

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.

	%		%
Chamorro (Guam)		Pohnpeian	
Chamorro (CNMI)		Pohnpeian (outer island)	
Carolinian (Caroline Islands)		Yapese	
Chuukese		Yapese (outer island)	
Chuukese (outer island)		Filipino	
Kosraean		Other (specify):	
Kosraean (outer island)			
Marshallese			
Palauan			

TOTAL % _____

Which **ONE** ethnic group that you most identify with? _____

What is your annual household income?

- | | |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> Between \$40,000 to \$50,000 |
| <input type="checkbox"/> Between \$10,000 to \$20,000 | <input type="checkbox"/> Between \$60,000 to \$70,000 |
| <input type="checkbox"/> Between \$20,000 to \$30,000 | <input type="checkbox"/> \$70,000 or more |
| <input type="checkbox"/> Between \$30,000 to \$40,000 | |

What is the highest education level you have completed?

- | | |
|--------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Elementary school (K-5) | <input type="checkbox"/> 4-year College Degree (bachelor's degree) |
| <input type="checkbox"/> Middle School (6-8) | <input type="checkbox"/> Some Graduate School |
| <input type="checkbox"/> High School (9-12) | <input type="checkbox"/> Graduate Degree (MS, PhD, MD, JD) |
| <input type="checkbox"/> Some college | |

Marital Status: Single Separated
 Married Widowed
 Divorced



PERSONAL MEDICAL HISTORY

U54 University of Guam/Cancer Research Center of Hawaii Partnership
PILOT PROJECT 4: "Oral Microbiome Project"

PERSONAL MEDICAL HISTORY

ID # _____

Date _____

Interviewer Initials _____

Has a medical doctor ever told you that you had/have... (Please circle answer)	If yes, what kind? (Please circle)	If yes, how old were you when you were first told you had...	Do/Did either of you parents have... (Please circle answer)
1. Diabetes? Yes No	Type 1 Type 2 Gestational	_____ years	Yes No If yes: Mom ____ Dad ____
2. Heart attack? Yes No		_____ years	Yes No If yes: Mom ____ Dad ____
3. Stroke? Yes No		_____ years	Yes No If yes: Mom ____ Dad ____
4. Hypertension? (High Blood Pressure) Yes No		_____ years	Yes No If yes: Mom ____ Dad ____



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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]**



- 7 Don't know/Not sure **[Go to 20]**
- 9 Refused **[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 **[Go to 23]**
- 7 Don't know/Not sure **[Go to 23]**
- 9 Refused **[Go to 23]**

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

- 7 Don't know/Not sure
- 9 Refused

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/herself of wallets, watches, jewelry, or any other material that may skew results.

	TRIAL 1	TRIAL 2	TRIAL 3	AVERAGE
WEIGHT (lbs.)				
HEIGHT (in.)				
BLOOD PRESSURE (mmHg)*	____/____	____/____	____/____	____/____
* 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):

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

$$BMI = 703 \times \left(\frac{\quad}{\quad} \right) =$$

Under Weight	<18.5
Normal Weight	18.5-24.9
Over Weight	25-29.9
Obesity	30<

BLOOD PRESSURE:

	Systolic	Diastolic
Low		<60 mmHg
Normal	120 mmHg	70 mmHg
High		>80 mmHg