I.D. # __ - __ - __ __ __ __ __ __

LIVER CANCER CASE AND HIGH RISK FOR LIVER CANCER CASE QUESTIONNAIRE

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TABLE OF CONTENTS

I.D. # __ - __ - __ __ __ __ __ __ __

IDENTIFIER SHEET

1. Interviewer's name: _____ 2. Interviewer's ID __ __

3. Hospital: _____

4. Date of interview: __ __ / __ __ / __ __ __ __

5. Start time: __ __:__ __ am/pm

6. Name _____ / _____ / _____
         First   Middle   Last

7. Date of birth __ __ / __ __ / __ __ __ __

8. Gender: (   ) Male (   ) Female

9. Address

   _____
   Street   Apt. No.

   _____ ___ ___ __ __ __ __ - __ __ __ __
   City   State   Zip Code

10. Telephone number   Home :(__ __ __) __ __ __ - __ __ __ __

                         Work: (__ __ __) __ __ __ - __ __ __ __ Ext. __ __ __ __

11. What is the name; address and telephone number of a person who can help us contact you in the future or your next of kin?

_____ _____
Name   Relationship to patient

_____ _____
Street   Apt. No.

_____ ___ ___ __ __ __ __ - __ __ __ __
City   State   Zip Code

Home telephone number (__ __ __) __ __ __ - __ __ __ __

DEMOGRAPHIC

Now I would like to ask you some general information about you.

1.   Do you consider yourself to be:
         ( )$_1$ White/Caucasian
         ( )$_2$ Black/African American
         ( )$_3$ Asian
         ( )$_4$ Native Hawaiian/Other Pacific Islander
         ( )$_5$ American Indian/Alaska Native

2.   Do you consider your self Hispanic/Latino or Non Hispanic/Latino?
         ( )$_1$ Hispanic/Latino   ( )$_2$ Non Hispanic/Latino

3.   Most people in the United States have ancestors who came from other parts of the world. Please tell me what country or countries your ancestors came from.

         _____

4.   What is your age? ____ ____

5.   How many cigarettes have you smoked in the last 48 hours? ___ ___ ___

TOBACCO HISTORY: GENERAL

Next, I would like to ask you some questions about any smoking history you may have.

1. Have you ever smoked more than 100 cigarettes, which is equivalent to five packs, in your life?   (   )$_0$ No **(Skip to next section)** (   )$_1$ Yes

2. *Please tell me about your smoking history. I will be asking you questions about any times you may have stopped or changed your patterns.* **Continue to add additional columns as needs on tablet computers.**

Period	1	2
a. In what year did you start smoking cigarettes or change your patterns?	__ __ __ __	__ __ __ __
b. What was the average number of cigarettes or packs per day you smoked during this time?	__ __ __ __ ( )$_1$cigarettes ( )$_2$ packs	__ __ __ __ ( )$_1$cigarettes ( )$_2$ packs
c. After starting, did you change your patterns or stop smoking for more than 6 months?	( )$_0$ No **(Skip to 3)** ( )$_1$ Stopped smoking ( )$_2$ changed pattern	( )$_0$ No **(Skip to 3)** ( )$_1$ Stopped smoking ( )$_2$ changed pattern
d. In what year did you stop smoking or change your patterns for more than six months?	__ __ __ __ If this is a change of pattern, skip to 2a	__ __ __ __ If this is a change of pattern, skip to 2a
e. Did you start smoking again?	( )$_0$ No **(Skip to 3)** ( )$_1$Yes **(Skip to 2a)**	( )$_0$ No **(Skip to 3)** ( )$_1$Yes **(Skip to 2a)**

If R stopped smoking more than 6 months ago, Skip to next section

3. Have you increased or decreased your amount of cigarette smoking in the last 6 months?   (   )$_0$ No **(Skip to next section)** (   )$_1$ Yes

	Period	1	2	3
4.	How long ago did you change your level of smoking?	__ __ ( )$_1$ weeks ( )$_2$ months	__ __ ( )$_1$ weeks ( )$_2$ months	__ __ ( )$_1$ weeks ( )$_2$ months
5a.	Since then, what is the average amount of cigarettes you smoked per day?	__ __ ( )$_1$ cigarettes ( )$_2$ packs	__ __ ( )$_1$ cigarettes ( )$_2$ packs	__ __ ( )$_1$ cigarettes ( )$_2$ packs
5b.	Did you change your level of smoking again?	( )$_0$ No ( )$_1$ Yes **(Skip to 4)**	( )$_0$ No ( )$_1$ Yes **(Skip to 4)**	( )$_0$ No ( )$_1$ Yes **(Skip to 4)**

TOBACCO HISTORY: GENERAL (   )$_1$ Very good (   )$_2$ Good   (   )$_3$ Fair   (   )$_4$ Poor

TOBACCO HISTORY (II)

1. Have you ever smoked at least one cigar a month for more than 6 months?

    ( )$_0$ No   ( )$_1$ Yes

2. Have you ever smoked a pipe on a daily basis for more than 6 months?

    ( )$_0$ No   ( )$_1$ Yes

TOBACCO HISTORY (II) ( )$_1$ Very good ( )$_2$ Good ( )$_3$ Fair   ( )$_4$ Poor

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ALCOHOL HISTORY

Now, I would like to ask you some questions about any alcoholic beverages you may drink on a regular basis.

1. In your entire life, have you ever consumed more than 12 alcoholic beverages per year, such as beer, wine, wine coolers or liquor?   (   )$_0$ No **(Skip to 3)**
(   )$_1$ Yes

2. Tell me about the types of alcohol and when you were drinking them. ***Continue to add additional columns as needed on tablet computer.***

Period	1	2	3
a. At what age did you first start to drink/when you next began to drink?	___ ___	___ ___	___ ___
b. How many cans, bottles or 12 oz of beer did/do you drink?	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.
c. How many 4 oz glasses of wine did/do you drink?	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.
d. How many 1 ½ oz. shots of liquor, by itself or in a drink did/do you drink?	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.	___ ___ ( )$_1$ Per day ( )$_2$ Per wk. ( )$_3$ Per mo. ( )$_4$ Per yr.
e. Have you ever stopped drinking or changed your patterns for more than 12 months?	( )$_0$ No **(Skip to 3)** ( )$_1$ Stopped ( )$_2$ Changed pattern	( )$_0$ No **(Skip to 3)** ( )$_1$ Stopped ( )$_2$ Changed pattern	( )$_0$ No **(Skip to 3)** ( )$_1$ Stopped ( )$_2$ Changed pattern
f. What age did you stop drinking or change your patterns for more than 12 months?	___ ___	___ ___	___ ___

3. Have you had any alcoholic beverages such as beer, wine or liquor in the last 7 days?

( )$_0$ No **(Skip to next section)** ( )$_1$ Yes

4. In the last seven days, how much did you drink of the following?:	Number:
a. Cans, bottles or 12 oz. glass of beer	__ __ __
b. 4 oz. glasses of wine	__ __ __
c. 1 ½ oz. shots of hard liquor or drinks containing a shot of hard liquor	__ __ __

ALCOHOL HISTORY ( )$_1$ Very good ( )$_2$ Good ( )$_3$ Fair ( )$_4$ Poor

MEDICAL HISTORY: GENERAL

Now I would like to ask you some questions about your medical history and your health.

1. Have you ever been diagnosed with cancer (prior to your current diagnosis- if cancer case)?

    ( )$_0$ No **(Skip to 3)**   ( )$_1$ Yes

2. What type of cancer(s)? _____ (cancer organ dictionary, add rows as needed)

3. What is your current weight?   ___ ___ ___ lbs

4. What was your weight 10 years ago? ___ ___ ___ lbs

5. What was your weight 2 years ago?   ___ ___ ___ lbs

6. How tall are you?   _____feet   ___ ___ inches

MEDICAL HISTORY: GENERAL   ( )$_1$ Very good   ( )$_2$ Good   ( )$_3$ Fair   ( )$_4$ Poor

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MEDICAL HISTORY (CIRCUMFERENCES)

1. Interviewer will ask: ***I would now like to measure your waist circumference.***

   Waist circumference (cm)

First	Second	Difference	Tolerance	Third
|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	2.0	|__|__|__|.|__|

2. Interviewer will ask: ***I would now like to measure your hip circumference.***

   Hip circumference (cm)

First	Second	Difference	Tolerance	Third
|__|__|__|.|__|	|__|__|__|.|__|	|__|__|__|.|__|	2.0	|__|__|__|.|__|

MEDICAL HISTORY: CIRCUMFERENCE ( )$_1$ Very good   ( )$_2$ Good   ( )$_3$ Fair ( )$_4$ Poor

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MEDICAL HISTORY (III)

1. Have you ever had a blood transfusion?
    ( )0 No **(Skip to 4)** ( )1 Yes   ( )8 Don't know

2. How many times have you had a blood transfusion in your life?
    ( )1 One time
    ( )2 2-4 times
    ( )3 5 times or more
    ( )8 Don't know

3. When was the last time you had a blood transfusion?
    Year ___ ___ ___ ___
        (calculate if he/she said how many years ago or age)
        Fill 8's for Don't know

4. Have you ever donated blood?
    ( )0 No **(Skip to 7)**   ( )1 Yes   ( )8 Don't know

5. How many times have you donated your blood?
    ( )1 One time
    ( )2 2-4 times
    ( )3 5 times or more
    ( )8 Don't know

6. When was the last time you donated your blood?
    Year ___ ___ ___ ___
        (calculate if he/she said how many years ago or age)
        Fill 8's for Don't know

7. Did any doctor ever tell you that you have diabetes (too high or too low sugar level)?
    ( )0 No **(Skip to next section)**
    ( )1 Yes
    ( )8 Don't know

8. Do you need any insulin for diabetes?
    ( )0 No
    ( )1 Yes
    ( )8 Don't know

MEDICAL HISTORY (III)   ( )1 Very good   ( )2 Good   ( )3 Fair   ( )4 Poor

FAMILY HISTORY: GENERAL

Now, I would like to learn about the members of your family.

1. Has anyone in your family that is related to you by blood, ever been told they have cancer, include children, parents, grandparents, brothers, sisters?

( )$_0$ No **(Skip to next section)** ( )$_1$ Yes

Add rows as needed

2. **Which relative?**	**First name**	**Where did the cancer start?** **DK = 888**
a. shortened dictionary □□		(DICTIONARY ADDED INTO TABLET COMPUTERS) □□□
b. shortened dictionary □□		(DICTIONARY ADDED INTO TABLET COMPUTERS) □□□

FAMILY HISTORY: GENERAL ( )$_1$ Very good ( )$_2$ Good ( )$_3$ Fair ( )$_4$ Poor

REPRODUCTIVE HISTORY (I) **(Females only, male skip to next section)**

This next set of questions may seem personal, but remember that your answers are very important to us.

1. Have you ever been pregnant?   ( )$_0$ No **(Skip to 7)**   ( )$_1$ Yes

2. How many times have you been pregnant? ___ ___

	1	2	3	4	5	6	7	8	9	10	11	12
3. **How old were when you became pregnant?** (Should be chronological)												
4. **What was the outcome of this pregnancy?** (Check one for each pregnancy)												
01 Single live birth												
02 Multiple live birth, any living												
03 Multiple birth, none living												
04 Stillbirth												
05 Miscarriage												
06 Induced Abortion												
07 Ectopic or tubal												
08 Currently pregnant												
09 Other (specify)_____ (Write in tablet computers- don't code)												
If R had no live births, Skip to 7												
	1	2	3	4	5	6	7	8	9	10	11	12
5. Did you breast feed any of these babies for at least two weeks or longer? ( )$_0$ No **(Skip to 7)** ( )$_1$ Yes												
6. For how many weeks did you breast feed these babies, until you stopped all together?												

7. At what age did you have your first menstrual period?   ___ ___

8. At what age did your menstrual periods become regular?   ___ ___
   (77 = period never became regular)

9. Has a doctor or other health professional ever told you that you had completed menopause or the change in life?   (   )$_0$ No   (   )$_1$ Yes

10.   Have you ever used hormonal medications just before, during or after menopause, such as pills, vaginal creams, shots, suppositories or skin patches?
                (   )$_0$ No **(Skip to next section)**   (   )$_1$ Yes

		At what age did you start to use them?	Total number of years used? 77= still using
a. Estrogen pills (Premarin, Estrace, Estratab, Ogen)	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
b. Progresterone pills (Progestins, Provera, Megace)	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
c. Estrogen and progesterone pills (Prempo)	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
d. Estrogen and testerone (Estratest)	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
e. Estrogen vaginal cream	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
f. Estrogen shots	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
g. Estrogen skin patches (Estraderm)	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
h. Estrogen patch and progesterone pills	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
i. Suppository	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___
j.Other (Write in tablet computers- don't code)_____	( )$_0$ No ( )$_1$ Yes	___ ___	___ ___

REPRODUCTIVE HISTORY (I)   (   )$_1$ Very good (   )$_2$ Good   (   )$_3$ Fair   (   )$_4$ Poor

GENERAL INFORMATION

1. Are you having any surgery in the near future?
    ( )$_0$ No (Skip to 4)   ( )$_1$ Yes

2. What kind of surgery are you having? _____ NNN.NN

3. When are you having this surgery? ___ ___ / ___ ___ /___ ___ ___ ___

4. May we contact you again later if we need to clarify any of the information you have provided.   ( )$_0$ No   ( )$_1$ Yes

5. Time ended: __ __ : __ ___   ( )$_1$ AM   ( )$_2$ PM

6. Interviewer's Signature: _____

First get specimen samples and then provide reimbursement of $25
▄ Blood Specimen Collected ▄ Urine Specimen Collected

INTERVIEWER REMARKS

1. Interview was conducted: ( )$_1$ Home
    ( )$_2$ Hospital - inpatient
    ( )$_3$ Hospital - outpatient
    ( )$_4$ One of the Study Offices
    ( )$_5$ Other

2. Respondent's cooperation was:
    ( )$_1$ Very good   ( )$_2$ Good ( )$_3$ Fair   ( )$_4$ Poor

3. The overall quality of the interview was:
    ( )$_1$ Very good   ( )$_2$ Good ( )$_3$ Fair   ( )$_4$ Poor

4. Did any of the following occur during the interview?
    a. R did not know enough information regarding the topics   ( )$_0$ No ( )$_1$ Yes
    b. R did not want to be more specific   ( )$_0$ No ( )$_1$ Yes
    c. R did not understand or speak English well   ( )$_0$ No ( )$_1$ Yes
    d. R was upset or depressed   ( )$_0$ No ( )$_1$ Yes
    e. R had poor hearing or speech   ( )$_0$ No ( )$_1$ Yes
    f. R was confused by frequent interruptions   ( )$_0$ No ( )$_1$ Yes
    g. R was emotionally unstable   ( )$_0$ No ( )$_1$ Yes
    h. Others helped with the answers   ( )$_0$ No ( )$_1$ Yes
    i. R required a lot of probing   ( )$_0$ No ( )$_1$ Yes
    j. Patient was reserved   ( )$_0$ No ( )$_1$ Yes
    k. R was physically ill   ( )$_0$ No ( )$_1$ Yes
    l. Other, specify _____   ( )$_0$ No ( )$_1$ Yes

5. Comments/Remarks:

    _____