

C) Questions on personal habits:	
<p>1-Do you smoke cigarettes? 1- Yes, regularly 2- No (go to question 3) 3- Yes, irregularly (go to question 3)</p>	<input type="checkbox"/>
<p>2-On the average , how many cigarettes do you smoke per day ? 1) 1-5 2) 6-10 3) 11-15 4) 16-20 5) >20 6) insufficient data Then go to question 5</p>	<input type="checkbox"/>
<p>3- Have you ever smoked cigarettes in the past? 1- Yes, regularly 2- No (go to question 6) 3- Yes, irregularly (go to question 6)</p>	<input type="checkbox"/>
<p>4- How many years have you stopped smoking? (99- Don't know)</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>5- How old were you when you first started to smoke regularly? (99- Don't know)</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>6- Do you smoke pipe now? 1- Yes, regularly 2- No (go to question 9) 3- Yes, irregularly</p>	<input type="checkbox"/>
<p>7- How many days does a pack of pipe tobacco last? (99- Don't know)</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

C) Questions on personal habits:	
<p>8- How old were you when you first started to smoke pipe? (99- Don't know)</p>	<input type="text"/> <input type="text"/>
<p>9- Have you ever smoked a pipe in the past? 1- Yes, regularly 2- No 3- Yes, irregularly</p>	<input type="checkbox"/>
<p>10- Do you smoke hookah (ghalian) ? 1- Yes, regularly 2- No (go to question 13) 3- Yes, irregularly</p>	<input type="checkbox"/>
<p>11- How many days does a pack of tobacco last for hookah (ghalian) ? (99- Don't know)</p>	<input type="text"/> <input type="text"/>
<p>12- How old were you when you first started to smoke hookah (ghalian) ? (99- Don't know) Then go to question 14.</p>	<input type="text"/> <input type="text"/>
<p>13- Have you ever smoked hookah (ghalian) in the past? 1- Yes, regularly 2- No 3- Yes, irregularly</p>	<input type="checkbox"/>
The following questions are asked from all age groups:	
<p>14- Is there any cigarette smoker in your house that you inhale his/ her tobacco smoke? 1- Yes 2- No</p>	<input type="checkbox"/>

E) The following questions are asked from women only:

<p>1-Do you have normal menstrual cycles? (for cases>10years of age) 1-Yes, naturally without taking control pills(go to question 5) 2- No (go to question 13) 3- Prepubertal age (go to physical exam section) 4- Yes, but with hormone replacement pills</p>	<input type="checkbox"/>
<p>2-Are you currently taking any hormone replacement medication? 1- Estrogen 2- Progesterone 3-Both 4-None</p>	<input type="checkbox"/>
<p>3- For how long has your menstrual cycles stopped? (Cases >15 years of ages) (Month and year)</p>	<p><i>Year</i> <input type="text"/> <input type="text"/></p> <p><i>Month</i> <input type="text"/> <input type="text"/></p>
<p>4- What is the reason of your menstrual cycles stopping? 1- Natural menopause 2- Early-onset menopause 3- Hysterectomy without oophorectomy or unilateral oophorectomy 4- Hysterectomy + bilateral oophorectomy 5- Bilateral oophorectomy without hysterectomy 6- Other 7- Don't know</p>	<input type="checkbox"/>

E) The following questions are for married women only:

<p>5- Which contraception method have you used during the last three months? 1-LD contraceptive 2-HD contraceptive 3-Minipill 4- Triphasic pill</p>	<input type="checkbox"/>
<p>6- Are you pregnant now? 1-Yes 2-No 3-Don't know</p>	<input type="checkbox"/>
<p>7- Have you ever been pregnant? 1- Yes 2-No (go to physical exam section)</p>	<input type="checkbox"/>
<p>8- How many live born children have you had?</p>	<input type="text"/> <input type="text"/>
<p>9- Have you given birth to a baby in the past one year? 1- Yes 2-No</p>	<input type="checkbox"/>
<p>10- Have you ever had any abortion? 1- Yes 2- No (go to question 14)</p>	<input type="checkbox"/>
<p>11- How many abortions have you had?</p>	<input type="checkbox"/>
<p>12- Do you have any history of stillbirth? 1- Yes 2- No (go to question 14)</p>	<input type="checkbox"/>

F) The following questions are for married women only:

13- How many stillbirths have you ever experienced?	<input type="text"/>
14- Has a doctor ever told you that you had hypertension or convulsion during any of your pregnancies? 1- Yes 2- No 3- Unknown	<input type="checkbox"/>
15- Has a doctor ever told you that you had high blood glucose or gestational diabetes during any of your pregnancies? 1-Yes 2- No 3- Unknown	<input type="checkbox"/>
16- Have you ever had a baby that weighed 4.5 Kg or more? 1-Yes 2- No 3- Unknown	<input type="checkbox"/>
17- Are you breast-feeding now? 1-Yes 2- No 3- Unknown	<input type="checkbox"/>

G) Physical Examination Summery:

12-Anthropometry

- 1- Height (cm)
- 2- Weight (kg)
- 3- Waist circumference (cm)
- 4- Hip circumference (cm)
- 5- Wrist circumference (cm with one decimal digit)
