## APPENDIX-II

Department of Biotechnology  
Panjab University  
PGI MER and Govt. Hospital, Sector -32, Chandigarh  
Dr. S.K. Jindal  
Dr. R.C. Sobti  
Dr. A.K. Janmeja

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Address (Rural/Urban)</th>
<th>C.R. Number</th>
<th>Date of Sampling</th>
<th>Type of Cancer</th>
<th>Stage of Cancer</th>
<th>Family Income</th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
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- Age: <40 □ 40-49 □ 50-59 □ > 60 □  
- Education: <10 □ >10 □  
- Occupation:  
  - Professional Jobs □ Manual workers □  
  - Shopkeepers □ Clerical Jobs □  
  - House wives □ Industrial workers □  
  - Industrial workers:  
    - a) Automobiles □  
    - b) Chemical □  
    - c) Mining □  


Marital Status: Never Married  Ever Married

SMOKING HABITS

1. Type of smoking
   a) Cigarette  b) Beedi  c) Chilum/Huka  d) Cigar/Pipe
   e) Cigarette + Beedi  f) Cigarette Cigar  g) Cigarette + Pipe  h) Beedi + Huka

2. No. of Cigarette/Beedi smoke.
   a) Per day  b) Per week

3. Cigarette inhaled is filtered or non filtered.


5. Age at which started smoking 21 years.

6. Time taken to finish cigarette.
   [ ] 1 min.  [ ] 2 min.  [ ] 3 min.  [ ] more time 3 min.

7. Do you chew tobacco/betelnut/Panparag.
   Yes/No

8. Any familial case of smoking related cancer in your family.
   Yes/No

9. Are you only one to smoke in the family.
   Yes/No

10. Are you on any medication such as Sedatives/Barbiturates/
    Anticonvulsants/illicit drugs/Chemotherapy or radiotherapy

11. Alcohol consumption.  Yes/No
12 Intake of alcohol: Per day per per week Per month

DIETARY HABITS

1. Do you have set times at which you eat meals. □
   or
   Do you eat at no set times □

2. How many meals do you take in a day. □

3. Which is your biggest meal. □

4. Which is your smallest meal. □

5. Do you skip meals (not sticks). □
   a) Never □  b) Once a month □  c) Twice a month □
   d) Thrice a month □
   e) Two a week □
   f) Three days a week □  g) Four days a week □
   h) Five a week □

6. Do you take meals.
   Very hot □  hot □
   Warm □  cool □

7. How often do you drink (no. of drinks)

<table>
<thead>
<tr>
<th>Beverages</th>
<th>A daily</th>
<th>B 3-5 times a week</th>
<th>C 1-2 times a week</th>
<th>D 3 times a month</th>
<th>E Less often</th>
<th>F Never</th>
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<tbody>
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<td>Beer</td>
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<td>Whisky</td>
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<td>Rum</td>
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<td>Local Liquor</td>
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</table>
8. Do you usually eat your food
   a) Prepared without salt and add none while eating. [ ]
   b) Prepared with salt while cooking. [ ]