DEMOGRAPHIC INFORMATION

ID #__________________  Date ____________________ Interviewer Initials_____________

Date of Birth:_________________ Age:_________________

Gender: □ Male □ Female   Island/Country of birth: ____________________

How many total years of your life have you lived on Guam or Saipan? _____________ Years

Identify your ethnic background by indicating the percentage in the space provided below. The total overall should equal 100% when complete.

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>%</th>
<th>Ethnic Background</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chamorro (Guam)</td>
<td></td>
<td>Pohnpeian</td>
<td></td>
</tr>
<tr>
<td>Chamorro (CNMI)</td>
<td></td>
<td>Pohnpeian (outer island)</td>
<td></td>
</tr>
<tr>
<td>Carolinian (Caroline Islands)</td>
<td></td>
<td>Yapese</td>
<td></td>
</tr>
<tr>
<td>Chuukese</td>
<td></td>
<td>Yapese (outer island)</td>
<td></td>
</tr>
<tr>
<td>Chuukese (outer island)</td>
<td></td>
<td>Filipino</td>
<td></td>
</tr>
<tr>
<td>Kosraean</td>
<td></td>
<td>Other (specify):</td>
<td></td>
</tr>
<tr>
<td>Kosraean (outer island)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marshallese</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palauan</td>
<td></td>
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</tr>
</tbody>
</table>

TOTAL % __________

Which ONE ethnic group that you most identify with? ____________________

What is you annual household income?

☐ Less than $10,000    ☐ Between $40,000 to $50,000
☐ Between $10,000 to $20,000  ☐ Between $60,000 to $70,000
☐ Between $20,000 to $30,000  ☐ $70,000 or more
☐ Between $30,000 to $40,000

What is the highest education level you have completed?

☐ Elementary school (K-5)  ☐ 4-year College Degree (bachelor’s degree)
☐ Middle School (6-8)      ☐ Some Graduate School
☐ High School (9-12)       ☐ Graduate Degree (MS, PhD, MD, JD)
☐ Some college

Marital Status:  ☐ Single    ☐ Separated
☐ Married        ☐ Widowed
☐ Divorced
<table>
<thead>
<tr>
<th>ID #</th>
<th>Date</th>
<th>Interviewer Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**PERSONAL MEDICAL HISTORY**

<table>
<thead>
<tr>
<th>Has a medical doctor ever told you that you had/have… (Please circle answer)</th>
<th>If yes, what kind? (Please circle)</th>
<th>If yes, how old were you when you were first told you had…</th>
<th>Do/Did either of you parents have… (Please circle answer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diabetes?</td>
<td>Yes</td>
<td>No</td>
<td>Type 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Heart attack?</td>
<td>Yes</td>
<td>No</td>
<td>____________ years</td>
</tr>
<tr>
<td>3. Stroke?</td>
<td>Yes</td>
<td>No</td>
<td>____________ years</td>
</tr>
<tr>
<td>4. Hypertension? (High Blood Pressure)</td>
<td>Yes</td>
<td>No</td>
<td>____________ years</td>
</tr>
</tbody>
</table>
U54 University of Guam/Cancer Research Center of Hawaii Partnership

PILOT PROJECT 4: "Oral Microbiome Project"
ORAL HEALTH BEHAVIOR QUESTIONNAIRE

ID #__________________ Date ____________________ Interviewer Initials ____________

BETEL NUT

1. Have you ever chewed betel nut in your life?
   □
   1 Yes
   2 No [Go to 17]
   7 Don’t know/Not sure [Go to 17]
   9 Refused [Go to 17]

2. Do you now chew betel nut?
   □
   1 Yes
   2 No
   7 Don’t know/Not sure [Go to 17]
   9 Refused [Go to 17]

3. How often (do/did) you chew betel nut?
   □
   1 Daily
   2 Weekly
   3 Monthly
   7 Don’t know/Not sure [Go to 5]
   9 Refused [Go to 5]

4. How many times per day, week, or month (do/did) you chew betel nut?
   □
   ______ times
   7 Don’t know/Not sure
   9 Refused

5. (Do/Did) you include lime when chewing betel nut?
   □
   1 Yes
   2 No [Go to 7]
   7 Don’t know/Not sure [Go to 7]
   9 Refused [Go to 7]

6. How (do/did) you obtain your lime?
   □
   1 Homemade (Complete Lime Recipe Form)
   2 Store (Identify store: ____________________)
3 Family/friend
7 Don’t know/Not sure
9 Refused

7. (Do/Did) you include tobacco when chewing betel nut? (See Tobacco Guide for type.)
   □
   1 Yes (Identify type: ________________)
   2 No
   7 Don’t know/Not sure
   9 Refused

8. (Do/Did) you include pupulu or pepper leaf when chewing betel nut?
   □
   1 Yes
   2 No
   7 Don’t know/Not sure
   9 Refused

9. What variety of betel nut (do/did) you most often chew?
   □
   1 Red
   2 White
   7 Don’t know/Not sure
   9 Refused

10. What stage of betel nut (do/did) you most often chew?
    □
    1 Young (unripe)
    2 Mature (ripe)
    7 Don’t know/Not sure
    9 Refused

11. (Do/Did) you add alcohol to any of the components of your chew (nut, leaf, lime or tobacco)?
    □
    1 Yes
    2 No
    7 Don’t know/Not sure
    9 Refused

12. (When you [chew/chewed] betel nut) How long do you keep the chew (nut) in your mouth?
    □
    ______ minutes
    7 Don’t know/Not sure
    9 Refused
13. When you [sleep/slept] at night, (do/did) you keep the chew (nut) in your mouth?
   □
   1 Yes
   2 No
   7 Don’t know/Not sure
   9 Refused

14. (Do/Did) you ever ingest (swallow) your chew?
   □
   1 Yes
   2 No  [Go to 16]
   7 Don’t know/Not sure  [Go to 16]
   9 Refused  [Go to 16]

15. How often (do/did) you ingest (swallow) your chew?
   □
   1 Sometimes
   2 Most of the times
   3 All the time
   7 Don’t know/Not sure
   9 Refused

16. How long have you been chewing betel nut?
   □
   ______ years
   7 Don’t know/Not sure
   9 Refused

SMOKELESS TOBACCO
17. Aside from adding tobacco to a betel quid, how often do you use smokeless tobacco?
   □
   1 Everyday
   2 Somedays
   3 Not at all
   7 Don’t know/Not sure
   9 Refused

CIGARETTE SMOKING
18. Do you smoke cigarettes at least once per day?
   □
   1 Yes
   2 No  [Go to 20]
19. How many sticks do you smoke daily?

- [ ] ______ sticks
- 7 Don’t know/Not sure
- 9 Refused

ALCOHOL

20. Did you drink alcohol within the past 30 days?

- [ ]
  - 1 Yes
  - 2 No
  - 7 Don’t know/Not sure
  - 9 Refused

21. During the past 30 days, on the days when you drank, about how many drinks did you drink? [Refer to Alcohol Guide for types and size.]

- [ ]
  - ______ TOTAL UNITS
  - ______ cans of beer
  - ______ bottles of beer
  - ______ cups tuba/kava
  - ______ glasses of mixed drink
  - ______ glasses of wine
  - ______ shots of liquor

22. During the past 30 days, what is the largest number of drinks you had on any occasion?

- [ ]
  - ______ TOTAL UNITS
  - ______ cans of beer
  - ______ bottles of beer
______ cups tuba/kava
______ glasses of mixed drink
______ glasses of wine
______ shots of liquor

7  Don't know/Not sure
9  Refused

ORAL CARE
23. Have you ever been told by a dentist or doctor that you have cancer of the mouth?

1  Yes
2  No
7  Don't know/Not sure
9  Refused

24. How often do you brush your teeth?

1  More than once per day
2  Once per day
3  Once per week
4  Once per year
5  Never
7  Don't know/Not sure
9  Refused

25. Do you use the husk of the betel nut for cleaning your teeth?

1  Yes
2  No
7  Don't know/Not sure
9  Refused

26. Do you visit your dentist at least once a year?

1  Yes
2  No
7  Don't know/Not sure  [End]
9  Refused  [End]
Medication and Sexual History

ID #__________________ Date ____________________ Interviewer Initials_____________

Interviewer will start by stating:

Sexual history influences HPV status, and thus is a risk factor for oral cancer. The questions below will help researchers better understand this risk in betel nut chewers.

1. Within the past 6 months, have you taken antibiotics?  ___YES   ___NO

2. Within the past 6 months, have you taken any of the following medications at least 2 times per week for 1 month or longer? (check all that apply)
   ___ aspirin (e.g., Bayer, Bufferin, Excedrin)
   ___ ibuprofen (e.g., Advil, Motrin, Nuprin)
   ___ Naproxen (e.g., Aleve)
   ___ prescription pain medication
   ___ Other NSAIDS
   ___ acetaminophen (e.g., Tylenol)

3. Have you ever been diagnosed with a sexually transmitted infection?
   ___YES   ___NO

   If yes, please describe:____________________

4. (Females only) Have you ever had an abnormal Pap smear?
   ___YES   ___NO

5. Have you ever had sexual contact with a male?    YES    NO (if NO, skip to question #10)

6. How many different males have you had sexual contact with over your lifetime? ______

7. What type of sexual contact have you had with a male? (check all that apply)
   ___ Vaginal intercourse
   ___ Anal intercourse
   ___ Oral (received oral sex)
   ___ Oral (performed oral sex)
   ___ Other (describe)________

8. Have you had sexual contact with a male within the past 3 months?   YES    NO (if NO, skip to question #10)
9. What type of sexual contact have you had with a male within the past 3 months? (check all that apply)
   ___ Vaginal intercourse
   ___ Anal intercourse
   ___ Oral (received oral sex)
   ___ Oral (performed oral sex)
   ___ Other (describe)________

10. Have you ever had sexual contact with a female? YES  NO (if NO, skip to END)

11. What type of sexual contact have you had with a female? (check all that apply)
   ___ Vaginal intercourse
   ___ Anal intercourse
   ___ Oral (received oral sex)
   ___ Oral (performed oral sex)
   ___ Other (describe)________

12. Have you had sexual contact with a female within the past 3 months? YES  NO (if NO, skip to END)

13. What type of sexual contact have you had with a female within the past 3 months? (check all that apply)
   ___ Vaginal intercourse
   ___ Anal intercourse
   ___ Oral (received oral sex)
   ___ Oral (performed oral sex)
   ___ Other (describe)________
Physical Assessment

ID # __________________ Date ________________ Screener Initials ________________

Before you begin, be sure that the individual has not eaten or drank any beverage for at least an hour. Also, ensure that the individual has rid him/her self of wallets, watches, jewelry, or any other material that may skew results.

<table>
<thead>
<tr>
<th></th>
<th>TRIAL 1</th>
<th>TRIAL 2</th>
<th>TRIAL 3</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEIGHT (lbs.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEIGHT (in.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOOD PRESSURE (mmHg)*</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
</tbody>
</table>

* Normal Blood Pressure would be about 120/70. High Blood Pressure is when the diastolic number is above 80mmHg. Low Blood Pressure is when the diastolic number is below 60mmHg.

BODY MASS INDEX (BMI):

\[
BMI= \frac{703 \times \text{Weight (lbs.)}}{\text{Height}^2 \text{ (in.)}}
\]

BMI= 703 x \text{Weight (lbs.)} \div \text{Height}^2 \text{ (in.)}

<table>
<thead>
<tr>
<th></th>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>&lt;60 mmHg</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>120 mmHg</td>
<td>70 mmHg</td>
</tr>
<tr>
<td>High</td>
<td>&gt;80 mmHg</td>
<td></td>
</tr>
</tbody>
</table>