ANNEXURE - I
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ENVIRONMENTAL PESTICIDES AND THE RISK OF BREAST CANCER

Q.NO:

BASIC INFORMATION

1. Respondent number: ___________________________

2. Age of the respondent: __________________________

3. Village name: __________________________

   1. Guntur
   2. Pedakakani
   3. Prathipadu
   4. Pedanandipadu
   5. Mangalagiri
   6. Tadepalli
   7. Amaravathi
   8. Sattenapalli
   9. Pedakurapadu
   10. Krosuru
   11. Rajupalem
   12. Bellamkonda
   13. Narasaraopet
   14. Rompicherla
   15. Chilakaluripet
   16. Vinukonda
   17. Nuzendla
   18. Ipuru
   19. Bollapalli
   20. Piduguralla
   21. Dachepalli
   22. Karampudi
   23. Macherla
   24. Veldurthi
   25. Durgi
   26. Gurazala
   27. Tenali
   28. Ponnur
   29. Bapatla
   30. Kakumanu
   31. Repalle
   32. Nagaram
   33. Nizampatnam

4. Mandal: __________________________

   1. Guntur
   2. Mangalagiri
   3. Sattenapalli
   4. Krosuru
   5. Narasaraopet
   6. Vinukonda
   7. Piduguralla
   8. Macherla
   9. Tenali
   10. Ponnur
   11. Bapatla
   12. Repalle

5. Years of residence at the present place:___________

6. Weight (kg):______

7. Height (cm):______

8. Type of industry(if any) close by your place of residence:___________

   1. Agriculture
   2. Cold storage
   3. Chemical manufacture
   4. Cleaning/dry cleaning
   5. Clothing manufacture
   6. Electrical components
   7. Food processing and preparation
   8. metal work and engineering
   9. Residential only
   10. Textile production
   11. Transport
   12. Wood products/building
   13. Dying industry
   14. Other (please state)

9. Your occupation currently:

   1. Professional (e.g., teacher)
   2. Agricultural labour/ farmer
   3. Administrative
   4. Home & family duties
   5. Unemployed
10. Type of industry you work or worked:

1. Agriculture  
2. Chemical manufacture  
3. Cleaning/dry cleaning  
4. Clothing manufacture  
5. Cold storage  
6. Dying industry  
7. Electrical components  
8. Food processing and preparation  
9. Metal work and engineering  
10. Business and commercial  
11. Health & welfare  
12. Textile production  
13. Transport  
14. Wood products/building  
15. Education  
16. Other (please state)

11. Type of industry your partner works or worked in:

1. Agriculture  
2. Chemical manufacture  
3. Cleaning/dry cleaning  
4. Clothing manufacture  
5. Cold storage  
6. Dying industry  
7. Electrical components  
8. Food processing and preparation  
9. Metal work and engineering  
10. Business and commercial  
11. Health & welfare  
12. Textile production  
13. Transport  
14. Wood products/building  
15. Education  
16. Other (please state)

12. State any history of breast cancer in a first or second degree relative:

1. None  
2. Mother  
3. Daughter  
4. Sister  
5. Aunt(maternal)  
6. Aunt(paternal)  
7. Grandmother(maternal)  
8. Grandmother(paternal)

PERSONAL HEALTH HISTORY

GENERAL HISTORY

13.1 Have you ever had any liver disease?

1. Yes  
2. No  

If no, go to 13.6

13.2. If yes, state name of the condition:

1. Swelling below the costal arch  
2. Elevations of aspartate aminotransferase  
3. Elevations of Alkaline phosphatase  
4. Elevations of γ-Glutamyl transpeptidase  
5. Elevations of serum calcium levels  
6. High levels of urea nitrogen

13.3. When did this occur?

13.4. What treatment did you have?

1. None  
2. Surgery  
3. Medication  
4. Other

13.5. State date of any treatment (year)?

13.6. Have ever had other breast disease?

1. Yes  
2. No  

If no, go to 14.1
13.7. If yes, state the name of the condition:

1. Fibrocystic breast conditions like lumpiness, thickening and swelling of breast
2. Cysts – Fluid filled lumps
3. Fibroadenomas – Solid, round, rubbery lumps that move easily when pushed (Occuring in younger women)
4. Intraductal papillomas – Growths similar to warts near the nipple
5. Blocked or clogged milk ducts
6. Milk production when a woman is not breast feeding
7. Injury

13.8. In which breast?

1. Right  2. Left  3. Both

13.9. What treatment did you have for the breast disease?

1. Surgery  3. Vitamin therapy  5. Other
2. Medication  4. Natural therapies

GYNECOLOGICAL HISTORY

14.1. Please state your age at first menstrual period (years)

1. Eleven years  3. Thirteen years  5. Fifteen years
2. Twelve years  4. Fourteen years

14.2. Are you post-menopausal (past the “change of life”)?

1. Yes  2. No  

if no, go to 14.4

14.3. If yes, state the time since LMP (years)

14.4. If still menstruating, when was your last menstrual Period (LMP): (weeks)

1. One week  3. Three weeks  5. Five to ten weeks
2. Two weeks  4. Four weeks

14.5. Have you had regular menstrual periods in the past year?

1. Yes  2. No

14.6. Are you currently taking oral contraceptives (the pill) or Injected contraceptives?

1. Yes  2. No  

if no, go to 14.8

14.7. When did you commence taking the contraceptives this Time? (Year)

14.8. Have you ever taken oral or injected contraceptives in the past?

1. Yes  2. No  

if no, go to 14.10

14.9. Please state how long you took the pill for (months)

1. One to three months  4. More than ten months
2. Four to six months  5. Never
3. Seven to ten months
14.10. Are you currently taking hormone replacement therapy (HRT) by mouth, or skip patch or using any hormone cream?

1. Yes  2. No  
if no, goto 14.12

14.11. When did you commence taking the HRT (year):

14.12. Have you ever taken HRT in the past?

1. Yes  2. No  
if no, goto 14.14

14.13. If yes, when did you commence taking the HRT? (year)________

14.14. Have you had an ovary removed surgically?

1. Yes  2. No  
if no, goto 14.17

14.15. Which one?

1. Right  2. Left  3. Both

14.16. When was the operation on your ovary? (year)

14.17. Have you had a hysterectomy?

1. Yes  2. No  
if no, goto 15.1

14.18. If yes, was it performed because of cancer?

1. Yes  2. No

**OBSTETRIC HISTORY**

15.1. How many live children have you given birth to:_____ if zero go to 16.1

15.2. Please state your age at your first full term pregnancy:

15.3. Where your children breast fed? 1. Yes  2. No  
if no, go to 16.1

15.4. How long did you breast feed each child for?

15.4.1. Child-------------------months

15.4.2. Child-------------------months

15.4.3. Child-------------------months

15.4.4. Child-------------------months

15.4.5. Child-------------------months

2. Two months  7. Seven months 10. Eleven to eighteen months
3. Three months 8. Eight months 11. More than eighteen months
4. Four months
GENERAL HEALTH

16.1. Do you smoke?
   1. Yes              2. No
   If no, go to 16.6

16.2. How many cigarettes per day?

16.3. How many years have you been smoking?

16.4. Are you a passive smoker? 1. Yes              2. No

16.5. From how many years you are passive smoker?

16.6. Do you consume alcohol?

16.7. How often do you drink alcohol?
   1. Daily              3. Monthly
   2. Weekly              4. Other

16.8. Are you on any prescribed medication?
   1. Yes              2. No
   If no, go to 16.10

16.9. If yes, please provide details:
   1. Central nervous system conditions/epilepsy, schizophrenia etc.
   2. Anti-depressants
   3. Diuretics/anti-hypertensive
   4. Cholesterol lowering drugs/other heart conditions
   5. Hormones/insulin, thyroid hormones etc
   6. Chemotherapy/cancer
   7. Painkillers
   8. Anti-inflammatory/arthritis, joint problems
   9. Gastrointestinal system/ulcer
   10. Respiratory/bronchodilators, anti-asthmatics etc
   11. Antibiotics/infection
   12. Reproductive system/fertility drugs, endometriosis etc
   13. Blood disorders/anti-coagulants etc.
   14. Herbal and homeopathic remedies
   15. Other

16.10. Do you take any non-prescription drugs?
   1. Yes              2. No
   If no, go to 17.0

16.11. If yes, please indicate
   1. Vitamins
   2. Herbal & homeopathic remedies
   3. Anti-histamines and anti-inflammatory
   4. Drugs for nausea, gastric upset
   5. Painkillers (panadol etc)
   6. Marijuana
   7. Heroin
   8. Amphetamines(speed)
   9. Other

16.12. Do you chew tobacco?
   1. Yes              2. No

16.13. How many years have you been chewing/consuming tobacco (Years)?
**Exposure to chemicals:**

**In the garden:**

17.1. Do you use any weed killer in the garden?
   1. Yes  2. No  if no, go to 18.1

17.2. How often do you use those weed killers? *(How many times per year)*
   1. Once in a month  2. Once in three months
   3. Once in five months  4. Once in ten months  5. Never

17.3. When handling the weed killers, do you use gloves?

**In the home or garden:**

18.1. Do you use insecticides (pest killers) in the house/garden?

18.2. How often do you use those treatments? *(Times per years)*
   1. One to three times  2. Four to eight times  3. Nine to twelve times  4. Never

18.3. When handling the insecticides, do you use gloves?

19.1. Do you live or work, or have you ever lived or worked, on a farm where Chemicals have been used for treating animals?
   1. Yes  2. No  if no, go to 19.7

19.2. For how long (years):

19.3. How often would these chemicals have been used? *(Times/year)*
   1. One to three times  2. Four to eight times  3. Nine to twelve times  4. Never

19.4. If yes, have you handled these chemicals yourself?
   1. Yes  2. No

19.5. When handling, did you use protective clothing?

19.6. Did you change your cloths after handling chemicals?
   1. Immediately  2. At the end of the day

19.7. Does any person living in your household handle Chemicals used for treating animals?
   1. Yes  2. No
19.8. Do you live or work, or have you ever lived or worked, on a farm where chemicals have been used for treating crops or buildings?
   1. Yes  
   2. No 
   if no, go to 19.14

19.9. For how long? \((Year)\)_____

19.10. How often would these chemicals have been used? \(\textit{Times/year}\)
   1. One to three times
   2. Four to eight times
   3. Nine to twelve times
   4. Never

19.11. If yes, have you handled these chemicals yourself?
   1. Yes  
   2. No

19.12. When handling, did you use protective clothing?
   1. Sometimes
   2. Always
   3. Never

19.13. Did you change your clothes after handling chemicals?
   1. Immediately
   2. At the end of the day

19.14. Does any person living in your household handle chemicals used for treating crops or buildings?
   1. Yes  
   2. No 
   if no, go to 19.16

19.15. Did you wash clothing which had been exposed to chemicals for treating crops or buildings?
   1. Yes  
   2. No

19.16. Have you ever lived in a house which has been treated with pesticides?
   1. Yes  
   2. No

19.17. How often does your local council spray herbicides or pesticides in your area?
   1. Once in a month
   2. Once in alternative months
   3. Once in three months
   4. Once in five months
   5. Never

20. How often do you eat fried food, for example, chips, french fries or food that is cooked in butter or breadcrumbs?
   1. Six or more times a week
   2. Three to five times a week
   3. Once or twice a week
   4. Less than once a week
   5. Never

21. How often do you eat vegetables that are fried or roasted with fat or oil?
   1. Six or more times a week
   2. Three to five times a week
   3. Once or twice a week
   4. Less than once a week
   5. Never

22. How much cow’s or buffalo’s milk do you drink per day?
   1. Six or more glassfuls per day
   2. Three to five glassfuls per day
   3. Once or twice glassfuls per day
   4. Less than one glassfuls per day
   5. Do not drink milk
23. What type of milk do you drink or use in cooking or tea and coffee?
   1. Condensed
   2. Full cream
   3. Full cream and reduced fat
   4. Reduced fat
   5. Skim or none

24. How many times a week does you eat meat?
   1. Six or more times a week
   2. Three to five times a week
   3. Once or twice a week
   4. Less than once a week
   5. Never

25. How much of the fat on your meat do you eat?
   1. Most or all of the fat
   2. Some of the fat
   3. None of the fat
   4. I am a vegetarian

26. How much of the skin on your chicken do you eat?
   1. Most or all of the skin
   2. Some of the skin
   3. None of the skin
   4. I am a vegetarian

27. How is your meat usually cooked?
   1. Fried
   2. Stewed or goulash
   3. Grilled or roasted with added oil or fat
   4. Grilled or roasted without added oil or fat
   5. Eat meat occasionally or never

28. How many times a week does you eat fish and other seafood?
   1. Six or more times a week
   2. Three to five times a week
   3. Once or twice a week
   4. Less than once a week
   5. Never

29. How many times a week does you eat whole-grain products?
   1. Six or more times a week
   2. Three to five times a week
   3. Once or twice a week
   4. Less than once a week
   5. Never

30. How many times a week you eat pickels and other preserved foods?
   1. Six or more times a week
   2. Three to five times a week
   3. Once or twice a week
   4. Less than once a week
   5. Never

31. Clinical data of continuum of disease states
   1. Normal
   2. Non-proliferative benign disease
   3. Proliferative benign disease
   4. Atypical hyperplasia
   5. In situ carcinoma of Ductal and lobular types
   6. Graded cancer Stage 1
   7. Graded cancer Stage 2
   8. Graded cancer Stage 3