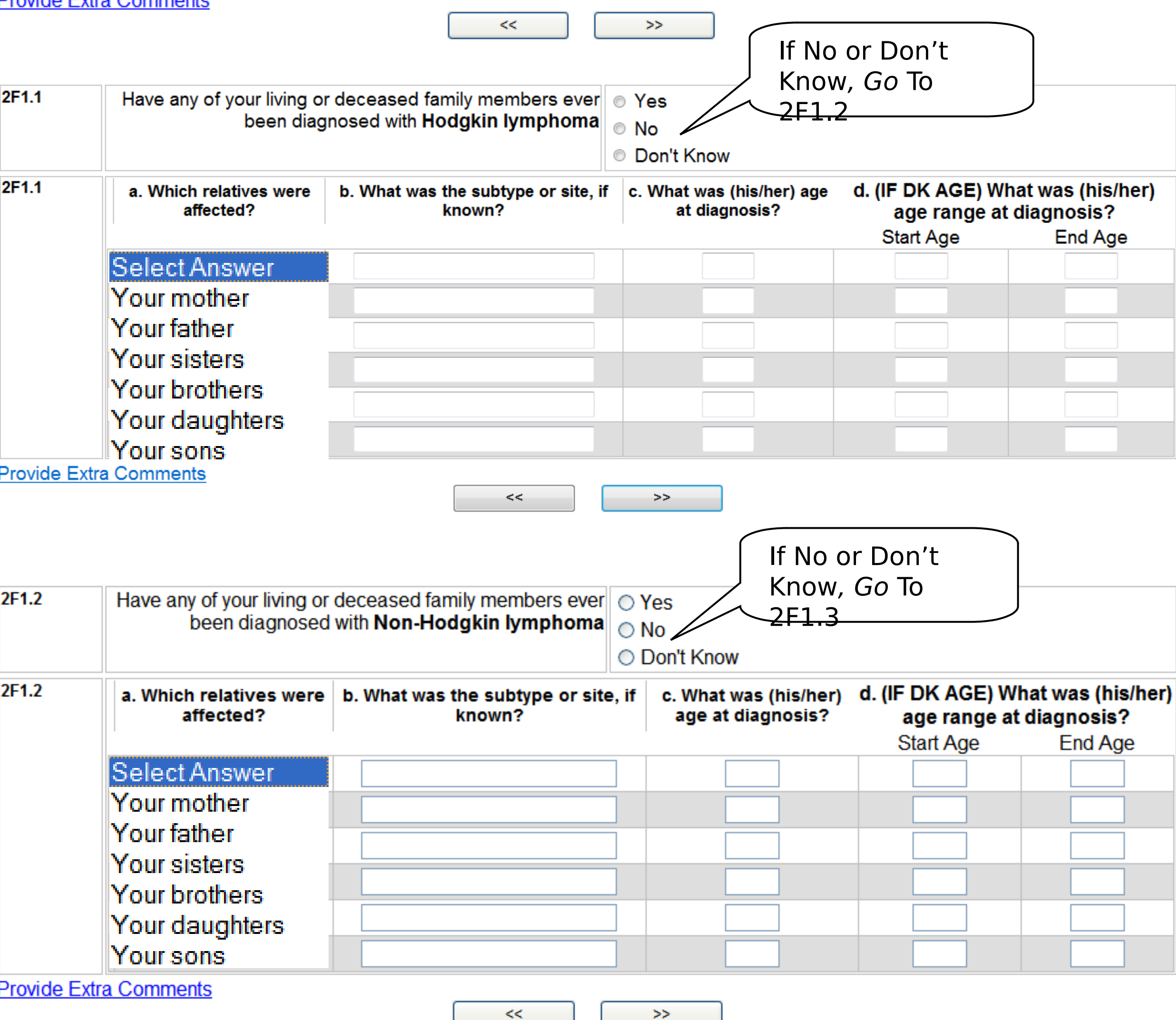
<< >>

F. FAMILY HISTORY OF CANCER

Next we have some questions asking if any of your family members were diagnosed with cancer. These questions only apply to your biological or "blood" relatives, both living and deceased, including your mother, father, or any of your sisters, brothers, daughters or sons. Please **do not include** adoptive or step-parents or adopted or step-children or half-siblings. If you are unsure about how to answer these questions, try to provide as much information as you can recall. For example, if you do not know an exact age of diagnosis, an estimate such as "late 40s" is still helpful. If you cannot even estimate a response, just say "Don't know."

Now, have any of your living or deceased family members ever been diagnosed with any of the following cancers?

Provide Extra Comments



<< >>

If No or Don't Know, *Go* To 2F1.2

2F1.1	Have any of your living or deceased family members ever been diagnosed with **Hodgkin lymphoma**	○ Yes ○ No ○ Don't Know

2F1.1	a. Which relatives were affected?	b. What was the subtype or site, if known?	c. What was (his/her) age at diagnosis?	d. (IF DK AGE) What was (his/her) age range at diagnosis? Start Age	End Age
	Select Answer				
	Your mother				
	Your father				
	Your sisters				
	Your brothers				
	Your daughters				
	Your sons				

Provide Extra Comments

<< >>

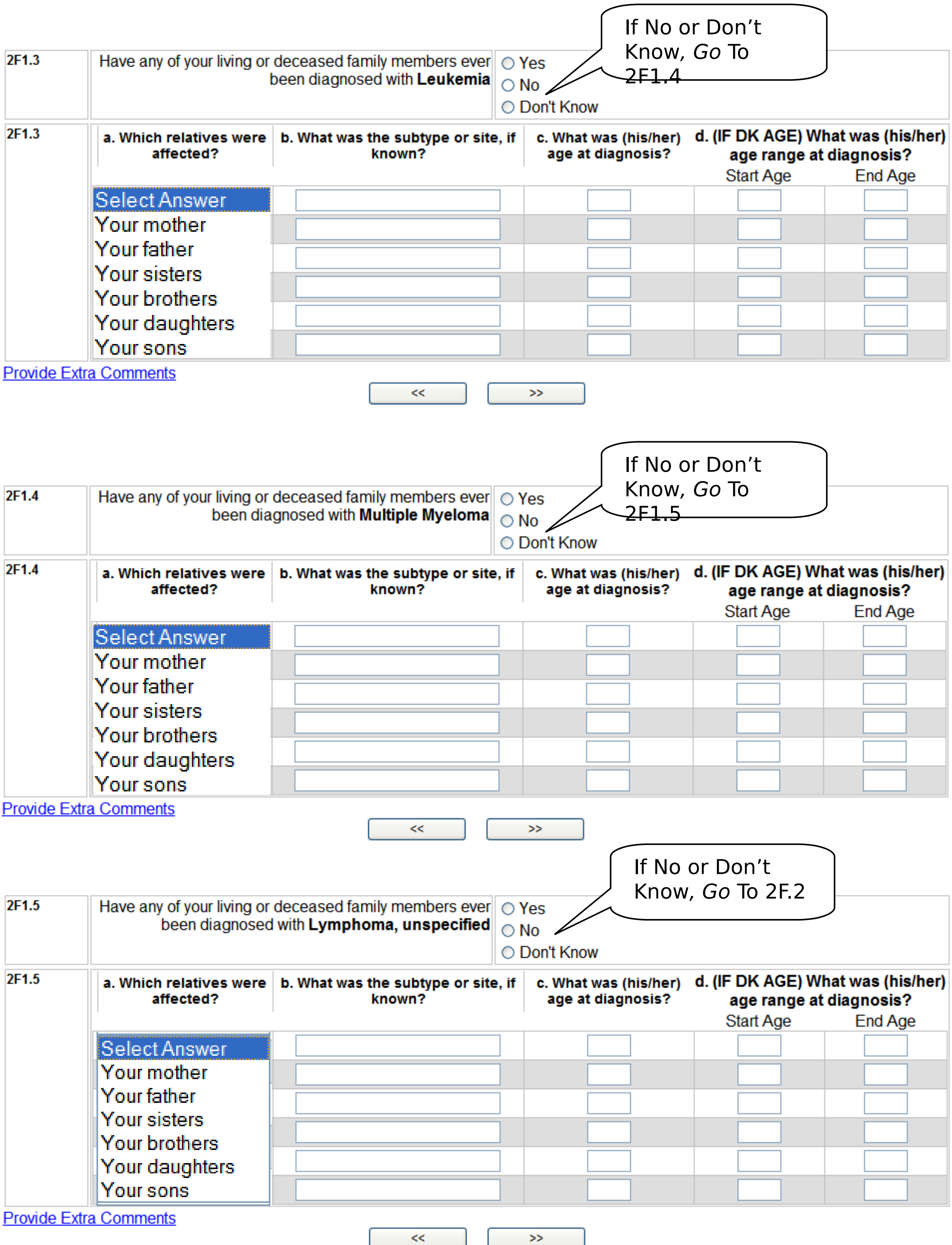
If No or Don't Know, *Go* To 2F1.3

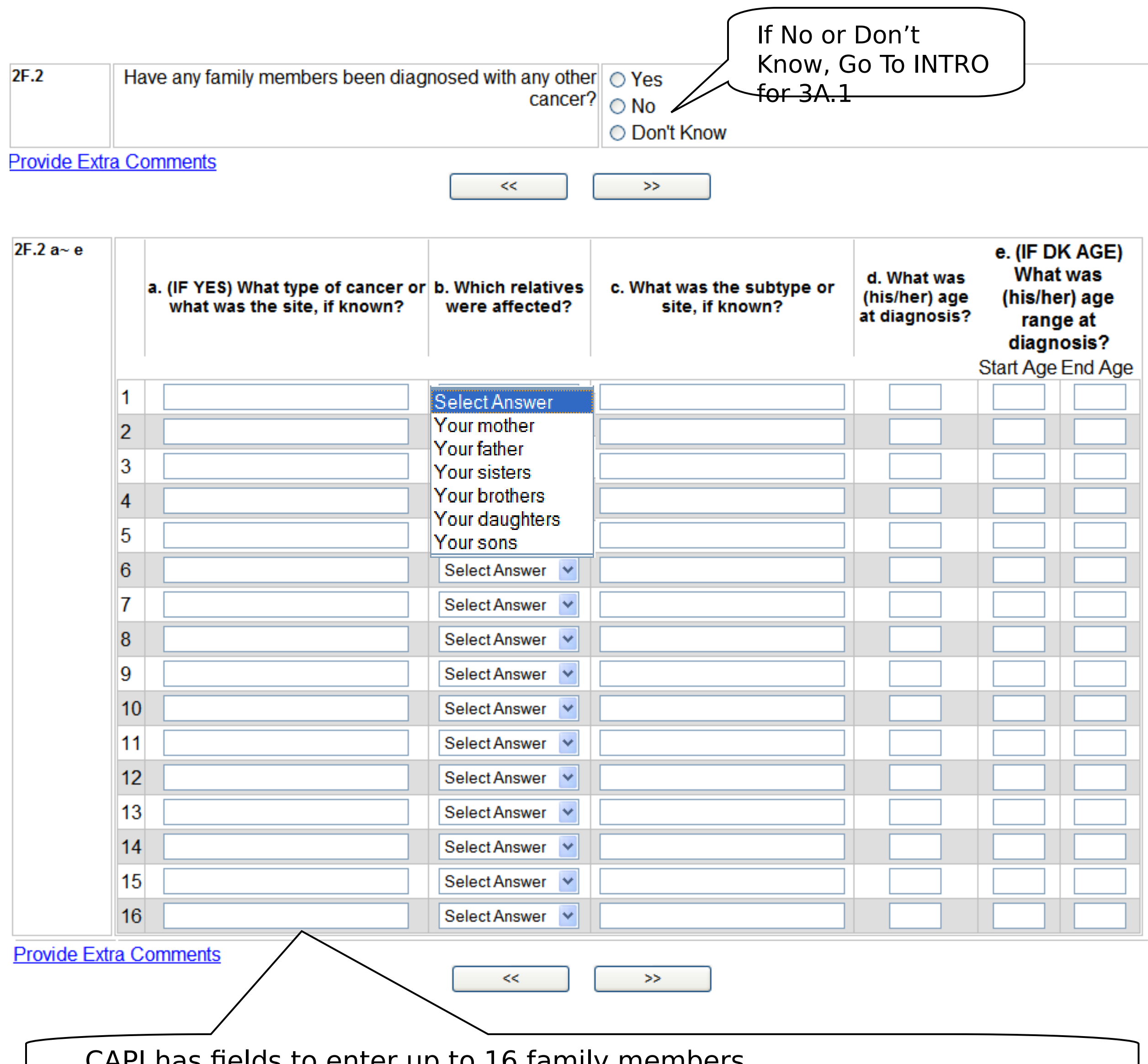
2F1.2	Have any of your living or deceased family members ever been diagnosed with **Non-Hodgkin lymphoma**	○ Yes ○ No ○ Don't Know

2F1.2	a. Which relatives were affected?	b. What was the subtype or site, if known?	c. What was (his/her) age at diagnosis?	d. (IF DK AGE) What was (his/her) age range at diagnosis? Start Age	End Age
	Select Answer				
	Your mother				
	Your father				
	Your sisters				
	Your brothers				
	Your daughters				
	Your sons				

Provide Extra Comments

<< >>


2F1.3
Have any of your living or deceased family members ever been diagnosed with Leukemia
Yes
No
Don't Know
If No or Don't Know, Go To 2F1.4
2F1.3
a. Which relatives were affected?
b. What was the subtype or site, if known?
c. What was (his/her) age at diagnosis?
d. (IF DK AGE) What was (his/her) age range at diagnosis?
Start Age
End Age
Select Answer
Your mother
Your father
Your sisters
Your brothers
Your daughters
Your sons
Provide Extra Comments
<<
>>
2F1.4
Have any of your living or deceased family members ever been diagnosed with Multiple Myeloma
Yes
No
Don't Know
If No or Don't Know, Go To 2F1.5
2F1.4
a. Which relatives were affected?
b. What was the subtype or site, if known?
c. What was (his/her) age at diagnosis?
d. (IF DK AGE) What was (his/her) age range at diagnosis?
Start Age
End Age
Select Answer
Your mother
Your father
Your sisters
Your brothers
Your daughters
Your sons
Provide Extra Comments
<<
>>
2F1.5
Have any of your living or deceased family members ever been diagnosed with Lymphoma, unspecified
Yes
No
Don't Know
If No or Don't Know, Go To 2F.2
2F1.5
a. Which relatives were affected?
b. What was the subtype or site, if known?
c. What was (his/her) age at diagnosis?
d. (IF DK AGE) What was (his/her) age range at diagnosis?
Start Age
End Age
Select Answer
Your mother
Your father
Your sisters
Your brothers
Your daughters
Your sons
Provide Extra Comments
<<
>>


2F.2
Have any family members been diagnosed with any other cancer?
Yes
No
Don't Know
If No or Don't Know, Go To INTRO for 3A.1
Provide Extra Comments
<<
>>
2F.2 a~ e
a. (IF YES) What type of cancer or what was the site, if known?
b. Which relatives were affected?
c. What was the subtype or site, if known?
d. What was (his/her) age at diagnosis?
e. (IF DK AGE) What was (his/her) age range at diagnosis?
Start Age
End Age
Select Answer
Your mother
Your father
Your sisters
Your brothers
Your daughters
Your sons
Provide Extra Comments
<<
>>
CAPI has fields to enter up to 16 family members

INTRO for 3A.1

A. OUTDOOR ACTIVITIES RESULTING IN EXPOSURE TO SUN

I would like you to tell me about how much time you spent doing outdoor activities that result in you being exposed to the sun.

3A.1 When you were in your **teens (ages 13-19)**, in the summer (May through September) between the hours of 9 AM and 5 PM:

3A.1		**a. Monday to Friday (or school or work days)**						**b. Saturday**						**c. Sunday**					
		< 0.5	**0.5 to < 1 hour**	**1 to < 2 hours**	**2 to < 4 hours**	**4 or more hours**	**DK**	**< 0.5**	**0.5 to < 1 hour**	**1 to < 2 hours**	**2 to < 4 hours**	**4 or more hours**	**DK**	**< 0.5**	**0.5 to < 1 hour**	**1 to < 2 hours**	**2 to < 4 hours**	**4 or more hours**	**DK**
	3A.1 How many hours did you usually spend in the sun...?	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

3A.2		**a. Monday to Friday (or school or work days)**						**b. Saturday**						**c. Sunday**					
		Never	**>0- <25%**	**25- <50%**	**50- <75%**	**>= 75% of the time**	**DK**	**Never**	**>0- <25%**	**25- <50%**	**50- <75%**	**>= 75% of the time**	**DK**	**Never**	**>0- <25%**	**25- <50%**	**50- <75%**	**>= 75% of the time**	**DK**
	3A.2 On sunny days, when you were outdoors, how often did you protect yourself from the sun (e.g., wear a hat or long-sleeve shirt or sunscreen or use a parasol)? Was it...	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Provide Extra Comments

[<<] [>>]

3A.3 When you were in your **twenties and thirties**, in the summer (May through September) between the hours of 9 AM and 5 PM:

3A.3		**a. Monday to Friday (or school or work days)**						**b. Saturday**						**c. Sunday**					
		< 0.5	**0.5 to < 1 hour**	**1 to < 2 hours**	**2 to < 4 hours**	**4 or more hours**	**DK**	**< 0.5**	**0.5 to < 1 hour**	**1 to < 2 hours**	**2 to < 4 hours**	**4 or more hours**	**DK**	**< 0.5**	**0.5 to < 1 hour**	**1 to < 2 hours**	**2 to < 4 hours**	**4 or more hours**	**DK**
	3A.3 How many hours did you usually spend in the sun...?	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

3A.4		**a. Monday to Friday (or school or work days)**						**b. Saturday**						**c. Sunday**					
		Never	**>0- <25%**	**25- <50%**	**50- <75%**	**>= 75% of the time**	**DK**	**Never**	**>0- <25%**	**25- <50%**	**50- <75%**	**>= 75% of the time**	**DK**	**Never**	**>0- <25%**	**25- <50%**	**50- <75%**	**>= 75% of the time**	**DK**
	3A.4 On sunny days, when you were outdoors, how often did you protect yourself from the sun (e.g., wear a hat or long-sleeve shirt or sunscreen or use a parasol)? Was it...	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

IF SUBJECT IS LESS THAN AGE 40, Go To Section 3B.
IF SUBJECT IS AGE 40-49, begin next question with “Since you became age 40, in the summer months…”
IF SUBJECT IS AGE 50+ ask the next question as shown below.

3A.5 **In the last ten years**, in the summer (May through September) between the hours of 9 AM and 5 PM:

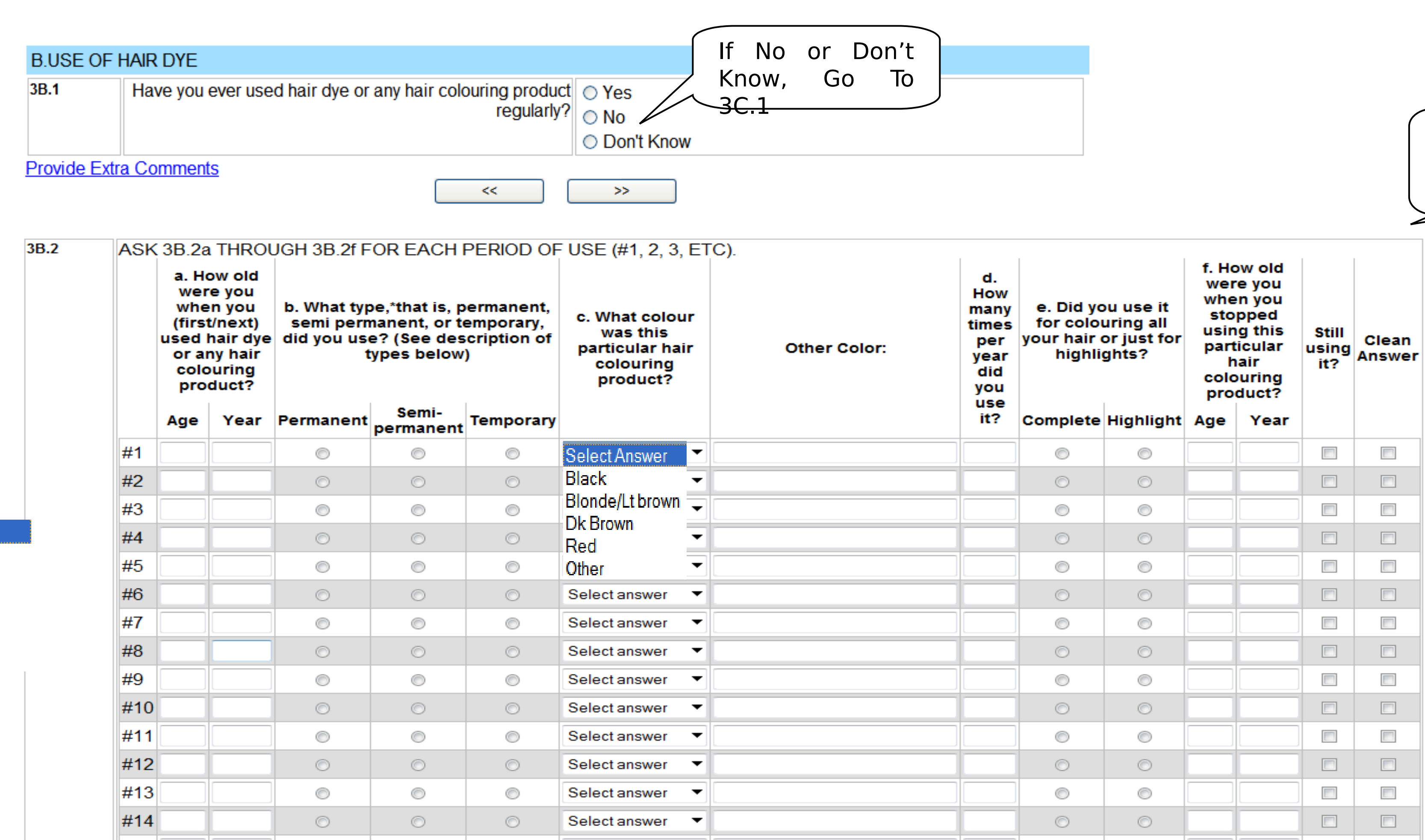
	a. Monday to Friday (or school or work days)						b. Saturday						c. Sunday					
	< 0.5	0.5 to < 1 hour	1 to < 2 hours	2 to < 4 hours	4 or more hours	DK	< 0.5	0.5 to < 1 hour	1 to < 2 hours	2 to < 4 hours	4 or more hours	DK	< 0.5	0.5 to < 1 hour	1 to < 2 hours	2 to < 4 hours	4 or more hours	DK
3A.5 How many hours did you usually spend in the sun...?	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

3A.6

	a. Monday to Friday (or school or work days)						b. Saturday						c. Sunday					
	Never	>0- <25%	25- <50%	50- <75%	>= 75% of the time	DK	Never	>0- <25%	25- <50%	50- <75%	>= 75% of the time	DK	Never	>0- <25%	25- <50%	50- <75%	>= 75% of the time	DK
3A.6 On sunny days, when you were outdoors, how often did you protect yourself from the sun (e.g., wear a hat or long-sleeve shirt or sunscreen or use a parasol)? Was it...	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Provide Extra Comments

<< >>



B.USE OF HAIR DYE

3B.1	Have you ever used hair dye or any hair colouring product regularly?	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

3B.2 ASK 3B.2a THROUGH 3B.2f FOR EACH PERIOD OF USE (#1, 2, 3, ETC).

	a. How old were you when you (first/next) used hair dye or any hair colouring product?		b. What type,*that is, permanent, semi permanent, or temporary, did you use? (See description of types below)			c. What colour was this particular hair colouring product?	Other Color:	d. How many times per year did you use it?	e. Did you use it for colouring all your hair or just for highlights?		f. How old were you when you stopped using this particular hair colouring product?		Still using it?	Clean Answer
	Age	Year	Permanent	Semi-permanent	Temporary				Complete	Highlight	Age	Year		
#1			○	○	○	Select Answer			○	○			☐	☐
#2			○	○	○	Black			○	○			☐	☐
#3			○	○	○	Blonde/Lt brown			○	○			☐	☐
#4			○	○	○	Dk Brown			○	○			☐	☐
#5			○	○	○	Red Other			○	○			☐	☐
#6			○	○	○	Select answer			○	○			☐	☐
#7			○	○	○	Select answer			○	○			☐	☐
#8			○	○	○	Select answer			○	○			☐	☐
#9			○	○	○	Select answer			○	○			☐	☐
#10			○	○	○	Select answer			○	○			☐	☐
#11			○	○	○	Select answer			○	○			☐	☐
#12			○	○	○	Select answer			○	○			☐	☐
#13			○	○	○	Select answer			○	○			☐	☐
#14			○	○	○	Select answer			○	○			☐	☐
#15			○	○	○	Select answer			○	○			☐	☐

Select Answer
Black
Blonde/Lt brown
Dk Brown
Red
Other

Do you have any more row to add? If yes, please click here!!

NOTE: In CAPI room for 10 different hair dyes or any hair colouring products

* "type" descriptions:

1. Permanent : products that do not wash out after repeated shampoos and leave a line as they grow out
2. Semi-permanent : products that wash out in 6-10 shampoos
3. Temporary : products that wash out in 1 shampoo

Provide Extra Comments

C. SLEEP DURATION AND QUALITY

I would now like to ask about your sleeping habits and quality of sleep during two different periods of your adult life.

First, when you were in your **20s** and **30s**...

3C.1	On average, how many hours did you usually sleep each night?	[ ] hours
3C.2	How well did you usually sleep then?	○ Very well ○ Fairly well ○ Fairly poorly ○ Poorly ○ Cannot say
3C.3	When you were in your **20s** and **30s**, on average, how many hours of sleep did you usually need during the night to be in good working condition the next day?	[ ] hours
3C.4	Did you usually nap (at least 3 days a week) during the day when you were in your **20s** and **30s**?	○ Yes ○ No

If No, Go To 3C.6

Provide Extra Comments

<< >>

3C.5	How long, on average, did you usually nap during the day?	[ ] Minutes OR [ ] hours

Provide Extra Comments

<< >>

3C.6	Did you usually (more than one time per week), take medication or a supplement to help you sleep then? If so, what type?	○ Yes (specify type) [ ] ○ No

Provide Extra Comments

<< >>

IF SUBJECT IS LESS THAN AGE 40, Go To SECTION 3D INTRO.
IF SUBJECT IS AGE 40-49, Continue.
IF SUBJECT IS AGE 50+, include "and fifties" in 3C.7 INTRO and 3C.9

Next, when you were in your **40s** and **50s**...

3C.7	On average, how many hours did you usually sleep each night?	[ ] hours
3C.8	How well did you usually sleep then?	○ Very well ○ Fairly well ○ Fairly poorly ○ Poorly ○ Cannot say
3C.9	When you were in your **40s** and **50s**, on average, how many hours of sleep did you usually need during the night to be in good working condition the next day?	[ ] hours
3C.10	Did you usually nap (at least 3 days a week) during the day when you were in your **40s** and **50s**?	○ Yes ○ No

If No, Go To 3C.12

Provide Extra Comments

<< >>

3C.11	How long, on average, did you usually nap during the day?	[ ] Minutes OR [ ] hours

Provide Extra Comments

<< >>

3C.12	Did you usually (more than one time per week), take medication or a supplement to help you sleep then? If so, what type?	○ Yes (specify type) [ ] ○ No

Provide Extra Comments

<< >>

D. USUAL PHYSICAL ACTIVITY

3D.1 When you were in **your teens (ages 13-19)**, on average, how many hours in a day did you spend in the following activities, either as work or leisure, from.?

	Hours per day	
	...Monday to Friday (or school or work days)	**...Saturday to Sunday (weekends or holidays)**
Sleeping		
Sitting Activity: driving car, eating, reading, homework, desk work, watching TV, listening to radio, sewing, playing cards and games, office work.		
Light Activity: leisure, light housework, strolling, personal care, standing, dancing, yoga.		
Moderate Activity: heavy housework; looking after younger brothers and sisters and other children; light sports; yard work; bicycling on level ground, tai chi, chi kung, walking on level ground,.		
Vigorous Activity: farm work; heavy carpentry, moving heavy furniture, loading or unloading trucks, shoveling or other equivalent manual work; strenuous sports.		
=	0.0	0.0

Provide Extra Comments

<< >>

3D.2 As an adult, **from age 20 up until 10 years ago**, on average, how many hours in a day did you spend in the following activities, either as work or leisure, from...?

	Hours per day	
	...Monday to Friday (or school or work days)	**...Saturday to Sunday (weekends or holidays)**
Sleeping		
Sitting Activity: driving car, eating, reading, homework, desk work, watching TV, listening to radio, sewing, playing cards and games, office work.		
Light Activity: leisure, light housework, strolling, personal care, standing, dancing, yoga.		
Moderate Activity: heavy housework; looking after younger brothers and sisters and other children; light sports; yard work; bicycling on level ground, tai chi, chi kung, walking on level ground,.		
Vigorous Activity: farm work; heavy carpentry, moving heavy furniture, loading or unloading trucks, shoveling or other equivalent manual work; strenuous sports.		
=	0.0	0.0

Provide Extra Comments

<< >>

If subject is UNDER AGE 30, then ask 3D.3lt30

3D.3 Thinking back on your overall level of physical activity, throughout your adult years from age 20 up until 10 years ago, would you describe yourself as either:

- ○ Highly active
- ○ Moderately active
- ○ Moderately inactive
- ○ Highly inactive

Provide Extra Comments

<< >>

3D.3lt30 Thinking back on your overall level of physical activity, throughout your adult years up to 2 years ago, would you describe yourself as either:

- ○ Highly active
- ○ Moderately active
- ○ Moderately inactive
- ○ Highly inactive

Provide Extra Comments

<< >>

E. DIET AND BEVERAGES

Next I would like to ask about your usual eating and beverage use habits, first as an adult, before one year ago and not including any recent dietary changes. Please tell me how often you ate or drank each of the following products, both at home and outside the home.

3E.1 ~ 3E.8 As an adult, how often did you usually (drink/eat).

	Never or less than once a year	At least once a year but less than once a month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Once a day	2 times a day	3 or more times a day
Green leafy vegetables, including spinach and bok choy	○	○	○	○	○	○	○	○	○
Fresh fruit	○	○	○	○	○	○	○	○	○
Soy milk, or powdered soy milk	○	○	○	○	○	○	○	○	○
Fried bean curd, vegetarian chicken, bean curd cake and other kinds of bean products excluding fresh bean curd	○	○	○	○	○	○	○	○	○
	Never or less than once a year	At least once a year but less than once a month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Once a day	2 times a day	3 or more times a day
Fresh bean curd	○	○	○	○	○	○	○	○	○
Mung bean, red bean and other dried beans	○	○	○	○	○	○	○	○	○
Soybean sprouts	○	○	○	○	○	○	○	○	○
Mung bean sprouts	○	○	○	○	○	○	○	○	○

Provide Extra Comments

<< >>

Next select the category that best describes how often you usually drank each tea or coffee beverage as an adult, before one year ago and not including any recent changes. I would also like to know how much you usually drank each time. Include consumption at home and outside the home.

3E.9 ~ 3E.14 As an adult, how often did you usually drink...

	Never or less than once a year	At least once a year but less than once a month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Once a day	2 times a day	3 or more times a day
Tea	○	○	○	○	○	○	○	○	○
Jasmine tea	○	○	○	○	○	○	○	○	○
Green tea	○	○	○	○	○	○	○	○	○
Oolong (Ti Kuan Yin) tea	○	○	○	○	○	○	○	○	○
Black (Pu'er) tea	○	○	○	○	○	○	○	○	○
Ceylon tea/Sri Lanka black tea or western red tea	○	○	○	○	○	○	○	○	○
Coffee	○	○	○	○	○	○	○	○	○

Provide Extra Comments

[<<] [>>]

Please tell me how often you ate each of following types of fish before one year ago and not including any recent changes (including fish eaten at home and outside the home.)

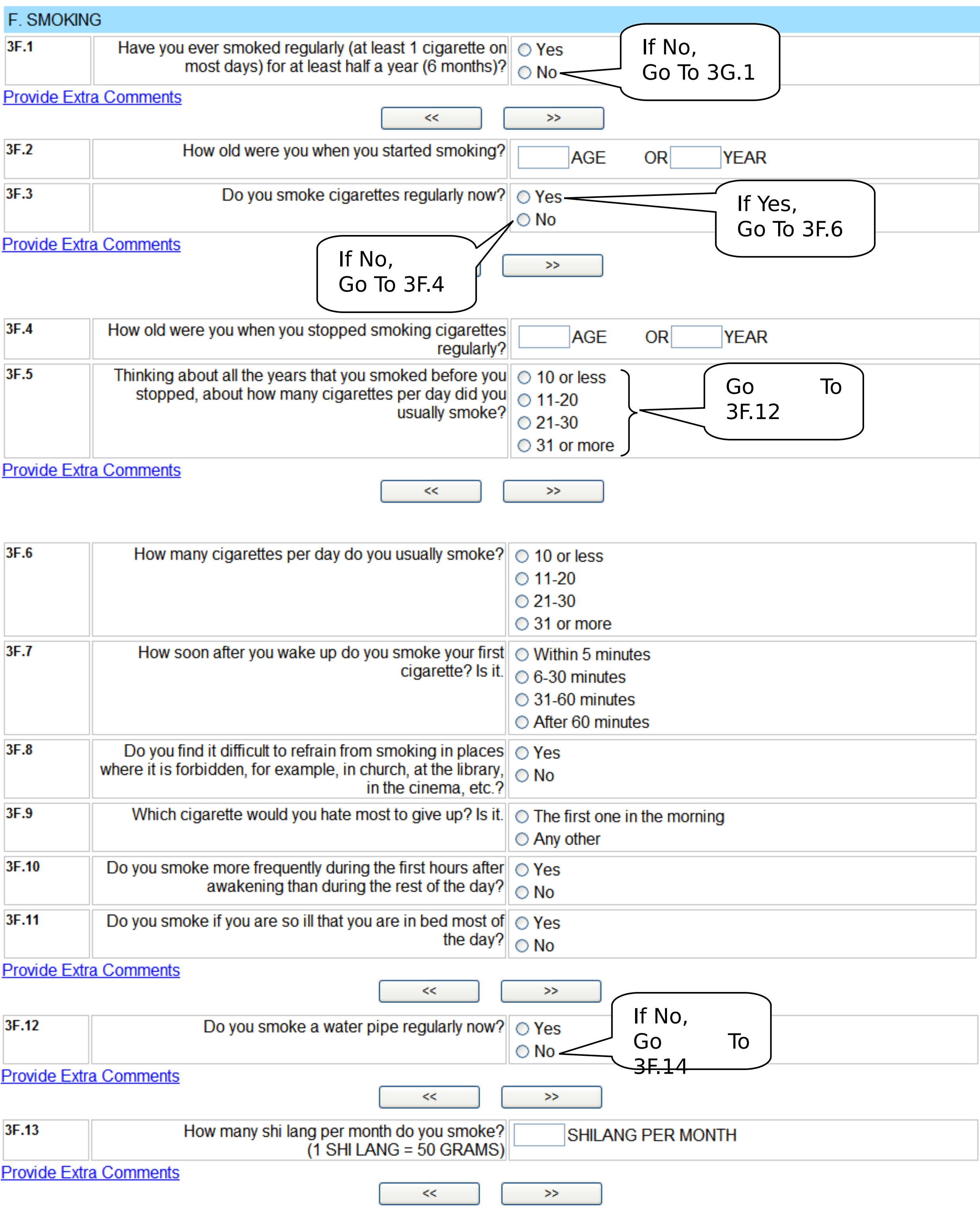
3E.15 ~ 3E.17 First, as an adult, how often did you usually eat.

	Never or less than once a year	At least once a year but less than once a month	1-3 times a month	Once a week	2-3 times a week	4-6 times a week	Once a day	2 times a day	3 or more times a day
Guangdong moldy fragrant salted fish?	○	○	○	○	○	○	○	○	○
Guangdong firm salted fish?	○	○	○	○	○	○	○	○	○
Other types of salted fish? IF YES, PLEASE SPECIFY TYPES:									
SPECIFY (1) [clean this] [ ]	○	○	○	○	○	○	○	○	○
SPECIFY (2) [clean this] [ ]	○	○	○	○	○	○	○	○	○

3E.18 ~ 3E.20	Next, as a child, how often did you usually eat.								
		Never or less than once a year	**At least once a year but less than once a month**	**1-3 times a month**	**Once a week**	**2-3 times a week**	**4-6 times a week**	**Once a day**	**2 times a day**	**3 or more times a day**
	Guangdong moldy fragrant salted fish?	○	○	○	○	○	○	○	○	○
	Guangdong firm salted fish?	○	○	○	○	○	○	○	○	○
	Other types of salted fish?									
	SPECIFY (1) clean this	○	○	○	○	○	○	○	○	○
	SPECIFY (2) clean this	○	○	○	○	○	○	○	○	○

Provide Extra Comments

<< >>



F. SMOKING

3F.1	Have you ever smoked regularly (at least 1 cigarette on most days) for at least half a year (6 months)?	◯ Yes ◯ No

If No, Go To 3G.1

Provide Extra Comments

<< >>

3F.2	How old were you when you started smoking?	AGE OR YEAR
3F.3	Do you smoke cigarettes regularly now?	◯ Yes ◯ No

If Yes, Go To 3F.6

Provide Extra Comments

If No, Go To 3F.4

\>>

3F.4	How old were you when you stopped smoking cigarettes regularly?	AGE OR YEAR
3F.5	Thinking about all the years that you smoked before you stopped, about how many cigarettes per day did you usually smoke?	◯ 10 or less ◯ 11-20 ◯ 21-30 ◯ 31 or more

Go To 3F.12

Provide Extra Comments

<< >>

3F.6	How many cigarettes per day do you usually smoke?	◯ 10 or less ◯ 11-20 ◯ 21-30 ◯ 31 or more
3F.7	How soon after you wake up do you smoke your first cigarette? Is it.	◯ Within 5 minutes ◯ 6-30 minutes ◯ 31-60 minutes ◯ After 60 minutes
3F.8	Do you find it difficult to refrain from smoking in places where it is forbidden, for example, in church, at the library, in the cinema, etc.?	◯ Yes ◯ No
3F.9	Which cigarette would you hate most to give up? Is it.	◯ The first one in the morning ◯ Any other
3F.10	Do you smoke more frequently during the first hours after awakening than during the rest of the day?	◯ Yes ◯ No
3F.11	Do you smoke if you are so ill that you are in bed most of the day?	◯ Yes ◯ No

Provide Extra Comments

<< >>

3F.12	Do you smoke a water pipe regularly now?	◯ Yes ◯ No

If No, Go To 3F.14

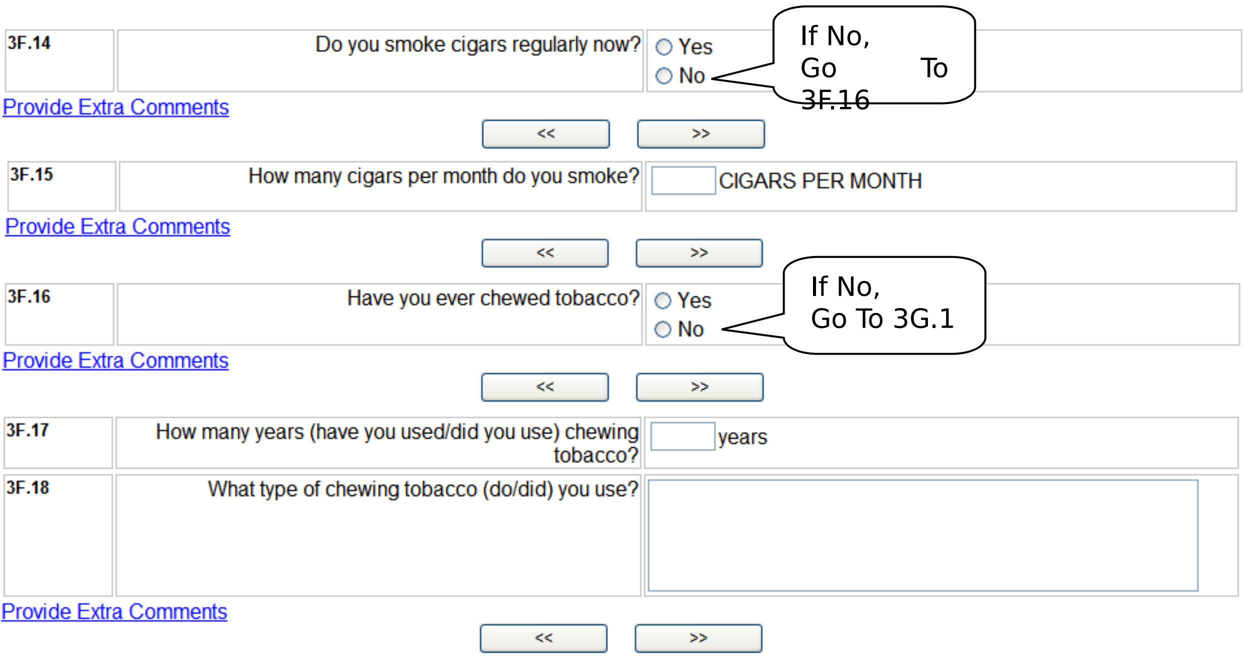
Provide Extra Comments

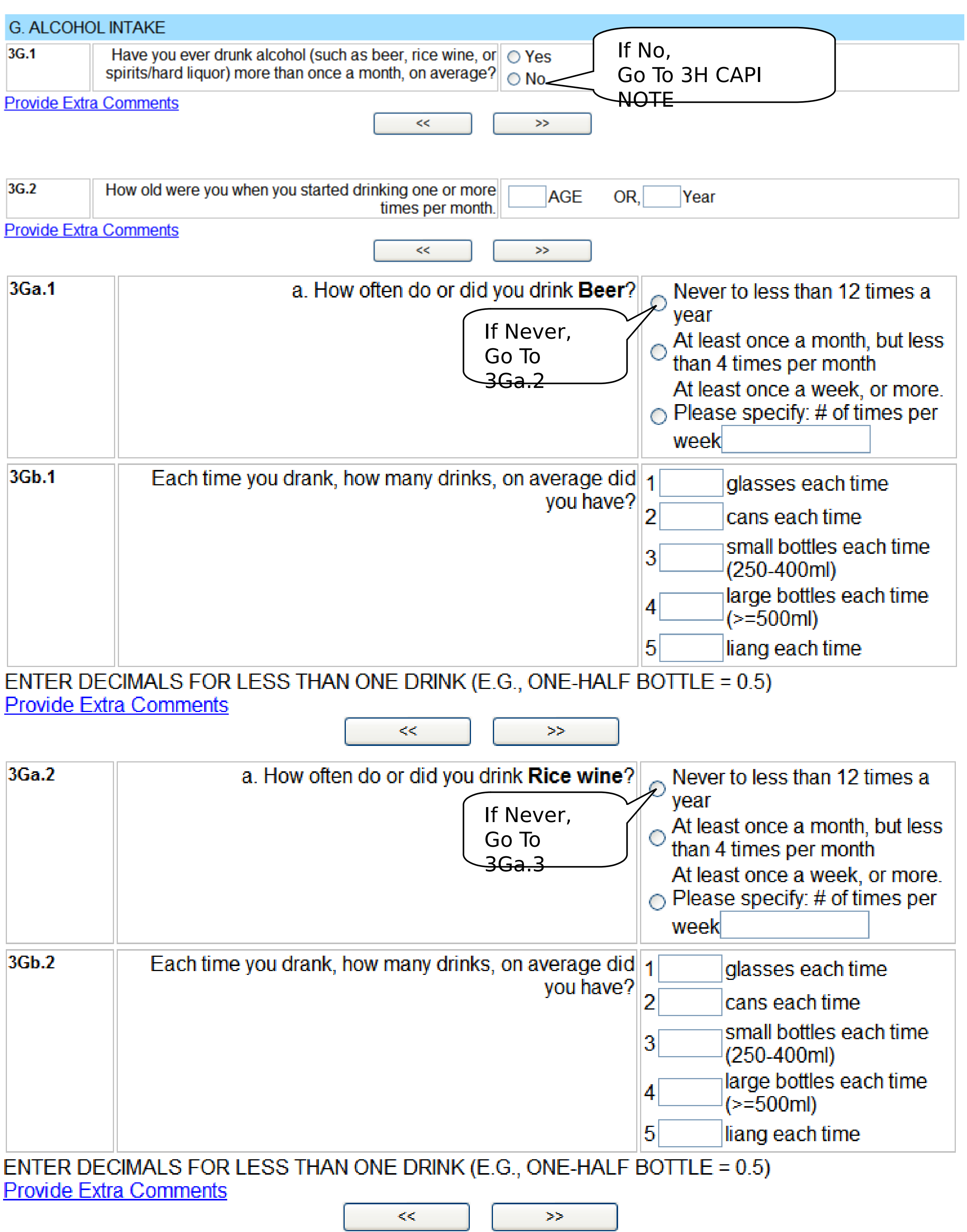
<< >>

3F.13	How many shi lang per month do you smoke? (1 SHI LANG = 50 GRAMS)	SHILANG PER MONTH

Provide Extra Comments

<< >>


3F.14
Do you smoke cigars regularly now?
Yes
No
If No, Go To 3F.16
Provide Extra Comments
<<
>>
3F.15
How many cigars per month do you smoke?
CIGARS PER MONTH
Provide Extra Comments
<<
>>
3F.16
Have you ever chewed tobacco?
Yes
No
If No, Go To 3G.1
Provide Extra Comments
<<
>>
3F.17
How many years (have you used/did you use) chewing tobacco?
years
3F.18
What type of chewing tobacco (do/did) you use?
Provide Extra Comments
<<
>>



G. ALCOHOL INTAKE

3G.1	Have you ever drunk alcohol (such as beer, rice wine, or spirits/hard liquor) more than once a month, on average?	○ Yes ○ No

If No, Go To 3H CAPI NOTE

Provide Extra Comments

<< >>

3G.2	How old were you when you started drinking one or more times per month.	☐ AGE OR, ☐ Year

Provide Extra Comments

<< >>

3Ga.1	a. How often do or did you drink **Beer**?	○ Never to less than 12 times a year ○ At least once a month, but less than 4 times per month ○ At least once a week, or more. Please specify: # of times per week ☐
3Gb.1	Each time you drank, how many drinks, on average did you have?	1 ☐ glasses each time 2 ☐ cans each time 3 ☐ small bottles each time (250-400ml) 4 ☐ large bottles each time (>=500ml) 5 ☐ liang each time

If Never, Go To 3Ga.2

ENTER DECIMALS FOR LESS THAN ONE DRINK (E.G., ONE-HALF BOTTLE = 0.5)

Provide Extra Comments

<< >>

3Ga.2	a. How often do or did you drink **Rice wine**?	○ Never to less than 12 times a year ○ At least once a month, but less than 4 times per month ○ At least once a week, or more. Please specify: # of times per week ☐
3Gb.2	Each time you drank, how many drinks, on average did you have?	1 ☐ glasses each time 2 ☐ cans each time 3 ☐ small bottles each time (250-400ml) 4 ☐ large bottles each time (>=500ml) 5 ☐ liang each time

If Never, Go To 3Ga.3

ENTER DECIMALS FOR LESS THAN ONE DRINK (E.G., ONE-HALF BOTTLE = 0.5)

Provide Extra Comments

<< >>

If Never, Go To 3Ga.5

3Ga.3	a. How often do or did you drink **Red Grape Wine**?	○ Never to less than 12 times a year ○ At least once a month, but less than 4 times per month ○ At least once a week, or more. Please specify: # of times per week
3Gb.3	Each time you drank, how many drinks, on average did you have?	1 glasses each time 2 cans each time 3 small bottles each time (250-400ml) 4 large bottles each time (>=500ml) 5 liang each time

ENTER DECIMALS FOR LESS THAN ONE DRINK (E.G., ONE-HALF BOTTLE = 0.5)

Provide Extra Comments

<< >>

If Never, Go To 3Ga.4

3Ga.5	a. How often do or did you drink **White Grape Wine**?	○ Never to less than 12 times a year ○ At least once a month, but less than 4 times per month ○ At least once a week, or more. Please specify: # of times per week
3Gb.5	Each time you drank, how many drinks, on average did you have?	1 glasses each time 2 cans each time 3 small bottles each time (250-400ml) 4 large bottles each time (>=500ml) 5 liang each time

ENTER DECIMALS FOR LESS THAN ONE DRINK (E.G., ONE-HALF BOTTLE = 0.5)

Provide Extra Comments

<< >>

If Never, Go To 3H CAPI NOTE

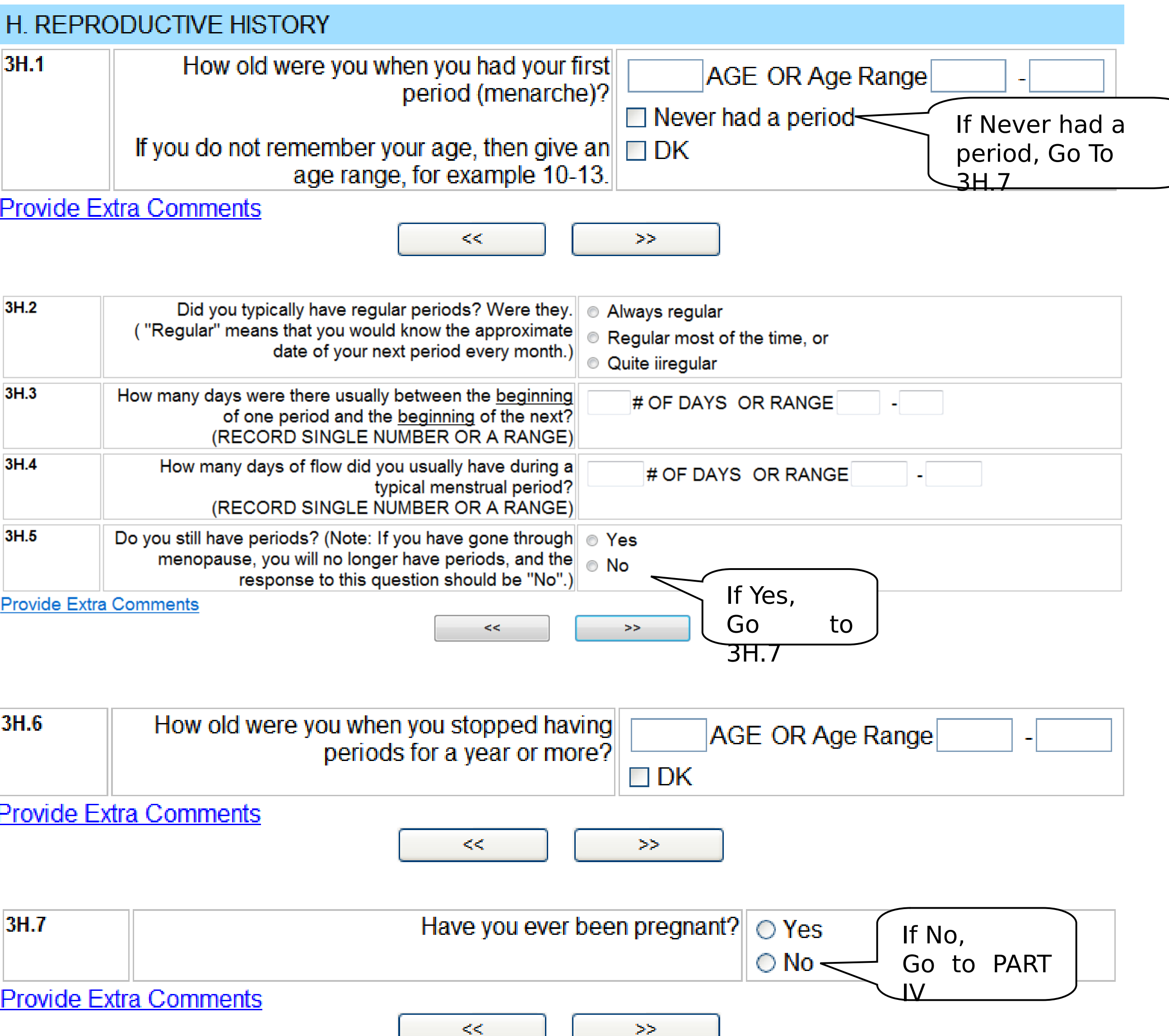
3Ga.4	a. How often do or did you drink **Spirits/ Hard liquor (e.g. brandy)**?	○ Never to less than 12 times a year ○ At least once a month, but less than 4 times per month ○ At least once a week, or more. Please specify: # of times per week
3Gb.4	Each time you drank, how many drinks, on average did you have?	1 glasses each time 2 cans each time 3 small bottles each time (250-400ml) 4 large bottles each time (>=500ml) 5 liang each time

ENTER DECIMALS FOR LESS THAN ONE DRINK (E.G., ONE-HALF BOTTLE = 0.5)

Provide Extra Comments

<< >>

CAPI NOTE: For Women Only; Skip to Part IV for Male Subjects.



H. REPRODUCTIVE HISTORY

3H.1	How old were you when you had your first period (menarche)? If you do not remember your age, then give an age range, for example 10-13.	AGE OR Age Range - ☐ Never had a period ☐ DK

If Never had a period, Go To 3H.7

Provide Extra Comments

<< >>

3H.2	Did you typically have regular periods? Were they. ("Regular" means that you would know the approximate date of your next period every month.)	○ Always regular ○ Regular most of the time, or ○ Quite iiregular
3H.3	How many days were there usually between the beginning of one period and the beginning of the next? (RECORD SINGLE NUMBER OR A RANGE)	# OF DAYS OR RANGE -
3H.4	How many days of flow did you usually have during a typical menstrual period? (RECORD SINGLE NUMBER OR A RANGE)	# OF DAYS OR RANGE -
3H.5	Do you still have periods? (Note: If you have gone through menopause, you will no longer have periods, and the response to this question should be "No".)	○ Yes ○ No

If Yes, Go to 3H.7

Provide Extra Comments

<< >>

3H.6	How old were you when you stopped having periods for a year or more?	AGE OR Age Range - ☐ DK

Provide Extra Comments

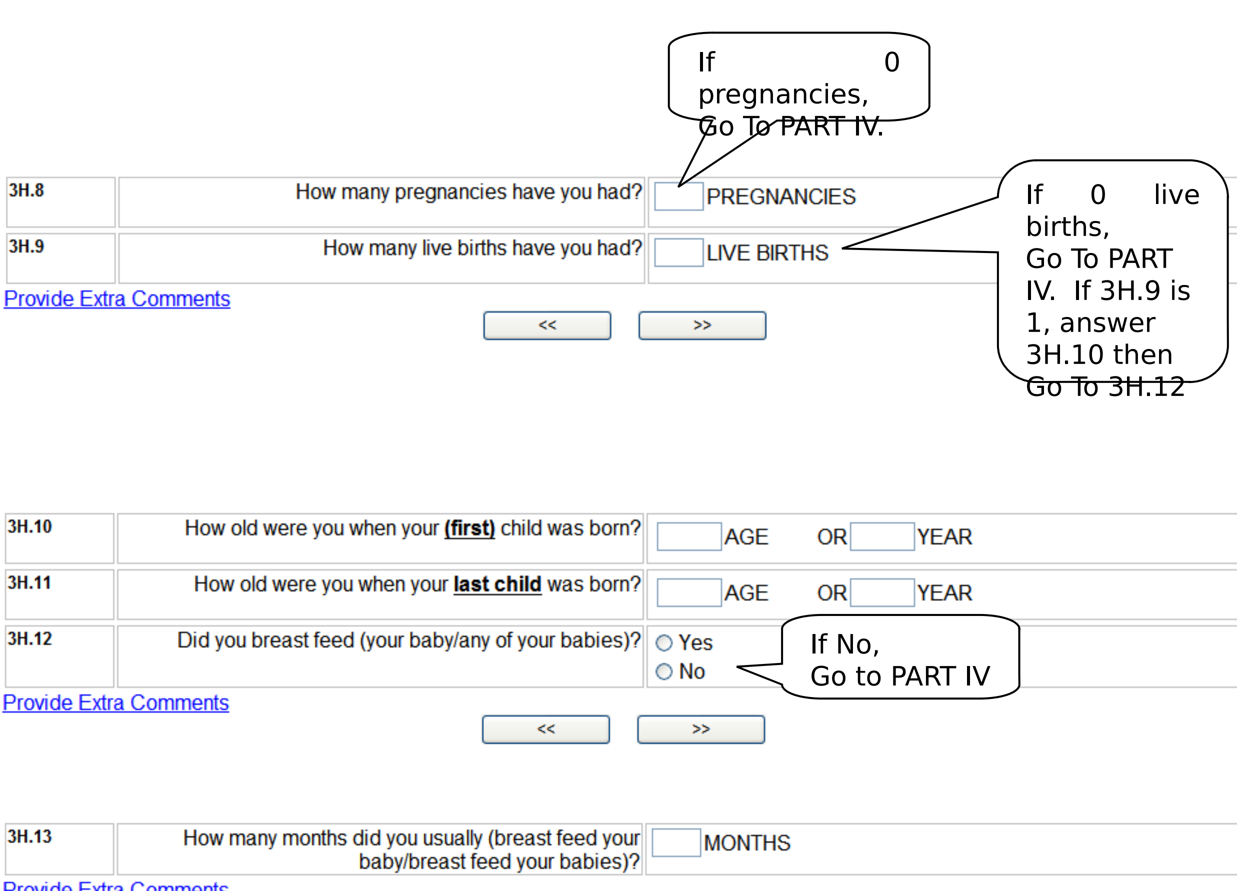
<< >>

3H.7	Have you ever been pregnant?	○ Yes ○ No

If No, Go to PART IV

Provide Extra Comments

<< >>



3H.8	How many pregnancies have you had?	PREGNANCIES
3H.9	How many live births have you had?	LIVE BIRTHS

Provide Extra Comments

<< >>

If 0 pregnancies, Go To PART IV.

If 0 live births, Go To PART IV. If 3H.9 is 1, answer 3H.10 then Go To 3H.12

3H.10	How old were you when your **(first)** child was born?	AGE OR YEAR
3H.11	How old were you when your **last child** was born?	AGE OR YEAR
3H.12	Did you breast feed (your baby/any of your babies)?	○ Yes ○ No

Provide Extra Comments

<< >>

If No, Go to PART IV

3H.13	How many months did you usually (breast feed your baby/breast feed your babies)?	MONTHS

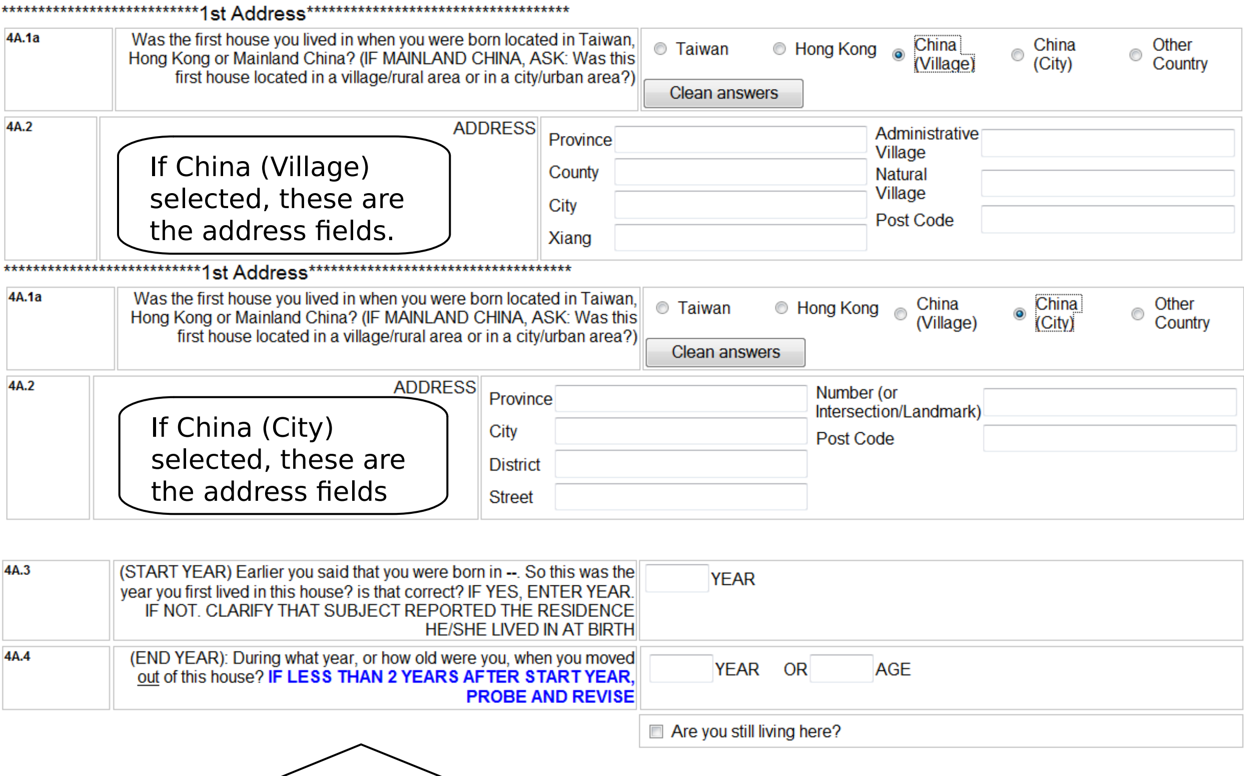
Provide Extra Comments

<< >>

PART IV

A. OVERVIEW OF RESIDENTIAL HISTORY

Now we have some questions about the residences in which you lived. We will start with the first house you lived in when you were born, and proceed up to your current or last residence . Please tell me about all the places where you lived **for at least 2 years** or longer, including family residences or somewhere else, such as in a boarding school, institution or with friends.
Please include your current address in the residential history.



****************************1st Address************************************

4A.1a	Was the first house you lived in when you were born located in Taiwan, Hong Kong or Mainland China? (IF MAINLAND CHINA, ASK: Was this first house located in a village/rural area or in a city/urban area?)	Taiwan / Hong Kong / China (Village) / China (City) / Other Country; Clean answers
4A.2	If China (Village) selected, these are the address fields. ADDRESS	Province; County; City; Xiang; Administrative Village; Natural Village; Post Code

****************************1st Address************************************

4A.1a	Was the first house you lived in when you were born located in Taiwan, Hong Kong or Mainland China? (IF MAINLAND CHINA, ASK: Was this first house located in a village/rural area or in a city/urban area?)	Taiwan / Hong Kong / China (Village) / China (City) / Other Country; Clean answers
4A.2	If China (City) selected, these are the address fields ADDRESS	Province; City; District; Street; Number (or Intersection/Landmark); Post Code

4A.3	(START YEAR) Earlier you said that you were born in --. So this was the year you first lived in this house? is that correct? IF YES, ENTER YEAR. IF NOT, CLARIFY THAT SUBJECT REPORTED THE RESIDENCE HE/SHE LIVED IN AT BIRTH	YEAR
4A.4	(END YEAR): During what year, or how old were you, when you moved out of this house? IF LESS THAN 2 YEARS AFTER START YEAR, PROBE AND REVISE	YEAR OR AGE
		Are you still living here?

THE CAPI PROVIDES SPACE FOR UP TO 10 CHILDHOOD AND ADULT RESIDENCES.

B. CHILDHOOD RESIDENCE HISTORY

Now I will ask several questions about the characteristics and environment of each of your childhood residences you lived in for at least 2 years.

Provide Extra Comments

<< >>

Residenc

Let's begin with the house you lived in after you were born, located in

Provide Extra Comments

<< >>

If Family, Go To 4B1.6

4B1.2	Did you live with your family or reside somewhere else, such as in a boarding school, institution or with friends?	○ Family ○ Boarding School ○ Institution ○ Friends ○ Others

If Friends or Others, Go To 4B1.6

Provide Extra Comments

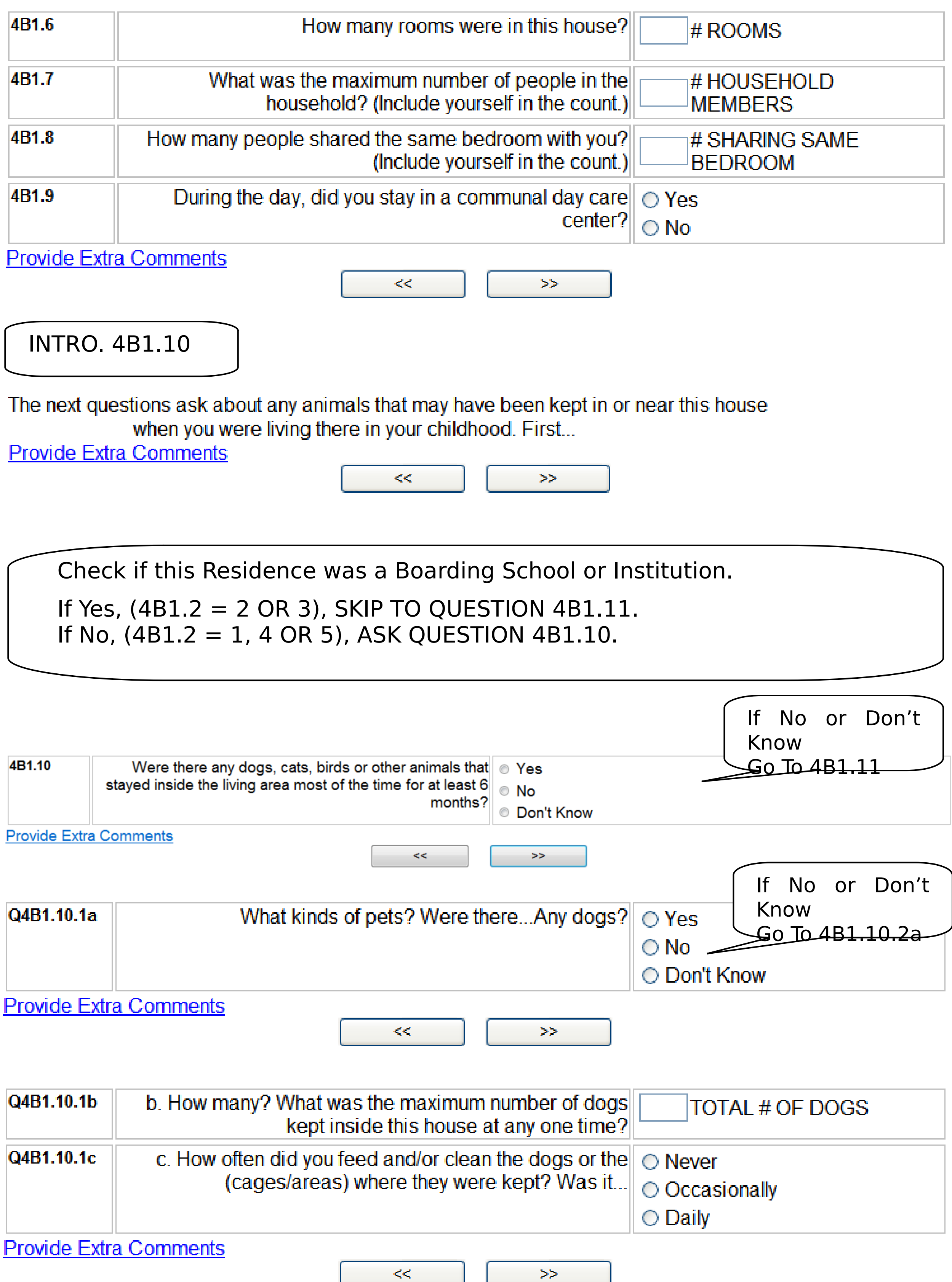
<< >>

4B1.3	How many days per week did you live in this boarding school or institution?	DAYS PER WEEK
4B1.4	How many months per year did you live in this boarding school or institution?	MONTHS PER YEAR
4B1.5	On average, how many people slept in the same dorm room with you? (Include yourself in the count.)	# SHARING SAME DORM ROOM

Provide Extra Comments

<< >>

Go To 4B1.10 INTRO



4B1.6	How many rooms were in this house?	# ROOMS
4B1.7	What was the maximum number of people in the household? (Include yourself in the count.)	# HOUSEHOLD MEMBERS
4B1.8	How many people shared the same bedroom with you? (Include yourself in the count.)	# SHARING SAME BEDROOM
4B1.9	During the day, did you stay in a communal day care center?	○ Yes ○ No

Provide Extra Comments

<< >>

INTRO. 4B1.10

The next questions ask about any animals that may have been kept in or near this house when you were living there in your childhood. First...

Provide Extra Comments

<< >>

Check if this Residence was a Boarding School or Institution.

If Yes, (4B1.2 = 2 OR 3), SKIP TO QUESTION 4B1.11.
If No, (4B1.2 = 1, 4 OR 5), ASK QUESTION 4B1.10.

If No or Don't Know Go To 4B1.11

4B1.10	Were there any dogs, cats, birds or other animals that stayed inside the living area most of the time for at least 6 months?	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

If No or Don't Know Go To 4B1.10.2a

Q4B1.10.1a	What kinds of pets? Were there...Any dogs?	○ Yes ○ No ○ Don't Know

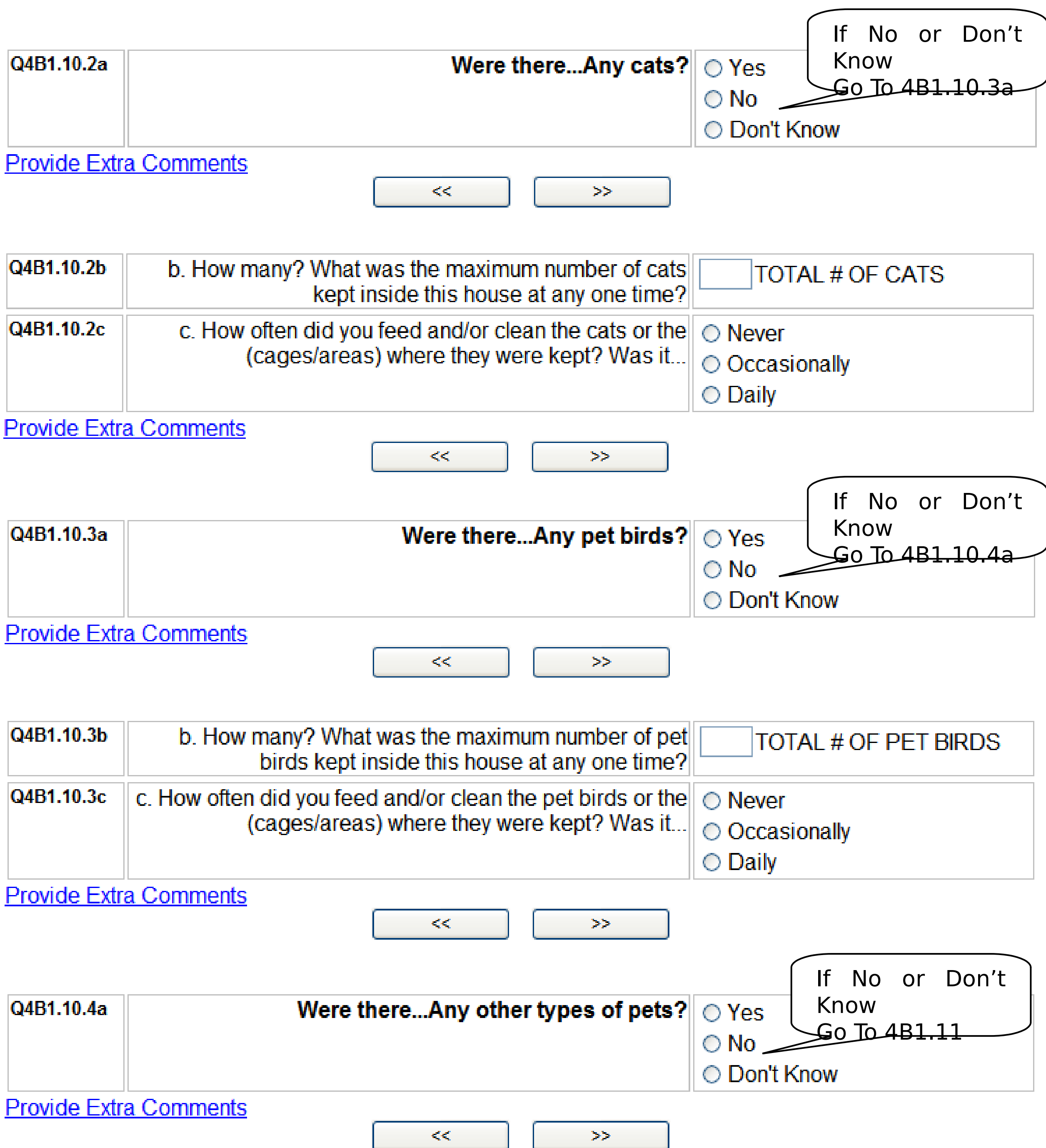
Provide Extra Comments

<< >>

Q4B1.10.1b	b. How many? What was the maximum number of dogs kept inside this house at any one time?	TOTAL # OF DOGS
Q4B1.10.1c	c. How often did you feed and/or clean the dogs or the (cages/areas) where they were kept? Was it...	○ Never ○ Occasionally ○ Daily

Provide Extra Comments

<< >>


Q4B1.10.2a
Were there...Any cats?
Yes
No
Don't Know
If No or Don't Know
Go To 4B1.10.3a
Provide Extra Comments
<<
>>
Q4B1.10.2b
b. How many? What was the maximum number of cats kept inside this house at any one time?
TOTAL # OF CATS
Q4B1.10.2c
c. How often did you feed and/or clean the cats or the (cages/areas) where they were kept? Was it...
Never
Occasionally
Daily
Provide Extra Comments
<<
>>
Q4B1.10.3a
Were there...Any pet birds?
Yes
No
Don't Know
If No or Don't Know
Go To 4B1.10.4a
Provide Extra Comments
<<
>>
Q4B1.10.3b
b. How many? What was the maximum number of pet birds kept inside this house at any one time?
TOTAL # OF PET BIRDS
Q4B1.10.3c
c. How often did you feed and/or clean the pet birds or the (cages/areas) where they were kept? Was it...
Never
Occasionally
Daily
Provide Extra Comments
<<
>>
Q4B1.10.4a
Were there...Any other types of pets?
Yes
No
Don't Know
If No or Don't Know
Go To 4B1.11
Provide Extra Comments
<<
>>

4B1.10.4a01	Any other types of pets?(SPECIFY 1):	
4B1.10.4b01	TOTAL # OF (SPECIFY 1)	TOTAL # OF (SPECIFY 1)
4B1.10.4c01	c. How often did you feed and/or clean the [ANIMALS #1] or clean the areas where they were kept? Was it.	○ Never ○ Occasionally ○ Daily
4B1.10.4a02	(SPECIFY 2):	
4B1.10.4b02	TOTAL # OF (SPECIFY 2)	TOTAL # OF (SPECIFY 2)
4B1.10.4c02	c. How often did you feed and/or clean the [ANIMALS #2] or clean the areas where they were kept? Was it.	○ Never ○ Occasionally ○ Daily

Provide Extra Comments

<<

If No or Don't Know,
Go To "Check Response Instruction" following Section 4B1.11.4

4B1.11	Were there any chickens, pigs or other animals which were raised for food or to make money, that either stayed inside this house or were kept near it (that is, within about 25 meters) for at least 6 months, when you were living there?	○ Yes ○ No ○ Don't Know

Provide Extra Comments

<< >>

If No or Don't Know,
Go To 4B1.11.2a

4B1.11.1a	What kinds of animals? Were there...Any chickens?	○ Yes ○ No ○ Don't Know

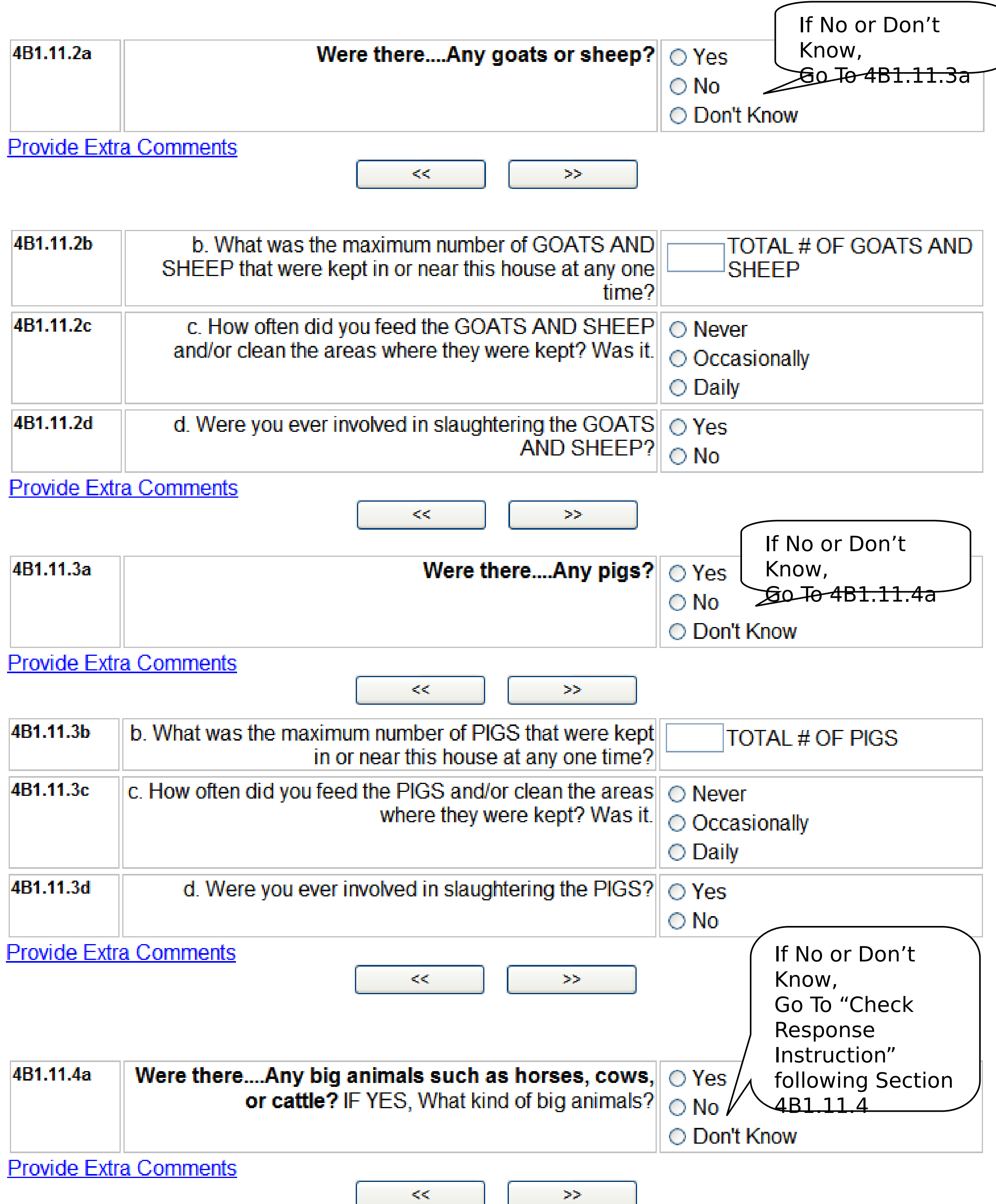
Provide Extra Comments

<< >>

4B1.11.1b	b. How many? What was the maximum number of chickens that were kept in or near this house at any one time?	TOTAL # OF CHICKENS
4B1.11.1c	c. How often did you feed the chickens and/or clean the areas where they were kept? Was it.	○ Never ○ Occasionally ○ Daily
4B1.11.1d	d. Were you ever involved in slaughtering the chickens?	○ Yes ○ No

Provide Extra Comments

<< >>


4B1.11.2a
Were there....Any goats or sheep?
Yes
No
Don't Know
If No or Don't Know, Go To 4B1.11.3a
Provide Extra Comments
<<
>>
4B1.11.2b
b. What was the maximum number of GOATS AND SHEEP that were kept in or near this house at any one time?
TOTAL # OF GOATS AND SHEEP
4B1.11.2c
c. How often did you feed the GOATS AND SHEEP and/or clean the areas where they were kept? Was it.
Never
Occasionally
Daily
4B1.11.2d
d. Were you ever involved in slaughtering the GOATS AND SHEEP?
Yes
No
Provide Extra Comments
<<
>>
4B1.11.3a
Were there....Any pigs?
Yes
No
Don't Know
If No or Don't Know, Go To 4B1.11.4a
Provide Extra Comments
<<
>>
4B1.11.3b
b. What was the maximum number of PIGS that were kept in or near this house at any one time?
TOTAL # OF PIGS
4B1.11.3c
c. How often did you feed the PIGS and/or clean the areas where they were kept? Was it.
Never
Occasionally
Daily
4B1.11.3d
d. Were you ever involved in slaughtering the PIGS?
Yes
No
Provide Extra Comments
<<
>>
If No or Don't Know, Go To "Check Response Instruction" following Section 4B1.11.4
4B1.11.4a
Were there....Any big animals such as horses, cows, or cattle? IF YES, What kind of big animals?
Yes
No
Don't Know
Provide Extra Comments
<<
>>

4B1.11.4a01	(SPECIFY 1):	
4B1.11.4b1	TOTAL # OF (SPECIFY 1)	TOTAL # OF (SPECIFY 1)
4B1.11.4c01	c. How often did you feed the [ANIMALS #1] and/or clean the areas where they were kept? Was it.	○ Never ○ Occasionally ○ Daily
4B1.11.4d01	d. Were you ever involved in slaughtering the [ANIMALS #1]?	○ Yes ○ No
4B1.11.4a02	(SPECIFY 2):	
4B1.11.4b02	TOTAL # OF (SPECIFY 2)	TOTAL # OF (SPECIFY 2)
4B1.11.4c02	c. How often did you feed the [ANIMALS #2] and/or clean the areas where they were kept? Was it.	○ Never ○ Occasionally ○ Daily
4B1.11.4d2	d. Were you ever involved in slaughtering the [ANIMALS #2]?	○ Yes ○ No

Provide Extra Comments

<< >>

CHECK RESPONSE in Q4A.4 (end year). if this response indicates that respondent was
less than 18 years old, repeat this section for the next residence.

If respondent was age 18 or older when he/she moved out of this house,
Go to Q4C INTRO.

4C1.1 INTRO

Longest Adult Residence Address

Start

End Year

Now we have some questions about the 3 residences where you lived for the longest periods of time as an adult, (after you became 18 years of age). We will cover these in chronological order according to the history chart we completed earlier. We'll begin with the residence at: where you lived from: to . These questions will be different from those asked earlier about your childhood residences.

4C1.1	What was the approximate number of people who lived in the area where the residence was located?	○ 999 or less ○ 1,000-9,999 ○ 10,000-99,999 ○ 100,000-499,999 ○ 500,000 or more

Provide Extra Comments

<< >>

If 500,000 or more, Go to 4C1.3

4C1.2	Was this residence a farm where crops were planted or animals were raised?	○ Yes ○ No

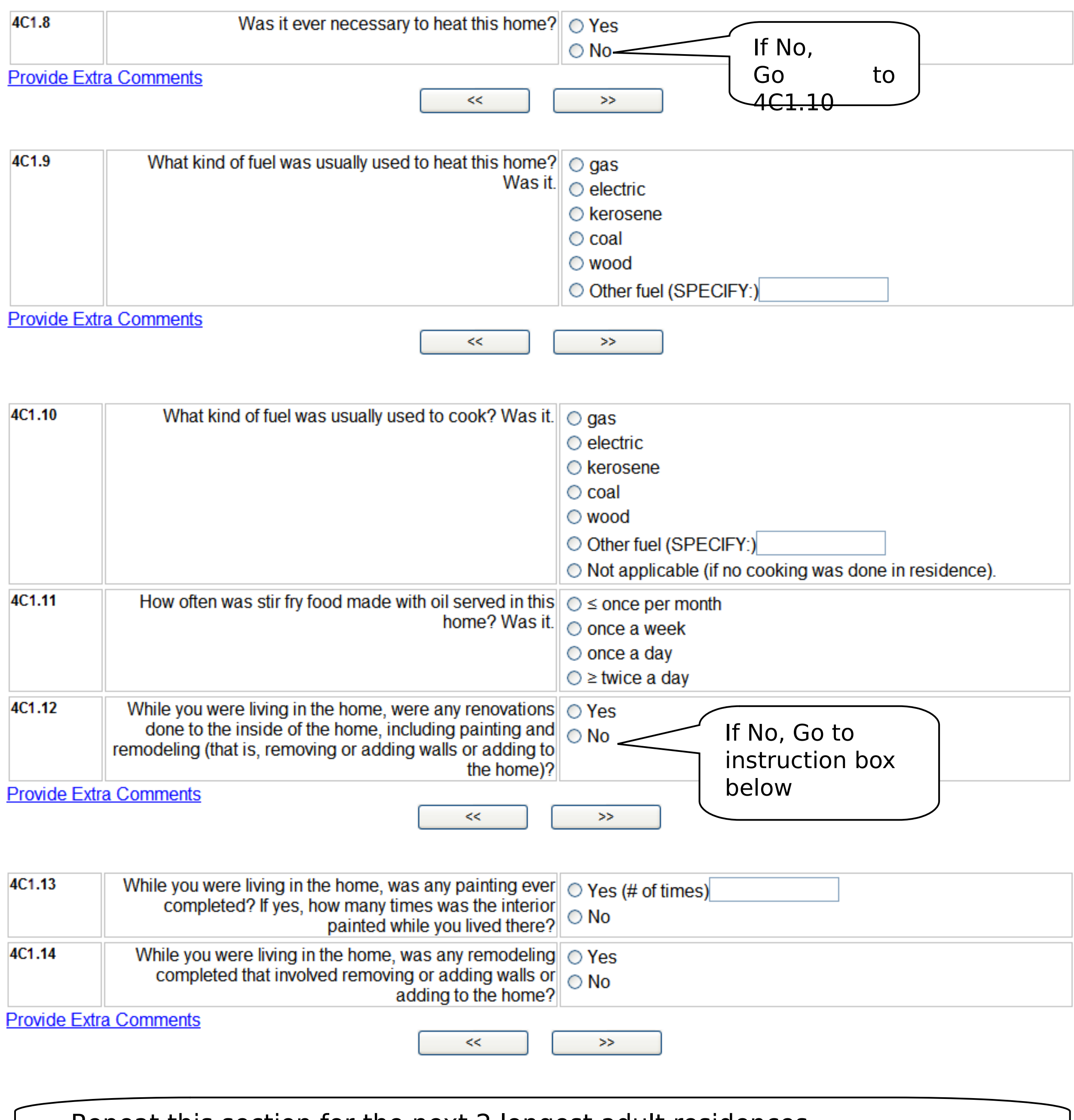
Provide Extra Comments

<< >>

4C1.3	Was there a bathroom inside the house?	○ Yes ○ No
4C1.4	Did the house have electricity?	○ Yes ○ No
4C1.5	Did the house have an area for burning trash outside the home?	○ Yes ○ No
4C1.6	What was the primary source of drinking water at this residence? Was it.	○ City water (from a central, municipal supply) ○ Village well (communal well that served many houses) ○ Private well (well serving your home only) ○ River or canal water ○ Bottled water purchased at a store ○ Other source (SPECIFY:)
4C1.7	Was water stored in a cistern in this home?	○ Yes ○ No

Provide Extra Comments

<< >>



Repeat this section for the next 2 longest adult residences.

5A.1	Now to conclude, what was your household's total annual income during the last year?	○ TW$ ○ HK$ ○ RMB￥
5A.1b	Finally, what was your household's approximate total annual income during the mid1990's?	○ TW$ ○ HK$ ○ RMB￥
VI.1	Interviewer's assessment of the reliability of the answers:	○ 1 Not very reliable ○ 2 ○ 3 ○ 4 ○ 5 Very reliable
VI.2	Has the interviewed person felt uncomfortable?	○ Yes (Please provide comment below. (VI.6)) ○ No
VI.6	Write down any comments you may have on the interview	
Completion date	Completion date	21 (dd) / 2 (mm) / 2012 (yyyy)

Provide Extra Comments

<< >>

This concludes our interview. Thank you very much for your time.
Please stop recording by clicking the button on top of this page.
Update CAPI completion status on your tracking log

Provide Extra Comments

<< >>