Stomach Cancer Study questionnaire

# SECTION A: ABOUT YOU

## In this first section, please tell us a few details about yourself

1)	Before you start, please fill in today's date.			
		Day	Month	Year
2)	What is your date of birth?	Day	Month	Year
3)	Were you <u>born</u> in New Zealand?	Yes	No Do	n't know
4)	If you were not born in New Zealand, please t when you came to New Zealand	ell us wh	at age yo	u were
5)	Which ethnic group do you belong to? <i>Tick the box or boxes which apply to you</i> New Zealand European	1	I	
	Māori	2		
	Samoan	3		
	Cook Island Māori	4		
	Tongan	5		
	Niuean	6	ĺ	
	Chinese	7		
	Indian	8		
	Other (please specify)	9		

# SECTION B: ABOUT YOUR CHILDHOOD

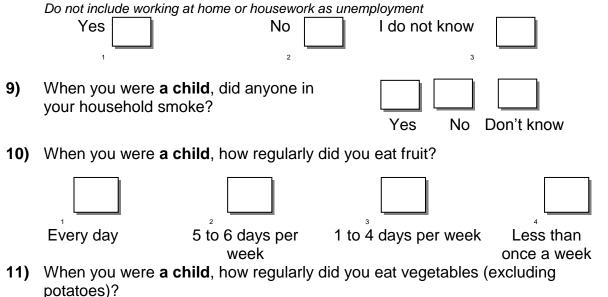
# We would like to get an idea of what your childhood was like. Please try to think back to what your life was like when you were <u>at primary school</u>. Do not worry if you cannot remember exactly.

Think about the house you lived in for the longest part of your childhood

- 6) How many rooms were there in that house? <u>Please exclude</u> the hall, landing, kitchen, laundry / washroom, bathroom(s) and toilet(s)
- 7) How many people lived in that house?

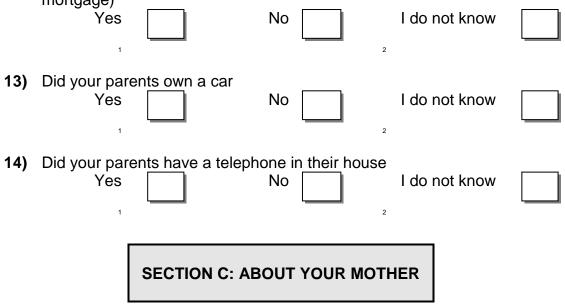
People
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8) When you were **a child**, was either parent unemployed for any period of time?



Every day 5 to 6 days per 1 to 4 days per week Less than once a week

**12)** Did your parents own or partly own their home (with or without a mortgage)



This section is about your mother. Please answer the questions in relation to your <u>biological mother</u>.

15) Do you know, or know of, your <u>biological</u> Yes No \_\_\_\_\_ No \_\_\_\_

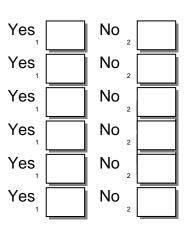
If No, go to Section D

If Yes,

16) What was your mother's date of birth?

Day Month Year If you only know the year, or month and year, please enter these

- **17)** Did (does) your **mother** suffer from any of the following conditions? *Please tick either "Yes" or "No" for each condition* 
  - i. Stomach cancer
  - ii. Breast Cancer
  - iii. Bowel / Colon Cancer
  - iv. Ovarian Cancer
  - v. Lung Cancer
  - vi. Other Cancer (please specify below)



**18)** Which other cancer did (does) she have?

.....

	SECTION D: ABOUT YOU	UR FATHER			
	This section is about your father. Please answer the questions in relation to your <u>biological f</u> ather.				
19)	Do you know, or know of, <b>your <u>biologic</u> father</b> ?	cal Yes No			
20)	<b>If Yes,</b> What was your <b>father's</b> date of birth?	If No, go to Section E			
	If you only know the year	Day Month Year			
21)	Did (does) your <b>father</b> suffer from any o <i>Please tick either "Yes" or "No" for</i> <u>each</u> conditio				
	i. Stomach cancer	Yes No 2			
	ii. Lung Cancer				
	iii. Bowel / Colon Cancer				
	iv. Prostate Cancer				
	v. Other Cancer (please specify below)				
22)	Which other cancer did (does) he have?	?			

.....

# SECTION E: ABOUT YOUR BROTHERS AND SISTERS

## In this section, we are interested in your brothers and sisters (siblings). In each of the following questions, please refer only to <u>full</u> siblings, i.e. those that have the same mother and father as you. Do not include half brothers or sisters, or adopted siblings.

- 23) How many **full brothers and sisters** do (did) you have? If none, please enter "0" and go to Section F. If any have died, please include them in this count. i) Brothers ii) Sisters 24) How many older full brothers and sisters do (did) vou have? If you are the oldest, answer "0" If you have one older brother/sister, answer "1" etc. If you are one of a twin, please do not count your twin as older i) Brothers ii) Sisters than you. If you have older twin brothers/sisters, please count them
- **25)** Have any of your full brothers or sisters been diagnosed with any of the following conditions?

Please enter "0" if none of your siblings have had a particular condition. If one sibling has had more than one condition, they may be counted more than once.

Condition	Number of Brothers with Condition	Number of Sisters with Condition
i. Stomach cancer		
ii. Lung Cancer		
iii. Breast Cancer		
iv. Prostate Cancer		N/A
v. Bowel / Colon Cancer		
vi. Other Cancer		

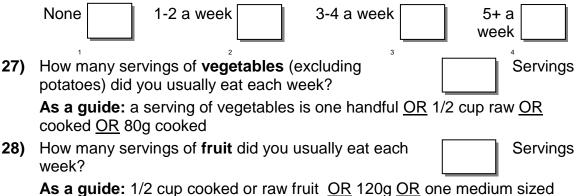
## Please complete each box, with "0" or other appropriate number

separately.

## **SECTION F: YOUR LIFE-STYLE**

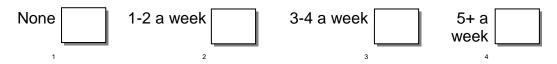
## *In this section, we are interested in your life and life-style Please answer the questions in reference to your life <u>one year ago</u>*

**26)** In an average week **last year**, <u>how many times a week</u> did you exercise long enough to work up a sweat or so your heart beats rapidly? *Please tick <u>one</u> box only* 



**As a guide:** 1/2 cup cooked or raw fruit <u>OR</u> 120g <u>OR</u> one medium sized apple, pear or orange etc <u>OR</u> two smaller fruits e.g. plums, kiwifruit, feijoas etc

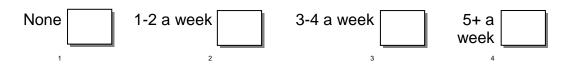
29) In an average week last year, <u>how many times a week</u> did you eat red meat? (e.g. beef, lamb. Include mince, meat in pies etc) Please tick <u>one</u> box only



**30)** In an average week **last year**, <u>how many times a week</u> did you eat **white** meat? (e.g. chicken, pork. Include mince, meat in pies etc) *Please tick <u>one</u> box only* 



31) In an average week last year, <u>how many times a week</u> did you eat fish? (Include shellfish) Please tick one box only



32) In an average week last year, how many times a week did you eat dried or salted food? (hams, bacon, salami) Please tick <u>one</u> box only

None 1-2 a week 3-4 a week 5+a week 2

Yes

Yes

Yes

1

No

No

Years

No

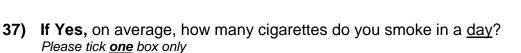
If No, go to Question 42

If No, go to Question 40

### SMOKING

- **33)** During your adult life, has anyone you live with <u>ever</u> smoked regularly?
- 34) Have you ever smoked, now or in the past?
- **35)** What **age** were you when you started smoking regularly?
- 36) Are you a current smoker?

#### **CURRENT SMOKERS ONLY**



Under 10 a	10 to 19 a	20 or more a
day 🖵	day L	day L

#### PAST SMOKERS ONLY

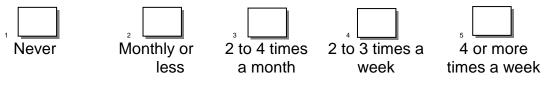
**38)** On average, how many cigarettes did you used to smoke in a <u>day</u>? *Please tick <u>one</u> box only* 

U	nder 10 a day	10 to 19 a day	20 or more a day ،	
39)	How old were you	u when you <u>STOPPED</u> sm	oking?	Years

# ALCOHOL

The following questions are about drinking alcohol. As a guide, a drink is: a can or small bottle of beer (a third of a pub jug) OR a small glass of wine OR a nip of spirits (a 'single' in a pub)

**40)** On average last year, how often did you have a drink containing alcohol? *Please tick <u>one</u> box only* 



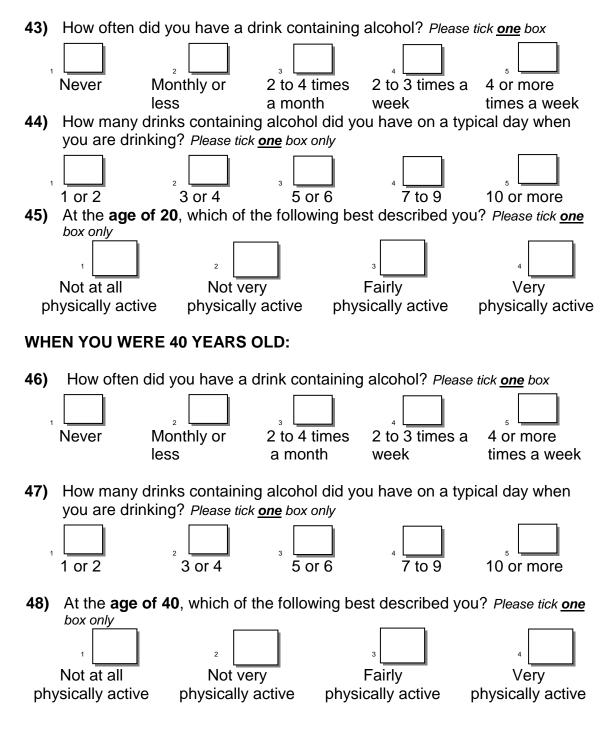
**41) On average last year,** how many drinks containing alcohol did you have on a typical day when you are drinking? *Please tick one box only* 



# SECTION G: YOUR EARLIER LIFE-STYLE

We are interested in your life-style when you were younger. Please answer the questions in reference to your life at ages 20 years and 40 years. If you are younger than 40, please leave these boxes blank.

## WHEN YOU WERE 20 YEARS OLD:



## **SECTION H: YOUR WORK**

**49)** Please complete the table below with regards to work that you have ever done. List **all** the jobs you have held in order from the first job you ever held. Please include paid and unpaid work *The first line is an example* 

	Who was your <b>employer</b> ? (Name and Location)	WHEN did you employer? FROM	u work for this	What was the <b>main activity</b> of the organisation?	What was your department?	What was your <b>job title?</b>
Example	J.B.Manufacturers, Hamilton	04/1975	08/1994	Manufacturing picture frame mouldings	Office	Administrator
1.						
2.						
3.						
4.						
5.						
6.						

Please use an additional sheet of paper if necessary.

	SECTION I: YOUR HEAL	тн	
50)	Do you have a health practitioner or service for example, a doctor or nurse or other service that you usually <b>first</b> go to see when you are feeling unwell or are injured?	Yes No	Don't know
	What sort of practitioner is this?		
	My Family Doctor or regular GP	1	
	The most convenient GP at the time	2	
	The Accident and Emergency at a public hospital The Accident and Emergency at a private	3	
	clinic Maori /Pacific health provider	4	
	Community-based health provider	6	
	Other please specify	7	
51)	What is your height in centimetres or feet/inch (One year ago)	es?	
52)	What is your weight in kilograms or stones/po (One year ago)	unds?	
DIAE	BETES		
53)	Have you ever been told by a doctor that you have diabetes or sugar in the blood?	Yes	
lf Ye	NS .	If <b>No</b> , go to	Question 59
54)	•	<u>ל?</u>	
55)	In what year did you begin regular treatment ( tablets or injections) for your diabetes?	with diet,	

56)	Are you on regular treatment with <u>insulin</u> for your diabetes?	Yes	No
57)	Are you on regular <u>tablets</u> for your diabetes?	Yes	
lf Ye	es,	If <b>No</b> , go to <b>Q</b>	uestion 59
58)	Please give the name of medication		
CAN	ICER		
59)	Have you ever been told by a doctor that you have cancer?	Yes	No
lf Ye 60)	e <b>s,</b> In what year was your cancer first diagnosed?	lf <b>No</b> , go to <b>Qı</b>	uestion 62
61)	What sort of cancer is it?		
Н ру	/lori		
	<b>/lori</b> Have you ever been treated for a stomach bug ( <i>H Pylori</i> ) that required antibiotics and anti-ulcer drugs? (e.g Losec)	Yes	No
	Have you ever been treated for a stomach bug ( <i>H Pylori</i> ) that required antibiotics and anti-ulcer drugs? (e.g Losec)		2
62)	Have you ever been treated for a stomach bug ( <i>H Pylori</i> ) that required antibiotics and anti-ulcer drugs? (e.g Losec)	1	2
62) If Ye 63)	Have you ever been treated for a stomach bug ( <i>H Pylori</i> ) that required antibiotics and anti-ulcer drugs? (e.g Losec)	1	2
62) If Ye 63) 64)	Have you ever been treated for a stomach bug ( <i>H Pylori</i> ) that required antibiotics and anti-ulcer drugs? (e.g Losec) es, In what year were you tested?	1	2
62) If Ye 63) 64)	Have you ever been treated for a stomach bug ( <i>H Pylori</i> ) that required antibiotics and anti-ulcer drugs? (e.g Losec) <b>es,</b> In what year were you tested? What treatment did you receive?	If <b>No</b> , go to <b>Qu</b>	2 Lestion 65
62) If Ye 63) 64) DYS	Have you ever been treated for a stomach bug ( <i>H Pylori</i> ) that required antibiotics and anti-ulcer drugs? (e.g Losec) <b>es,</b> In what year were you tested? What treatment did you receive? <b>FPESIA</b> Have you ever been told by a doctor that you have heartburn (a burning pain behind the breastbone)? (this is also known as dyspepsia)	If <b>No</b> , go to <b>Qu</b>	2 Lestion 65

## MEDICATION

•	•		
H2 blockers (reduce the amount of produced by the stomach e.g Tag Zantac, Pepcid)		Yes	No <sub>2</sub>
How long were you treated for:	From	То	
Proton pump inhibitors (reduce th of acid produced by the stomach Aciphex, Nexium, Prevacid, Prilos	e.g	Yes	No <sub>2</sub>
How long were you treated for:	From	То	

**67)** Have you ever been treated with the following medications:

#### NOTE THIS SECTION IS INCLUDED IN THE QUESTIONNAIRE FOR CASES ONLY

We realise that you have recently been diagnosed with cancer, and would like to know more about what treatment you have received. Please complete the following questions, which will be treated with utmost confidentiality.

**68)** How was your stomach cancer detected?.

Through symptoms	3	
Through GP	4	
Other please specify	5	

69) In relation to your stomach cancer, when did your first notice signs or symptoms? *Give month and year, eg 08/2001* 

Month	Year

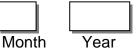
**70)** When did you visit your GP regarding symptoms? *Give month and year, eg* 08/2001

Nonth	Year

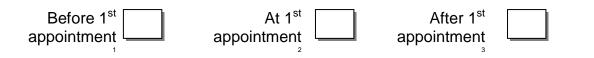
**71)** After visiting your GP how long did you have to wait before your first appointment with a hospital doctor/specialist?

1	2	3	4	5
Same or next	More than 2	More than 1	More than 2	More than 1
day	days – 1	week – 2	weeks – 1	month – 3
	week	weeks	month	months

**72)** When did you first see a hospital doctor/specialist? *Give month and year, eg* 08/2001



**73)** Were you told what was wrong with you during this first hospital/specialist appointment, or was it before or after this first hospital/specialist appointment?



74) If you were told after this appointment, then how long after? (If you were told at this appointment or before, please go to Question 75) 1 day – 2 More than 2 More than 1 weeks weeks – 1 month month – 3 months More than 3-More than 6 Not been told Months – 6 months months In relation to your stomach cancer care, has the 75) Yes No hospital or clinic changed any of your 2 appointments? If so, how many? 76) In relation to your stomach cancer care have Yes No you ever had to miss any appointments? 2 Specify circumstances: ..... 77) What treatment did you receive? Do not worry if you do not know i) Radiotherapy (X-rays) Yes No Don't know ii) Chemotherapy No Don't Yes know iii) Surgery Yes No Don't know 2 78) Where did you have your treatment?

#### We would like to get further information about your treatment.

**79)** Can we ask your doctor(s) for copies of your medical records relating to your stomach cancer?

Yes	No		
1		2	

Please note that if you answered NO to the above question, we will not approach your doctors.

Thank you <u>very much</u> for taking the time to complete this questionnaire. Your help assists us enormously in our research.

We will send you a copy of the study results when the research is completed.

Name:	
Address:	

We may wish to involve you in further studies in the future. Please indicate your preference below regarding this.

Yes, I am happy to be contacted for future research OR No, I do not want to be contacted for future research