Participant ID: _____ COLORECTAL CASE / BREAST CASE / CONTROL (CIRCLE ONE)
Recruitment site: _____ MALE / FEMALE (CIRCLE ONE)
Interviewer ID: _____ Date questionnaire administered: _____
Phone Number_____ Hospital Number _____
Name _____

All INFORMATION IS STRICTLY CONFIDENTIAL AND IS TO BE USED FOR RESEARCH PURPOSES ONLY.
PLEASE NOTE IN COVER SHEET REASON FOR NON-RESPONSE TO ANY QUESTIONS.
PLEASE ENTER ALL WRITTEN TEXT USING ONLY CAPITAL LETTERS.
PLEASE ENTER ALL NUMBERS AS VALUES ONLY WITH NO SYMBOLS OR PUNCTUATION.

Demographic History

1. What is your date of birth (DAY/MONTH/YEAR)? _____/_____/_____

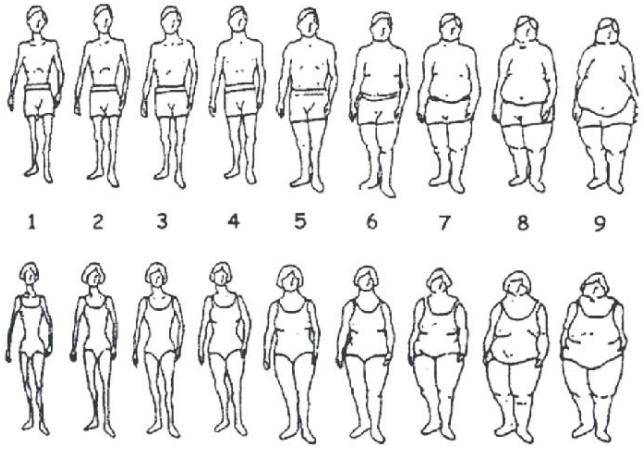
2. (*FOR CASES ONLY*) When did you last feel well (i.e., mostly unaffected by pain/discomfort)? _____ (months ago)

3. (*FOR CASES ADD:* When you were well) what is/was your usual weight? (*Measure to nearest kg)* _____ (kg)

4. Has your weight changed (+/- 5 kg) in the past 2 years? ☐ No ☐ Increased 5+ kg ☐ Decreased 5+ kg

4a. (*IF PARTICIPANT CANNOT RECALL ABOVE QUESTION ACCURATELY*) How has your weight changed in the past 2 years?
☐ No change/very little ☐ Decreased moderately ☐ Decreased significantly ☐ Increased moderately ☐ Increased significantly

5. Which diagram best depicts your outline at each age?



	Indicate diagram (1 to 9)
Age 10 years	
Age 20 years	
Age 30 years (*if applicable*)	
Age 40 years (*if applicable*)	
Age 50 years (*if applicable*)	
Current	

6. What is your height? (*Measure to nearest cm)* _____ (cm)

7. What is your current marital status? ☐ Single ☐ Widowed ☐ Married ☐ Divorced

8. Has anyone in your immediate family (e.g., parents, siblings, children) completed secondary school or above? ☐ Yes ☐ No

9. What is the highest educational level you have completed?

☐ No formal education ☐ Primary ☐ Secondary ☐ Vocational/technical ☐ University ☐ Graduate school

10. What is/was your occupation at the following 2 time periods?

	Unemployed	Pensioner	Civil Servant	Trader	Farmer	Driver	Self Employed	Retired	Student	Other _____
Current										
Less than 2 years ago										
More than 2 years ago										

11. What is your current religion? ☐ Christian ☐ Muslim ☐ Traditional ☐ Other_____ (specify)

12. What is your current address? House Number _____ Street/Suburb Name _____ Town _____

LGA/District _____ Landmark _____ Village Name _____

12a. (*FOR STUDY PERSONNEL ONLY*) Does the participant live in a rural or urban geographic area? ☐ Rural ☐ Urban

12b. (*FOR LAGOS STUDY PERSONNEL ONLY*) Does the participant live in a high, medium, or low socioeconomic geographic area?

☐ High ☐ Medium ☐ Low

13. What tribe do you belong to? ☐ Yoruba ☐ Ibo ☐ Hausa ☐ Other_____ (specify)

14. Including yourself, how many people live in your household? _____

15. Including you, what was your household's AVERAGE MONTHLY combined income (including all sources) over the last year?

_____(Naira) ☐ Refused/Don't Know

↓ If refused/don't know

15a. Was your household's AVERAGE MONTHLY combined income last year less than 21000 Naira? ☐ Yes ☐ No

15b. Was your household's AVERAGE MONTHLY combined income last year less than 34000 Naira? ☐ Yes ☐ No

16. What was your personal AVERAGE MONTHLY income (including all sources) over the last year?

_____(Naira) ☐ Refused/Don't Know

↓ If refused/don't know

16a. Was your personal AVERAGE MONTHLY income last year less than 21000 Naira? ☐ Yes ☐ No

16b. Was your personal AVERAGE MONTHLY income last year less than 34000 Naira? ☐ Yes ☐ No

17. What type of toilet do you have at home? ☐ Water system (flushable) ☐ Pit latrine with vent pipe ☐ Unventilated pit latrine ☐ Bush ☐ Bucket ☐ Composting toilet ☐ Other_____

18. Is your toilet shared with another household? ☐ Yes ☐ No

19. What is the source of your water supply? ☐ Pipe borne ☐ Public tap ☐ Borehole or pump ☐ Dug well ☐ River/spring ☐ Rain harvested water ☐ Other_____

20. Is your source of water located within your compound?

☐ Yes ☐ No

↓ If no

20a. Is your water source more than 30 minutes away by foot (*to and from*)? ☐ Yes ☐ No

21. Does the construction of your source of water protect the water from outside contamination? ☐ Yes ☐ No ☐ Don't Know

22. What type of floor do you have in your home?

☐ Cement ☐ Tile ☐ Wood ☐ Dirt/clay/earth ☐ Sand ☐ Dung ☐ Other_____

23. Which of these do you have in your home? (Select as many as may apply.)

☐ Electricity (Connected to the community power grid) ☐ Television ☐ Radio ☐ Refrigerator ☐ Telephone ☐ Air conditioner ☐ Generating set ☐ Personal computer ☐ Electric fan ☐ Cable (DSTV, etc.)

24. What is your primary cooking source? (Select only one.) ☐ Electric cooker ☐ Gas cooker ☐ Kerosene stove ☐ Charcoal or coal ☐ Wood ☐ Dung ☐ Other_____

25. Do you own any of the following? (Select as many as may apply.)

☐ Personal car or truck ☐ Bicycle ☐ Motorcycle ☐ Other automobiles_____

26. Do you have National Health Insurance (NHIS)?

☐ Yes ☐ No (go to question 27)

↓ If yes

26a. When did you last use this insurance? ☐ In the last 2 years ☐ More than 2 years ago

26b. Including yourself, how many members of your household are covered by insurance? _____

27. If no insurance, what are your reasons for not having insurance? (Select as many as may apply.)

☐ Too Expensive ☐ Doesn't cover my medical needs/costs ☐ Too difficult to access ☐ Unaware of the NHIS ☐ Other _____

28. Did you have any major medical costs in the last 2 years (regardless of insurance status)?

☐ Yes ☐ No

↓ If yes

28a. Please specify what for _____and estimated cost _____(Naira)

Past Medical History

29. Have you ever been TOLD BY A DOCTOR/HEALER you have any of the following conditions?

				Year of diagnosis (If newly diagnosed multiple times, select all that apply)			Currently being treated?	
	Yes	**No**	**If Yes →**	**Before 2008**	**2008-2013**	**After 2013**	**Yes**	**No**
Tuberculosis (TB)	☐	☐					☐	☐
Malaria	☐	☐					☐	☐
HIV	☐	☐					☐	☐
Hepatitis B (HBV)	☐	☐					☐	☐
Hepatitis C (HCV)	☐	☐					☐	☐
Amoebic infection	☐	☐					☐	☐
Schistosomiasis	☐	☐					☐	☐
Giardia	☐	☐					☐	☐
Other parasitic infection _____(specify)	☐	☐					☐	☐
Chronic Obstructive Pulmonary Disease (COPD)	☐	☐					☐	☐
Sickle Cell Disease (SCD)	☐	☐					☐	☐
Peptic Ulcer Disease	☐	☐					☐	☐
Diabetes	☐	☐					☐	☐
Hypertension (high blood pressure)	☐	☐					☐	☐
Myocardial infarction (heart attack)	☐	☐					☐	☐
High cholesterol	☐	☐					☐	☐
Stroke or mini-stroke	☐	☐					☐	☐
Asthma	☐	☐					☐	☐
Epilepsy	☐	☐					☐	☐
Cancer _____(specify)	☐	☐					☐	☐

30. (*FOR CASES ADD:* Prior to your visit/s for your cancer diagnosis) when was the last time you received care in a hospital?
☐ Less than 1 year ago ☐ 1-4 years ago ☐ 5-10 years ago ☐ More than 10 years ago

31. Have you ever seen a traditional healer?
☐ Yes ☐ No (go to question 32)
↓ If yes
☐ Saw <2 YEARS AGO
☐ Saw 2+ YEARS AGO
↓
31a. Did you receive any treatment? ☐ Yes_____(specify) ☐ No

32. Do you use traditional remedies at home?

☐ Yes _____(specify) ☐ No (go to question 33)
↓ If yes
☐ Used <2 YEARS AGO
☐ Used 2+ YEARS AGO

Screening History

33. Have you ever had colorectal cancer screening? (e.g., Colonoscopy/sigmoidoscopy, stool test)
Colonoscopy/sigmoidoscopy: internal view of intestines/colon via inserted camera

☐ Yes ☐ No (go to question 34) ☐ Never heard of this (go to question 34)
↓ If yes (Select all that apply.)
☐ Colonoscopy/sigmoidoscopy <10 YEARS AGO
☐ Colonoscopy/sigmoidoscopy 10+ YEARS AGO
☐ Stool test <2 YEARS AGO
☐ Stool test 2+ YEARS AGO
↓
33a. Did you receive any treatment?
☐ Yes _____(specify) ☐ No

34. (*FOR WOMEN ONLY*)
Have you ever had cervical cancer screening? (e.g. Pap smear, HPV testing)
collecting cells from cervix to test for cancer

☐ Yes ☐ No (go to question 35) ☐ Never heard of this (go to question 35)
↓ If yes
☐ cervical cancer screening <3 YEARS AGO
☐ cervical cancer screening 3+ YEARS AGO
↓
34a. Did you receive any treatment?
☐ Yes _____(specify) ☐ No

35. (*FOR WOMEN ONLY*)
Have you ever had breast cancer screening? (e.g. Mammogram)
x-ray of breasts

☐ Yes ☐ No (go to question 36) ☐ Never heard of this (go to question 36)
↓ If yes
☐ Mammogram <2 YEARS AGO
☐ Mammogram 2+ YEARS AGO
↓
35a. Did you receive any treatment?
☐ Yes _____(specify) ☐ No

Family History

36. Have any of these relatives had the following cancers? (Select as many as may apply.)
☐ No family history of cancer (go to question 37)

	Mother	Father	Brother	Sister
Lung				
Breast				
Colon or rectal				
Prostate				
Cervical				
Uterine (endometrial)				
Ovarian				
Pancreas				
Other/unknown_____ (specify)				

37. Have any of these relatives had the following conditions? (Select as many as may apply.)
☐ No family history of the below conditions (go to question 38)

	Mother	Father	Brother	Sister
Diabetes				
Hypertension (high blood pressure)				
Myocardial infarction (heart attack)				
High cholesterol				
Stroke or mini-stroke				

Smoking & Alcohol History

38. Have you smoked 5 packs of cigarettes (100) or more in your lifetime?

☐ Yes, smoked in past, but quit ☐ Yes, currently smoke ☐ No (go to question 39)

↓ If smoked in past

☐ Quit <2 YEARS AGO

☐ Quit 2+ YEARS AGO

↓

If currently smoke

↓

38a. At each age: Average number of cigarettes per day							
	None	**1-4**	**5-14**	**15-24**	**25-35**	**36-44**	**45+**
Current							
<2 years ago							
Age < 15 years							
Age 15-19 years							
Age 20-29 years (*if applicable*)							
Age 30-39 years (*if applicable*)							
Age 40-49 years (*if applicable*)							
Age 50-59 years (*if applicable*)							
Age 60 to the present (*if applicable)*							

39. Have you ever smoked any substance other than cigarettes? ☐ Yes_____(specify) ☐ No

40. Have you had 10 or more drinks of alcohol in your lifetime?

A drink = bottle/can of beer or, glass of wine, or shot of liquor

☐ Yes, drank in past, but quit ☐ Yes, currently drink alcohol ☐ No (go to question 41)

↓ If drank in past

☐ Quit <2 YEARS AGO

☐ Quit 2+ YEARS AGO

↓

If currently drink

↓

40a. At each time period: Usual number of drinks (e.g., total number of bottles/cans of beer, glasses of wine, shots of liquor)							
	None or less than 1 per month	**1-3 per month**	**1 per week**	**2-4 per week**	**5-6 per week**	**7-13 per week**	**14+ per week**
Current							
<2 years ago							
2+ years ago							

Medication History

FOR CASES: replace "*in the last one year*" with "*when you were well*" for <u>all questions</u> in medication history section

41. Have you taken any of the following medications?

					Frequency **in the last one year** (**FOR CASES USE*: *when you were well*)					
	Ever taken	**IF yes →**	**Taken in the last one year* (**FOR CASES USE: When you were well**)?**	**IF Yes →**	**1 day a month or less**	**2-3 days a month**	**One day a week**	**2-3 days a week**	**4-5 days a week**	**6+ days a week**
Acetaminophen (e.g., Panadol, Paracetamol, Tylenol)	☐ Yes ☐ No		☐ Yes ☐ No							
Aspirin (e.g., Anacin, Bufferin, Alka-Seltzer)	☐ Yes ☐ No		☐ Yes ☐ No							
Other anti-inflammatory (e.g., Ibuprofen, Diclofenac, Indocin, Naprosyn, Advil)	☐ Yes ☐ No		☐ Yes ☐ No							
Anti-high blood pressure	☐ Yes ☐ No		☐ Yes ☐ No							
Anti-diabetic (e.g., Metformin)	☐ Yes ☐ No		☐ Yes ☐ No							
Anti-high cholesterol	☐ Yes ☐ No		☐ Yes ☐ No							
Multivitamin	☐ Yes ☐ No		☐ Yes ☐ No							
Folate only/vitamin B9 supplement	☐ Yes ☐ No		☐ Yes ☐ No							
Calcium only supplement	☐ Yes ☐ No		☐ Yes ☐ No							
Vitamin D only supplement	☐ Yes ☐ No		☐ Yes ☐ No							
Steroid	☐ Yes ☐ No		☐ Yes ☐ No							
Herbal supplements	☐ Yes ☐ No		☐ Yes ☐ No							

42. Have you EVER taken an antibiotic?
☐ Yes ☐ No (go to question 44)
↓ If yes
42b. Have you taken **any** antibiotic **within the last 6 weeks**?
☐ Yes, currently taking ☐ Yes, but stopped ☐ No

43. At each period of your life: Indicate the TOTAL amount of time you used **any** antibiotics:

	Number of episodes	**Types of antibiotics**	**Tablet per dose**	**Frequency per day**	**Number of days**
In the last one year* (****FOR CASES USE**: When you were well****)**		☐ Ciprofloxacin			
		☐ Flagyl (metronidazole)			
		☐ Erythromycin			
		☐ Ampiclox (ampicillin cloxacillin)			
		☐ Amoxil (amoxicillin)			
		☐ Other_____ (specify)			
2-3 years ago		☐ Ciprofloxacin			
		☐ Flagyl (metronidazole)			
		☐ Erythromycin			
		☐ Ampiclox (ampicillin cloxacillin)			
		☐ Amoxil (amoxicillin)			
		☐ Other_____ (specify)			
Other period #1 with significant antibiotic use (e.g., childhood, teenage years, 20s, 30s, etc.). Please specify_____ (*NOTE TO INTERVIEWER: Inquire about use that involved long-term intake or high doses*)		☐ Ciprofloxacin			
		☐ Flagyl (metronidazole)			
		☐ Erythromycin			
		☐ Ampiclox (ampicillin cloxacillin)			
		☐ Amoxil (amoxicillin)			
		☐ Other_____ (specify)			
Other period #2 with significant antibiotic use (e.g., childhood, teenage years, 20s, 30s, etc.). Please specify_____		☐ Ciprofloxacin			
		☐ Flagyl (metronidazole)			
		☐ Erythromycin			
		☐ Ampiclox (ampicillin cloxacillin)			
		☐ Amoxil (amoxicillin)			
		☐ Other_____ (specify)			

44. Have you EVER taken an antiparasitic/anthelmintic medication?
☐ Yes ☐ No (go to question 46)
↓ If yes
44a. Have you taken **any** antiparasitic/anthelmintic antibiotic **within the last 6 weeks**?
☐ Yes, currently taking ☐ Yes, but stopped ☐ No

45. At each period of your life: Indicate the TOTAL amount of time you used **any** antiparasitics/anthelmintics:

	Number of episodes	**Types of antiparasitics/anthelmintics**	**Tablet per dose**	**Frequency per day**	**Number of days**
In the last one year* (****FOR CASES USE**: When you were well****)**		☐ Zentel (Albendazole)			
		☐ Ivermectin			
		☐ Combatrin			
		☐ Ketrax			
		☐ Other_____ (specify)			
2-3 years ago		☐ Zentel (Albendazole)			
		☐ Ivermectin			
		☐ Combatrin			
		☐ Ketrax			
		☐ Other_____ (specify)			
Other period #1 with significant antiparasitic/anthelmintic use (e.g., childhood, teenage years, 20s, 30s, etc.). Please specify_____ (*NOTE TO INTERVIEWER: Inquire about use that involved long-term intake or high doses*)		☐ Zentel (Albendazole)			
		☐ Ivermectin			
		☐ Combatrin			
		☐ Ketrax			
		☐ Other_____ (specify)			
Other period #2 with significant antiparasitic/anthelmintic use (e.g., childhood, teenage years, 20s, 30s, etc.). Please specify_____		☐ Zentel (Albendazole)			
		☐ Ivermectin			
		☐ Combatrin			
		☐ Ketrax			
		☐ Other_____ (specify)			

46. Have you EVER taken an antimalarial medication?
☐ Yes ☐ No (go to question 48)
↓ If yes
46a. Have you taken **any** antimalarial **within the last 6 weeks**?
☐ Yes, currently taking ☐ Yes, but stopped ☐ No

47. At each period of your life: Indicate the TOTAL amount of time you used **any** antimalarial:

	Number of episodes	**Types of antimalarials**	**Tablet per dose**	**Frequency per day**	**Number of days**
In the last one year* (****FOR CASES USE**: *When you were well**)*		☐ Artemether/lumefantrine (e.g., Coartem, Lonart, Artefan)			
		☐ Arteether (e.g., E Mal)			
		☐ Artesunate/mefloquine/amodiaquine (e.g., Artequin)			
		☐ Pyrimethamine/sulfadoxine (e.g., Fansidar, Amalar)			
		☐ Chloroquine (e.g., Aralen)			
		☐ Quinine			
		☐ Other_____ (specify)			
2-3 years ago		☐ Artemether/lumefantrine (e.g., Coartem, Lonart, Artefan)			
		☐ Arteether (e.g., E Mal)			
		☐ Artesunate/mefloquine/amodiaquine (e.g., Artequin)			
		☐ Pyrimethamine/sulfadoxine (e.g., Fansidar, Amalar)			
		☐ Chloroquine (e.g., Aralen)			
		☐ Quinine			
		☐ Other_____ (specify)			
Other period #1 with significant antibiotic use (e.g., childhood, teenage years, 20s, 30s, etc.). Please specify_____ (*NOTE TO INTERVIEWER: Inquire about use that involved long-term intake or high doses*)		☐ Artemether/lumefantrine (e.g., Coartem, Lonart, Artefan)			
		☐ Arteether (e.g., E Mal)			
		☐ Artesunate/mefloquine/amodiaquine (e.g., Artequin)			
		☐ Pyrimethamine/sulfadoxine (e.g., Fansidar, Amalar)			
		☐ Chloroquine (e.g., Aralen)			
		☐ Quinine			
		☐ Other_____ (specify)			
Other period #2 with significant antibiotic use (e.g., childhood, teenage years, 20s, 30s, etc.). Please specify_____		☐ Artemether/lumefantrine (e.g., Coartem, Lonart, Artefan)			
		☐ Arteether (e.g., E Mal)			
		☐ Artesunate/mefloquine/amodiaquine (e.g., Artequin)			
		☐ Pyrimethamine/sulfadoxine (e.g., Fansidar, Amalar)			
		☐ Chloroquine (e.g., Aralen)			
		☐ Quinine			
		☐ Other_____ (specify)			

Reproductive History (*THE FOLLOWING SECTION IS FOR WOMEN PARTICIPANTS ONLY; FOR MEN GO TO QUESTION 54)*

48. Age (years) your menstrual periods began?_____ (years)* **If Refused/Don't Know, enter 999*

49. Have your menstrual periods stopped permanently?
☐ Yes ☐ No ☐ Not sure ☐ Refused/Don't Know
↓ If yes
49a. Age period stopped _____ (years)* **If Refused/Don't Know, enter 999*

50. Have you ever been pregnant? (Do not include current pregnancy or those ending after January 1, 2017.)

☐ Yes ☐ No ☐ Not sure ☐ Refused/Don't Know
↓ If yes
50a. Age at first pregnancy _____ (years)* **If Refused/Don't Know, enter 999*

50b. Age at birth of first child _____ (years)* **If Refused/Don't Know, enter 999*

50c. Age at birth of last child _____ (years)* **If Refused/Don't Know, enter 999*

50d. Number of live births _____* **If Refused/Don't Know, enter 999*

50e. Number of incomplete pregnancies _____* **If Refused/Don't Know, enter 999*

50f. Average breastfeeding duration (months) ☐ 0 ☐ 1-6 ☐ 7-12 ☐ 13-18 ☐ 19-24 ☐ 24-36 ☐ 36+

50g. Average time between births (years) ☐ <1 ☐ 1-2 ☐ 3-4 ☐ 4-7 ☐ 8+ years

50h. In what way/ways was your child/children delivered? (Select all that apply.) ☐ Vaginal birth ☐ C-section

51. Have you EVER used replacement sex hormones (e.g., estrogen, progesterone)?
☐ Yes, used in past, but stopped ☐ Yes, currently use ☐ No (go to question 52) ☐ Refused/Don't Know (go to question 52)
↓ if used in past
☐ Stopped <2 YEARS AGO
☐ Stopped 2+ YEARS AGO
↓
If currently use
51a. For how long did you use these hormones (years)? ☐ <1 ☐ 1 ☐ 2 ☐ 3-4 ☐ 5-7 ☐ 8+
51b. Type of hormone used most recently? ☐ Oral ☐ Patch ☐ Vaginal ☐ Other_____
51c. Hormone use pattern ☐ Continuous ☐ <2 weeks/month

52. Have you EVER used oral contraceptives (OC's) for any reason (contraception, acne, menstrual irregularity, etc.)?
☐ Yes, used in past, but stopped ☐ Yes, currently use ☐ No (go to question 54) ☐ Refused/Don't Know (go to question 54)
↓
☐ Stopped <2 YEARS AGO
☐ Stopped 2+ YEARS AGO

53. *(FOR CASES ADD:* When you were well) What forms of contraception have you used? (Select as many as may apply.)
☐ None ☐ Oral contraceptive ☐ Sponge ☐ Diaphragm/cervical cap ☐ Tubal ligation (tubes tied) ☐ Foam or jelly
☐ Intrauterine device ☐ Condom ☐ Vasectomy ☐ Implant ☐ Injection ☐ Other_____ ☐ Refused/Don't Know

Nutrition History

54. *(FOR CASES ADD:* When you were well) How often did/do you eat meals at a restaurant and/or buka *in the last year*?
☐ Never ☐ less than once a month ☐ 1-3 times a month ☐ 1 time a week
☐ 2-4 times a week ☐ 5-6 times a week ☐ 1 time a day ☐ 2 or more times a day

55. *(FOR CASES ADD:* When you were well) Kindly recall your food habits *during the last year* when filling this portion. (Select as many as may apply.) **See photographic guide for specific foods and medium portion size. *S=Small, M=Medium, L=Large***

Beverages and Other Drinks (Page 2 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Soft drinks e.g coca cola	35cl											
Natural fruit juice	35cl											
Juice blends e.g 5 alive	35cl											
Milk and milk products e.g yoghurt	½ litre											
Kunu, sobo	½ litre											
Coffee	35cl											
Tea	35cl											
Water	50 cl											
Other _____	_____											

Meats, Fish, Chicken, and Eggs (Pages 1 and 3 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Fried beef/veal/pork/lamb/goat	1 cut											
Fried fish	1 cut											
Fried chicken	1 cut											
Fried egg	1 egg											
Boiled beef/veal/ pork/lamb/goat	1 cut											
Boiled fish/chicken/egg	1 cut/ 1 egg											
Smoked beef/veal/pork/lamb/goat	1 cut											
Smoked fish	1 cut											
Grilled/roasted beef/veal/pork/ lamb/goat e.g. suya, asun, kilishi, ponmo	1 cut or 3 sticks											
Grilled/roasted fish	1 cut											
Offal e.g. abodi, shaki, ifun	1 cut											
Bushmeat/wildmeat	1 cut											
Snails	1 snail											
Other _____	_____											

Snacks (Pages 1 and 4 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Fried snacks e.g. puff puff, chin chin, donut, buns, plantain chip	½ cup											
Baked Snacks e.g pie, biscuit, cake	1 medium package											
Roasted /popped Snacks e.g. popcorn, corn	½ cup											
Nuts e.g. kola nut, gancina kola, walnut, cashew nut, tiger nut	½ cup											
Other_____	_____											

Grains, Cereals, and Products (Pages 1 and 5 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Fermented milled cereals e.g. pap, eko	1 cup or 1 wrap (eko)											
Boiled cereals e.g maize, rice	1 cup cooked											
Whole meal product e.g wheat, maize, rice	1 cup or 1 wrap											
Baked cereal products e.g bread	1 loaf (N100)											
Idomine, spaghetti, pasta, noodles	1 cup cooked											
Other _____	_____											

Legumes and Products (Pages 1, 6, and 10 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Boiled beans e.g ewa riro, moin moin, groundnut	1 cup cooked or 1 wrap											
Fried legume product e.g akara	5 balls											
Soy product e.g cheese, milk	1 cup											
Other _____	_____											

Roots/Tubers and Products (Page 7 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Boiled tubers e.g. yam, cocoyam, potatoes	1 cup or 1 wrap											
Cassava products e.g garri. eba, fufu	1 wrap											
Fried product e.g fried yam, potatoes, cocoyam	5 slices											
Other _____	_____											

Fruits/ Vegetables and Products (Pages 1, 8, and 10 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Whole fruit e.g orange, mango, banana, agbalumo, breadfruit	1 fruit (medium)											
Processed fruit	1 cup											
Fried plantain	1 fruit (medium)											
Grilled/roasted plantain e.g. Boli	1 fruit (medium)											
Leafy vegetables e.g pumpkin, amaranth, worowo, ewuro, spinach	½ plate											
Other vegetables e.g okra, onion, tomato, garden egg, cucumber, carrot, pepper	½ cup											
Other _____	_____											

Mushrooms and Products (Page 1 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Store bought mushrooms	1 cup											
Wild mushrooms	1 cup											
Other _____	_____											

Seasoning and Sweeteners (Pages 1 and 9 of photographic guide)

	Medium serving	Serving			Never	Less than once a month	1-3 times a month	1 time a week	2-4 times a week	5-6 times a week	1 time a day	2 or more times a day
		S	M	L								
Common Salt	1 teaspoon											
Fermented seasoning agent e.g Iru, ogiri	1 wrap											
Honey	1 teaspoon											
White sugar	5 cubes or 1 teaspoon											
Artificial sweeteners e.g saccharin	½ teaspoon											
Oils e.g palm oil, vegetable oil, groundnut oil	1 tablespoon											
Other seasonings e.g ground dried crayfish, stock fish, ogbonno, dried pepper	1 tablespoon											
Other _____	_____											

56. How many people in your household generally eat together from your kitchen? _____

57. What type of oil do you most often use in cooking? (Select as many as may apply.)
☐ Palm ☐ Groundnut ☐ Vegetable/canola ☐ Carotino ☐ Olive ☐ Other_____ (specify)

58. How long does it take your family to go through a 50 cl container of cooking oil? _____ (weeks)

Physical History

59. CURRENTLY, does your health limit you in performing moderate activities (e.g., moving a table, pushing a vacuum cleaner, carrying light loads, walking briskly)? ☐ Yes, limited a little ☐ Yes, limited a lot ☐ No

NOTE: Questions 60 and 61 are strictly about activity related to your work

60. (*FOR CASES ADD:* When you were well) Does/did your WORK require any vigorous intensity activity that caused increases in breathing, heart rate, or sweating (ex. carrying or lifting heavy loads, digging or construction work, etc) for at least 10 minutes continuously? ☐ Yes ☐ No (go to question 61)

↓ If yes

60a. In a typical week, on how many days did you do these vigorous intensity activities as part of your work?
☐ 1 day ☐ 3-4 days ☐ 2-3 days ☐ 5+ days

60b. In a typical day, for how long did you do these vigorous intensity activities as part of your work?
☐ 10-29 minutes ☐ 30-59 minutes ☐ 1 hour ☐ 1.1 – 2 hours
☐ 2.1 – 3 hours ☐ 3.1 – 5 hours ☐ 5.1 – 7 hours ☐ 7+ hours

61. (*FOR CASES ADD:* When you were well) Does/did your WORK require any moderate intensity activity (ex. walking, carrying light loads, gardening, etc) for at least 10 minutes continuously?
☐ Yes ☐ No (go to question 62)

↓ If yes

61a. In a typical week, on how many days did you do these moderate intensity activities as part of your work?
☐ 1 day ☐ 3-4 days ☐ 2-3 days ☐ 5+ days

61b. In a typical day, for how long did you do these moderate intensity activities as part of your work?
☐ 10-29 minutes ☐ 30-59 minutes ☐ 1 hour ☐ 1.1 – 2 hours
☐ 2.1 – 3 hours ☐ 3.1 – 5 hours ☐ 5.1 – 7 hours ☐ 7+ hours

NOTE: Question 62 is strictly about your activities OUTSIDE of work (includes walking to and from work)

62. (*FOR CASES ADD:* When you were well) In the last year, what was your average time PER WEEK spent at each of the following activities **OUTSIDE OF WORK**? (Select as many as may apply.)

	None	**Less than 10 minutes**	**10-29 minutes**	**30-59 minutes**	**1 hour**	**1.1-2 hours**	**2.1-3 hours**	**3.1-5 hours**	**5.1-7 hours**	**7 or more hours**
Walking (to/from work or for exercise)										
Farming										
Collecting water										
Washing clothes (by hand)										
Cooking										
Housecleaning										
Lifting heavy objects										
Jogging (slower than 6 minutes/ km)										
Running (6 minutes/km or faster)										
Bicycling										
Football										
Swimming										
Dancing										
Other vigorous activities _____(specify)										
Other moderate activities _____(specify)										

63. (*FOR CASES ADD:* When you were well) What is/was your average time PER DAY spent sitting or reclining in the last year?
☐ 10-29 minutes ☐ 30-59 minutes ☐ 1 hour ☐ 1.1 – 2 hours
☐ 2.1 – 3 hours ☐ 3.1 – 5 hours ☐ 5.1 – 7 hours ☐ 7+ hours

Work & Home Exposures

64. (*FOR CASES ADD:* When you were well) How frequently do/did you directly handle the following substances in the last year?

	Never	**1-3 days per month**	**1 day per week**	**2-4 days per week**	**5-6 days per week**	**Everyday**
Burning waste (trash)						
Asbestos (from construction)						
Insecticides/pesticides						
Wastes from operating industries						

Cancer Awareness

65. Prior to today, had you ever heard of cancer?
☐ Yes ☐ No (end of questionnaire)
↓ If yes
65a. Prior to today, which cancers had you heard of? (Select as many as may apply.) ☐ Colon/rectum ☐ Breast ☐ Cervix
☐ Prostate ☐ liver ☐ lung ☐ Other_____ (specify)
65b. Do you know anyone who has had cancer? ☐ Yes ☐ No

65c. Prior to today, what things did you think affect a person's chance of developing cancer? (Select as many as may apply.)
☐ Do not know/Not sure ☐ Chance ☐ Depends on the cancer ☐ Genetics/family history ☐ Body size
☐ Lifestyle (e.g., smoking, alcohol) ☐ Diet ☐ Environment (e.g., living or working conditions) ☐ Other_____ (specify)