

# Environmental Questionnaire-IBD

Fill in date: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Thank you for answering some questions. Your answer will help us understand more about inflammatory bowel disease (IBD).

1. Ethnicity :

- Chinese (Hong Kong)       Chinese (Mainland)       Caucasian
- Jewish       Others, please specify: \_\_\_\_\_

2. Where were you born?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hong Kong China | <input type="checkbox"/> Mainland China  | <input type="checkbox"/> Japan                         |
| <input type="checkbox"/> Korea           | <input type="checkbox"/> Indonesia       | <input type="checkbox"/> India                         |
| <input type="checkbox"/> Malaysia        | <input type="checkbox"/> Sri Lanka       | <input type="checkbox"/> Nepal                         |
| <input type="checkbox"/> Thailand        | <input type="checkbox"/> The Philippines | <input type="checkbox"/> The Middle East & Arab        |
| <input type="checkbox"/> Israel          | <input type="checkbox"/> Taiwan          | <input type="checkbox"/> Australia                     |
| <input type="checkbox"/> New Zealand     | <input type="checkbox"/> Pacific Islands | <input type="checkbox"/> Others, please specify: _____ |

3. Does anyone in your family have IBD?

- Yes, please select: Father / Mother / Siblings / Children / Half-sibling / Paternal grandfather / Paternal grandmother / Maternal grandfather / Maternal grandmother / Other, please specify: \_\_\_\_\_
- No
- Don't know

4. In what way did your mother give birth to you?

- Vaginal
- Caesarean-section
- Don't know

5. Were you breastfed as a baby?

- Yes : for \_\_\_\_\_ months
- No
- Don't know

6. Your highest education level now:

- No school
- Primary school
- Secondary school
- University

7. Your job now:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Agriculture and Fisheries                     | <input type="checkbox"/> Mining and quarrying industry | <input type="checkbox"/> Manufacturing   |
| <input type="checkbox"/> Electricity, gas and water industry           | <input type="checkbox"/> Construction industry         | <input type="checkbox"/> Wholesale, retail, import/export, catering and hospitality industries |
| <input type="checkbox"/> Transportation, warehouse, postal and courier | <input type="checkbox"/> Information and communication | <input type="checkbox"/> Financial, insurance, real estate and business services               |
| <input type="checkbox"/> Community, social and personal services       | <input type="checkbox"/> Health/sciences               | <input type="checkbox"/> Others, specify: _____  |

8. Your living and working environment now (can choose more than one):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Near construction site | <input type="checkbox"/> Near mine          | <input type="checkbox"/> Near furnaces    |
| <input type="checkbox"/> Near factory           | <input type="checkbox"/> Near busy highways | <input type="checkbox"/> Use coal as fuel |

9. How often do smog occur in your living area in recent half a year?

- > 50%
- ≤ 50%

The following questions are regarding your condition at different age groups, please try to remember accurately or ask someone in your family. Put  next to the best answer.

10. Did you take antibiotics in the following age groups? 0 – 12 months old >12 months – 5 years old >5 – 10 years old >10 – 18 years old Currently	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Where did you live in the following age groups? 0 – 12 months old >12 months – 5 years old >5 – 10 years old >10 – 18 years old Currently	City <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Countryside <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Was there running water in your house in the following age groups? 0 – 12 months old >12 months – 5 years old >5 – 10 years old >10 – 18 years old Currently	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. Did your house have hot water from tap in the following age groups? 0 – 12 months old >12 months – 5 years old >5 – 10 years old >10 – 18 years old Currently	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14. Was there a flushing toilet in your house	Yes	No

<p>in the following age groups?</p> <p>0 – 12 months old</p> <p>&gt;12 months – 5 years old</p> <p>&gt;5 – 10 years old</p> <p>&gt;10 – 18 years old</p> <p>Currently</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>15. Did you keep any animals in the house, garden or farm in the following age groups?</p> <p>0 – 12 months old</p> <p>&gt;12 months – 5 years old</p> <p>&gt;5 – 10 years old</p> <p>&gt;10 – 18 years old</p> <p>Currently</p>	<p>Yes</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>16. Did you smoke in the following age groups? (Smoking is defined as continuously for at least 6 months)</p> <p>&gt;5 – 10 years old</p> <p>&gt;10 – 18 years old</p> <p>Currently</p>	<p>Yes</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>17. Did your household member smoke when you were in the following age groups? (Smoking is defined as continuously for at least 6 months)</p> <p>0 – 12 months old</p> <p>&gt;12 months – 5 years old</p> <p>&gt;5 – 10 years old</p> <p>&gt;10 – 18 years old</p> <p>Currently</p>	<p>Yes</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>18. Did you live in another country or region in the following age groups? (for 1 month or more, including from Hong Kong to mainland China)</p> <p>0 – 12 months old</p> <p>&gt;12 months – 5 years old</p> <p>&gt;5 – 10 years old</p> <p>&gt;10 – 18 years old</p> <p>Currently</p>	<p>Yes, country?</p> <p><input type="checkbox"/> country: _____</p> <p><input type="checkbox"/> country: _____</p> <p><input type="checkbox"/> country: _____</p> <p><input type="checkbox"/> country: _____</p> <p><input type="checkbox"/> country: _____</p>	<p>No</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

**This is the end of the questionnaire. Thank you for your valuable information.**