

TO BE COMPLETED BEFORE INTERVIEW COMMENCES

Study number

Subject's initials

Date of birth

| | | |
|--|--|--|
| | | |
|--|--|--|

Sex: Male = 1

Female = 2

Time of start of interview

| |
|--|
| |
| |

General instructions

Please circle responses where appropriate.

Asterisk in margin denotes items to be entered in fixed format section of transcription sheet 3.

I WOULD LIKE TO ASK YOU HOW MUCH EXERCISE YOU TAKE

1. In the past year or so, how much of your day have you spent in the following activities?
(None = 0, Less than half =1, About half or more =2, Practically all=3)

Sitting _____ Standing _____ Walking _____ Heavy work _____

2. In the past year, how often have you taken the following forms of exercise?
(None=0, Less than once a week= 1, Once a week = 2, Twice a week or more = 3)

Sport/Keep fit _____ Hard labour (heavy gardening) _____ Housework _____

Brisk walking _____ Running/cycling _____ Other exercise _____
(1hr continuously) (1hr continuously)

3. Has your level of physical activity changed in the past five years?
Decreased = 1 No change = 2 Increased= 3

WOULD YOU NOW TELL ME ABOUT WHAT YOU EAT

1. Are you on special diet?

No = 0 Slimming diet decided = 1 Slimming diet suggested =2 Diabetic diet = 3
by yourself

Other medical diet = 4, please specify _____
Vegetarian diet = 5, specify _____
Vegan diet = 6, specify _____
If so, how long have you been on this diet? _____

2. Is one of the family on a diet? No =0 Yes=1
Why? _____

3. Is person who does shopping participating in interview? No=0 Yes=1

4. How many times a week is the shopping done? _____

5. How many people in the house is food bought for? _____

6. How do you wash your dishes?

by hand and dried = 1 by hand, rinsed and left to dry = 2 by hand and left to dry = 3
washed in a machine = 4 other = 5

FATS

1. What do you normally spread on your bread?

- 1. Butter
- 2. Margarine (state brand name)
- 3. Neither

2. How often do you eat chips? (Never = 0) _____

Do you cook them at home? _____

What are your chips usually fried in?

Lard= 1 Solid vegetable oil =2 Liquid vegetable oil = 3 Oven chips = 4

If subject doesn't eat oven chips:

How often is the fat changed? _____

3. Do you eat other fried foods? _____

if so, what type of fat do you use?

- 1. Butter
- 2. Margarine (state brand name)
- 3. Lard
- 4. Dripping
- 5. Solid vegetable oil
- 6. Liquid vegetable oil

4. On the whole, do you eat more fat than your spouse?

More= 1 Same = 2 Less = 3 Don't know = 4 Not applicable = 8

5. Do you eat your own:

- 1) home-made pies or pastry? None or very little = 0 About = 1 Virtually always = 2
- 2) home-made cakes? None or very little = 0 About =1 Virtually always = 2

6. Do you eat all the fat on your meat?

Yes = 1 No = 0

If no, describe (tick) None Some Most/All

| | | | |
|---------------|-------|-------|-------|
| BEEF | _____ | _____ | _____ |
| LAMB | _____ | _____ | _____ |
| PORK | _____ | _____ | _____ |
| BACON AND HAM | _____ | _____ | _____ |
| CHICKEN | _____ | _____ | _____ |

7. How much of the following foods do you use?

| | <u>Family</u> | <u>Individual</u> |
|----------------------|--------------------|--------------------|
| Butter | _____ lbs per week | _____ lbs per week |
| Margarine (brand) | _____ lbs per week | _____ lbs per week |
| Lard | _____ lbs per week | _____ lbs per week |
| Dripping | _____ lbs per week | _____ lbs per week |
| Solid vegetable oil | _____ lbs per week | _____ lbs per week |
| Liquid vegetable oil | _____ lbs per week | _____ lbs per week |

MILK AND DAIRY PRODUCTS

1. What type of milk do you normally buy?

- Guernsey, Jersey milk = 127
- full fat milk or carton = 124
- semi-skimmed milk = 126
- skimmed milk = 131
- other, specify _____

2. How many pints of milk are consumed by the family per day? _____

3. Taking into account, tea, coffee, cereals and cooking, how much milk do you consume in one day? (Remember to include an extra amount for milk drunk away from home, e.g. at work)

- none = 0 definitely <1/2 pint = 1 1/2 - 3/4 pint = 2
- about 1 pint or less = 3 1-2 pints = 4 > 2 pints = 5

4. How much of the following foods does the subject consume on average per week?

- cream (circle) single double whipping condensed _____
- cheese (excluding cottage cheese) _____
- cottage cheese _____
- sugar _____
- eggs _____

BREAD

In a week, how much bread do you normally eat at home?

| | | |
|---------------|----------------|---|
| type of bread | Size of loaf | |
| | small or large | 1 = < 1/2 loaf, 2 = 1/2 - 1 loaf, 3 = >1 loaf |
| | (s) (l) | |

- | | | |
|-----------------------|-------|-------|
| white bread (033) | _____ | _____ |
| brown bread (031) | _____ | _____ |
| wholemeal bread (030) | _____ | _____ |
| bread rolls (040) | _____ | _____ |

To conclude this section, how often do you think you eat the following foods?
(Never or less than 1 x/month = 0, 1 x/month = 1, 1 x/fortnight = 2
1 or 2 x/week = 3, 3-5 x/week = 4, 1 x/day = 5, >1 x/day = 6)

Beef _____ Cheese _____ Chicken _____ Fish _____
Biscuits _____ Fresh fruit _____ yoghourt _____

I would now like to ask you more about your eating patterns over the past year or so. I know this is difficult but people often find it easiest to think in terms of what they eat in a typical week; and to describe what they have for breakfast, what they have for their main meals and then their snacks and so forth. So, shall we go through this meal by meal? Don't worry about things that you would eat less than once a month. Don't worry about missing things because we'll go through a checklist at the end.

* First of all do you usually eat breakfast?

Less than 1x/week = 0 1-2 x/week=1 3-5 x/week = 2 Daily = 3

| Day of the week | FOOD TYPE AND METHOD PREPARATION (State brand of ceral) | PORTION SIZE | CODE |
|--------------------|---|-----------------|------|
|--------------------|---|-----------------|------|

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

* When do you have your main meal of the day?

Midday = 1 Evening = 2 Other = 3

Is this cooked at home?

(Enter in boxes as for specific days: cooked at home = 0, not cooked at home = 1)

Shall we take meat, fish or whatever you have as the main ingredient first and then go on to talk about desserts and then any extracts and vegetable later.

| DAY OF THE WEEK | FOOD TYPE AND METHOD OF PREPARATION | PORTION SIZE | CODE |
|---------------------------------------|-------------------------------------|--------------|------|
| MONDAY <input type="checkbox"/> | | | |
| TUESDAY <input type="checkbox"/> | | | |
| WEDNESDAY <input type="checkbox"/> | | | |
| THURSDAY <input type="checkbox"/> | | | |
| FRIDAY <input type="checkbox"/> | | | |
| SATURDAY <input type="checkbox"/> | | | |
| SUNDAY <input type="checkbox"/> | | | |

* Do you always take a second meal?

Less than 1x/week = 0 1-2 x/week = 1 3-5 x/week = 2 Daily = 3

Is this cooked at home?

(Enter in box for specific days: - Cooked at home = 0, not cooked at home = 1)

| DAY OF THE WEEK | FOOD TYPE AND METHOD OF PREPARATION | PORTION SIZE | CODE |
|---------------------------------------|-------------------------------------|--------------|------|
| MONDAY <input type="checkbox"/> | | | |
| TUESDAY <input type="checkbox"/> | | | |
| WEDNESDAY <input type="checkbox"/> | | | |
| THURSDAY <input type="checkbox"/> | | | |
| FRIDAY <input type="checkbox"/> | | | |
| SATURDAY <input type="checkbox"/> | | | |
| SUNDAY <input type="checkbox"/> | | | |

Desserts

| DAY OF WEEK | FOOD TYPE AND METHOD PREPARATION | PORTION SIZE | CODE |
|---|----------------------------------|--------------|------|
| Monday <input type="text"/> <input type="text"/> | | | |
| Tuesday <input type="text"/> <input type="text"/> | | | |
| Wednesday <input type="text"/> <input type="text"/> | | | |
| Thursday <input type="text"/> <input type="text"/> | | | |
| Friday <input type="text"/> <input type="text"/> | | | |
| Saturday <input type="text"/> <input type="text"/> | | | |
| Sunday <input type="text"/> <input type="text"/> | | | |

Snacks

(e.g. crisps, chocolate or plain biscuits, etc)

| DAY OF WEEK | FOOD TYPE AND METHOD PREPARATION | PORTION SIZE | CODE |
|---|---|---------------------|-------------|
| Monday On waking Mid-morning Mid-Afternoon Evening & Bedtime | | | |
| Tuesday On waking Mid-morning Mid-Afternoon Evening & Bedtime | | | |
| Wednesday On waking Mid-morning Mid-Afternoon Evening & Bedtime | | | |
| Thursday On waking Mid-morning Mid-Afternoon Evening & Bedtime | | | |
| Friday On waking Mid-morning Mid-Afternoon Evening & Bedtime | | | |
| Saturday On waking Mid-morning Mid-Afternoon Evening & Bedtime | | | |
| Sunday On waking Mid-morning Mid-Afternoon Evening & Bedtime | | | |

How often do you eat any of the following vegetables?

Frequencies to be coded: never or less than 1 x/month = 0; 1 x/month = 1; 1 x/fortnight =2;

1-2 x/week =3; 3-5 x/week = 4; 1 x/day =5; >1 x/day =6

| FOOD TYPE (CODE) | FREQUENCY | EATEN ONLY WHEN IN SEASON (Tick if yes) | PORTION SIZE |
|--|-----------|--|--------------|
| Green Veg: cauliflower (592) cabbage (582) sprouts (579) broccoli tops (577) spring greens (658) others | | | |
| Root Veg: carrots (598) parsnips (619) turnips (670) swedes (660) onions, boiled (614) fried (615) leeks (602) others | | | |
| Pulses: peas, frozen (623) canned (624) mushy or processed (625) beans, runner (561) french (563) butter (566) broad (568) baked (569) other | | | |
| Others Potatoes: boiled/mashed/instant (641) roast/chips/oven chips (645) chips not cooked at home (645) jacket (640) | | | |
| Rice: white, boiled (020) | | | |
| Tomatoes (666) Lettuce (606) Spring onions/onions (613) Cucumber (597) Radishes (654) Other | | | |

Apart from any fruit you may have already mentioned, how much fruit do you eat for an average week?

State number
 (Apples (675)) _____
 (Oranges (773)) _____
 (Bananas (693)) _____

Are there any other fruits you eat often?

| Type | State <u>number</u> or <u>weight</u> as appropriate | Eaten only when in season (Yes/No) |
|-------|---|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other fruit might include grapes (737), peaches (779), pears (785), plums (793) raspberries (810), strawberries (887)

Do you ever miss a meal?

Never or rarely = 0, More than 1 x/month but less than 1 week) = X

About 1 x/week = 2, More than 1 x/week = 3

On the whole, do you prefer to eat grilled or fried foods?

Mainly grilled = 1, About 1/2 and 1/2 = 2, Mainly fried = 3

Would you say you eat more than you did 10 years ago?

Less = 1, No change =2, More =3

Have your eating habits changed over the last 10 years? (Less = 1, No change =2, More = 3)

fibre _____ fat _____ sugar _____

Any particular reason from this?

Yes No

If yes, describe _____

Di you make any change because of the bowel test

If appropriate:

Yes No

Did you go back to the ordinary diet after this?

NOW USE CHECKLIST

ALCOHOL

Other than on festive occasions, how often do you have a drink?

(Cider, beer, wine/sherry/vermouth, spirits)

- Never = 0
- Up to once every 3-4 months = 3
- About once a month = 2
- About once a fortnight = 3
- About once a week = 4
- Several times a week = 5
- Almost every day of week = 6

IF THE RESPONDENT DOESN'T DRINK, PROCEED TO THE QUESTIONS OF SMOKING,

| | | | |
|-------|--------|-------|---------|
| LAGER | BITTER | WINE | SPIRITS |
| (836) | (833) | (905) | (929) |

How much do you drink per week?

About 10 years ago, did you drink =

- the same = 2,
- less = 1,
- more = 3 ?

| | | | | |
|--|------------|------------|--------------|-----------|
| What was the most that you ever used to drink regularly in the past? | pints/week | pints/week | glasses/week | tots/week |
| | <5 | <5 | <5 | < 3 |
| | 6-10 | 6-10 | 6-10 | 4-8 |
| | 11-20 | 11-20 | 7-14 | 9-14 |

State greater amount

At what age was this?

- * estimate in units, 1 unit = 1 pint beer or lager
- = 1 glass wine or smaller glass of sherry or vermouth
- = 1 measure of spirits

Do you drink any soft drinks regularly? No = 0

If yes, how much do you have in a week for the following?

- (None = 0, Definitely, 1/2 pint = 1, 1/2 - 3/4 pint = 2, About 1 pint = 3, 1 - 2 pints = 4, > 2 pints = 5)

Squash _____

Other fruit juice (pure) _____

Coke _____

other fizzy drinks _____

Smoking

Do you, or have you ever, smoked for more than six months?

- No = 0
- Cigarettes (* any other smoking material) = 1
- Pipe only = 3
- Cigars and pipe only = 4
- Other = 5
- Cigars only = 2

IF THE RESPONDENT DOES NOT, AND DID NOT EVER SMOKE, GO TO SECTION ON FAMILY HISTORY

Please tell me a bit more about your smoking habits.

if the respondent has smoked for more than six months in all: (at least one cigarette a day)

At what age did you first start smoking? _____

Do you smoke now? Yes=1 No= 0

if yes, how much? cigarettes _____ per day

cigars _____ per day

pipe _____ per day

was this the pattern ten years ago?

smoking more now = 1

smoking about the same = 2

smoking less now = 3

if you smoked in the past, but no longer do so, when did you stop?

How many years ago? _____ age (years) _____

In the past, what was the most you smoked (cigarettes only) _____

WOULD YOU TELL ME SOME THINGS ABOUT YOUR FAMILY?

1. Is your father still alive?

if 'No', how old was he when he died?

Alive = 0 Dead = 1 Age _____

2. Is your mother still alive?

if 'No', how old was she when she died?

Alive = 0 Dead = 1 Age _____

3. Do or did either of your parents have any serious diseases (tick)

heart disease stroke bowel cancer breast cancer other cancer

father _____

mother _____

4. how many brothers and sisters do you have (include those dead)

_____ brothers _____ sisters

5. Have any of them had cancer, heart disease or a stroke? If yes, how many?

large bowel breast other heart stroke
cancer cancer cancer disease

No of brothers _____

No of sisters _____

BOWEL FUNCTION

1. In the past few years (over last 3-5 years or so), how often have your bowels tended to work?
(may be necessary to use alternative phrasing to ensure subject understands).

| | | | |
|--|------------------------|-----------------------------------|---|
| once a week or less = 1 | only 2/3 x/week = 2 | every 1-2 days/ (3-6 x/week)=3 | regularly about 1 x/day but never more often = 4 |
| 1-2 x/day(usually twice a day but sometimes less often) = 5 | | more than 2x/day = 6 | highly erratic = 7 |

Compared to when you were younger, is this:

less often = 1, about the same = 2, or more often = 3 ?

2. In the past few years, have you ever been troubled by constipation? No = 0

If Yes, how often has this been a problem:

| | | | | |
|------------------------------|----------------|--------------------------|--------------------------|-------------------|
| less than once a year = 1 | 1-2 x/year = 2 | about 3-10 x/year = 3 | about 1-2 x/month = 4 | more often = 5 |
|------------------------------|----------------|--------------------------|--------------------------|-------------------|

Has this been:

| | | |
|---------------------------|--------|---------|
| (i) passage of hard stool | No = 0 | Yes = 1 |
| (ii) painful defaecation | No = 0 | Yes = 1 |

3. Have you ever needed to take laxatives No = 0

If Yes:

| | | | | |
|------------------------------|-------------------------|-------------------|--------------------------|-----------|
| less than once a year = 1 | about 1-2 a year = 2 | about 1 x/month=3 | at least 1 x/week = 4 | daily = 5 |
|------------------------------|-------------------------|-------------------|--------------------------|-----------|

4. Have you ever had trouble from piles?

Never = 0 Occasionally = 1 Regularly = 2

5. Have you ever noticed blood in your motion or on the toilet paper? No = 0

If Yes, how often:

less than 2 x/year = 1 several times a year = 2 at least 1 x/month = 3

6. a) Are you every troubled by tummy pain? No = 0 Yes = 1

b) Does this ever settle or cease after your
bowels work? No = 0

If Yes to (b), how often:
less than 2 x/year = 1 Several (3-10)
times a year = 2 at least 1 x/month = 3

7. During the five years before you did the bowel test, did you spend any periods longer than a week abroad? No = 0 Yes = 1

If yes, where and for how long?

| Year | Place | Duration |
|-------|-------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please indicate year before test

8. Did you have any tummy bugs related to any of these trips?

No = 0 Yes = 1

9. Do you remember having any tummy bugs that weren't associated with these trips during these five years?

No = 0 Yes = 1

WE NOW WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR PREVIOUS MEDICAL HISTORY

1. What height are you? _____

2. What weight are you? _____

Does this vary by more than 1/2 stone? Yes = 1 No = 0

3. Have you had any serious illnesses (including cancer) requiring hospitalization?

4. Have you had any operations?

In particular, have you ever had any of the following operations?

Tonsilectomy No= 0, Yes = 1

Appendectomy (removal of appendix) No= 0, Yes = 1

Gall bladder removal No= 0, Yes = 1

Other abdominal surgery No= 0, Yes = 1

(specify) _____

If the respondent is female,

Gynae, procedures

1 = tubes ligated or clipped

2 = hysterectomy only

3 = hysterectomy, no other details

4 = hysterectomy and oophorectomy (flushes afterwards or not?)

5 = other: specify _____

5. Have you ever had ulcer trouble or indigestion lasting longer than 2 weeks?

0 = no 1 = untreated 2 = taken antacid tablets only

3 = taken other tablets from the doctor (do you know what they were?) _____

4 = had a barium meal or endoscopy

5 = had an operation

6. Do you suffer from diabetes?

no= 0; yes/no Rx=1; diet only =2; drugs (by mouth) = 3; insulin injections = 4

7. Have you ever had tuberculosis? No =0 Yes = 1

If Yes what part of the body was affected? _____

8. Have you ever had infectious hepatitis or any other type? (infection of the liver/jaundice)

No = 0 Yes = 1

Specify _____

9. Do you wear dentures? No = 0, Yes = 1

If yes, since when? _____

Is this a reason for avoiding certain foods? No = 0, Yes = 1

which foodstuffs do you avoid? _____

10. In the past few years (5 years) have you taken any medicines or drugs prescribed by your doctor on a regular basis? If so, what? None = 0

| Drug | Duration | Dose |
|------|----------|------|
| | | |
| | | |
| | | |

11. Do you ever take aspirins or any other pain killers? If so, what?

| Drug | Duration | Dose |
|------|----------|------|
| | | |
| | | |

12. Have you taken/or been taking any other drug for a period of six months or more either continuously or intermittently? If so, what?

If subject does not mention vitamins, please ask specifically, and indicate by * if report was prompted.

WHEN ONLY

Are you still having periods? Yes/No

(NOTE: inappropriate question if subject reported hysterectomy in medical history section)

Do you remember at what age you had your first period? _____

In general, do/did yur periods tend to be regular or irregular?

1 = always regular, 2 = mainly regular, 3 = irregular, 4 = always irregular,
9 = don't know.

How old were you when your periods stopped? _____

Did you receive any hormonal therapy about this time? No = 0

If Yes, for how long?

1 = < 6 months 2 = 6 - 11 months 3 = 1 year+ 4 = don't know

Now would you tell me about any pregnancies that you have had?

| Year of outcome (birth, abortion etc.) | Type of outcome & sex | Breast feeding | Coding instructions Type of outcome: Live birth = 1 Still birth = 2 Multiple delivery = 3 Miscarriage = 4 Therapeutic abortion = 5 Other = 6 Not known = 9 Lactation: Not breast fed = 0 Breast fed = 1 0 + 1 = 2 |
|--|-----------------------------|-------------------|---|
| 1 | _____ | _____ | |
| 2 | _____ | _____ | |
| 3 | _____ | _____ | |
| 4 | _____ | _____ | |
| 5 | _____ | _____ | |
| 6 | _____ | _____ | |
| 7 | _____ | _____ | |
| 8 | _____ | _____ | |
| 9 | _____ | _____ | |
| 10 | _____ | _____ | |

If appropriate; and interviewer feels these questions would not upset respondent:-

was there any reason for not having children?

1 = not desired, 2 = unable/failed to conceive, 8 = prefers not to answer, 9 = don't know

Did you ever do anything about not becoming pregnant?

1 = saw GP, 2 = referred to hospital, 3 = had treatment, 8 = prefers not to answer,
9 = don't know

(ASK ONLY IF UNDER 55 YEARS)

Did you at any time use oral contraceptives for 6 months or more?

0 = no, 1 = yes, 2 = had used, but uncertain if for more than 6 months, 9 = don't know

If so, for how long did you use them?

1. Used from (age) _____ to (age) _____
2 _____
3 _____

Do you remember the name?

COMPLETE THIS SECTION AFTER LEAVING RESPONDENT HOME

| | | |
|---|----------------------|----------------------|
| 1. Length of interview _____ | Hr | min |
| | <input type="text"/> | <input type="text"/> |
| 2. Interview continuous = 0, or non-continuous = 1 | | <input type="text"/> |
| 3. Interviewer: PH = 1 JL = 2 GC = 3 | | <input type="text"/> |
| 4. Respondent's co-operation was: very good = 1, good = 2, fair = 3, poor = 4, very poor = 5 | | <input type="text"/> |
| If any difficulty with interview, give reason(s) _____ | | <input type="text"/> |

5. Subject volunteered that they changed their diet on receipt of letter requesting participation:

No = 0 Yes = 1

6. How much difficulty did the respondent have in completing the diet history?

None = 0 Little = 1 Some = 2 A great deal = 3

if more than a 'little' difficulty, describe: _____

7. How much difficulty did the respondent have in answering the questions on bowel habits?

None = 0 Little = 1 Some = 2 A great deal = 3

if more than a 'little' difficulty, describe: _____

8. How much difficulty did the respondent have in answering the questions on occupational history and exercise in leisure time?

None = 0 Little = 1 Some = 2 A great deal = 3

if more than a 'little' difficulty, describe: _____

9. How much difficulty did the respondent have in answering the questions on tobacco and alcohol consumption?

None = 0 Little = 1 Some = 2 A great deal = 3

if more than a 'little' difficulty, describe: _____

10. How much difficulty did the respondent have in answering the questions about reproductive history?

None = 0 Little = 1 Some = 2 A great deal = 3 Prefers not to answer = 4

if more than a 'little' difficulty, describe: _____

11. Were there any distraction during the interview? No = 0 Yes = 1

if yes, describe: _____

12. Record impressions of interview
