Annexure 3...

Performa for Project on
"Study of Molecular Genetic Markers in Breast Cancer among North Indian Population; Diagnostic Implication"

No of Sample:............

R.T & C.R. Number................................. Name:.................................................................

Date of Sampling:........................................ Place of sampling:..........................................

Address(Rural/Urban):.................................................................

.................................................................

Gender:  Female  Male  Age of Patient:....................

Stage:................................................................. Grade:..................................................

Education:  Illiterate  =10th  >10th to Diploma  Higher Education

Occupation(JOB):

Job of Patient:................................. Income:  <5000 RS  >5000 RS

If She/he is working in farms(Agriculture activities)- Do they Generally use or expose pesticides?

Which pesticides:.................................................................

Personal Factors:

Age at menarche:................................. Age at menopause:.................................

Age at the time of Marriage:.................... Age at birth of first child:.................................

Number of Children:.................................

Use of Oral contraceptives:................................. Yes  No

Does Patient used or exposed any kind of cosmetic compounds (like Hair Dyes):

.................................................................

Smoking Habits:

Smoking:................................. Yes  No

Type of Smoking:

Cigarette  Cigar/pipe  Beedi  Chilum  Hukka  or any other

How long has patient been smoking:  < 5 years  5-10 years  11-20  >20 years
Annexure 3...

Dietary Habits:

1. Patient is Pure VEG  Pure Non VEG
   Most Frequent VEG  Most Frequent Non VEG

2. What kind of Fat/Oil Patient usually using in cooking food:
   Better Ghee  Olive Oil  Refined Oil  Mustard Oil  Other vegetable Oil

3. Having habit of eating Sweets.............. Yes  No

4. Being Over weigh............................. Yes  No

5. What kind of Utensil/ Container is usually used for cooking:
   Steel  Aluminum  Copper  Non-Stick  Other

6. How often does patient drink the following Non-alcoholic Beverages:

<table>
<thead>
<tr>
<th>Beverages</th>
<th>Never</th>
<th>Less often</th>
<th>1/day</th>
<th>2/day</th>
<th>3/day</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coffee</td>
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<td></td>
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<tr>
<td>Aerated water (Pepsi, Coke...)</td>
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</tr>
</tbody>
</table>

7. How many often does Patient Drink Alcoholic Liquor:

<table>
<thead>
<tr>
<th>Beverages</th>
<th>Never</th>
<th>Less often</th>
<th>4-8 times/month</th>
<th>2-5 times/week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whisky</td>
<td></td>
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<tr>
<td>Rum</td>
<td></td>
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<tr>
<td>Wine</td>
<td></td>
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</tbody>
</table>

Family History in Breast Cancer:.......................Yes  No

Does patient have Diabetic..............................Yes  No

Is patient with a lot tension/ Stress and angriness in his/her job/family atmosphere? Or have/had patient enough proper rest in a day?.................................................................

More Important Remarks:

....................................................................................................................................................
....................................................................................................................................................
....................................................................................................................................................