

Survey Number: 1274

Survey Title: The Japan Collaborative Cohort Study for Evaluation of Cancer Risk , 1988-2009

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Japan Collaborative Cohort Study: Baseline Questionnaire

Name

Sex

1. Male 2. Female

Date of birth

1. Meiji 2. Taishou 3. Shouwa ___ Year ___ Month ___ Day

Age

Home address

Telephone number

1 Medical condition (medical history)

Have you had any of these physician–diagnosed diseases or procedures? Please circle the appropriate number.

	No		Yes	
		Under current treatment	Received treatment previously	No treatment
Stroke	1	2	3	4
Hypertension	1	2	3	4
Myocardial infarction	1	2	3	4
Kidney disease	1	2	3	4
Liver disease (hepatitis etc)	1	2	3	4
Gallstone/cholecystitis	1	2	3	4
Diabetes mellitus	1	2	3	4
Gastric/duodenal ulcer	1	2	3	4
Tuberculosis /pleurisy	1	2	3	4
Cancer (sites:)	1	2	3	4
Other diseases (diagnoses:)	1	2	3	4
Injury that required hospitalization	1. No	2. Yes	() number of times	
Abdominal surgery	1. No	2. Yes	1) Stomach 3) Uterus 5) Others	2) Gallbladder 4) Appendix /cecum
Blood transfusion	1. No	2. Yes		

Have you ever contracted any of these infectious diseases?

- | | | | |
|------------------------|------------------|--------------|--------------------------|
| 1. Dysentery | 2. Typhoid fever | 3. Pertussis | 4. Japanese encephalitis |
| 5. Infantile paralysis | 6. Measles | 7. Mumps | 8. None of the above |

Food frequency questionnaire. Please circle the appropriate number.

	Never or hardly ever	1-2 times a month	1-2 times a week	3-4 times a week	almost every day
Beef	1	2	3	4	5
Pork (excluding ham and sausage)	1	2	3	4	5
Ham & Sausage	1	2	3	4	5
Chicken	1	2	3	4	5
Liver	1	2	3	4	5
Egg	1	2	3	4	5
Milk	1	2	3	4	5
Yogurt	1	2	3	4	5
Cheese	1	2	3	4	5
Butter	1	2	3	4	5
Margarine	1	2	3	4	5
Deep fry or Tempura	1	2	3	4	5
Stir-fried vegetables	1	2	3	4	5
Fresh fish (Sashimi, boiled or broiled fish)	1	2	3	4	5
Kamaboko (boiled fish paste)	1	2	3	4	5
Dried or Salted fish	1	2	3	4	5
Spinach, garland chrysanthemum, or other green leafy vegetables	1	2	3	4	5
Carrot or pumpkin	1	2	3	4	5
Tomato	1	2	3	4	5
Cabbage or lettuce	1	2	3	4	5
Chinese cabbage	1	2	3	4	5
Sansai (Edible wild plants)	1	2	3	4	5
Mushroom (enokidake, shiitake)	1	2	3	4	5
Potato or sweet potato	1	2	3	4	5
Seaweed	1	2	3	4	5
Pickles	1	2	3	4	5
Tsukudani (made from seafood, meat or seaweed that is simmered in mirin and soy sauce)	1	2	3	4	5
Boiled beans	1	2	3	4	5
Tofu	1	2	3	4	5
Citrus fruits	1	2	3	4	5
Fresh fruits juice (in summer)	1	2	3	4	5
Fruits (excluding citrus variety)	1	2	3	4	5
Confectionery (cake etc)	1	2	3	4	5

Beverages

9. Do you drink coffee?

- | | |
|-----------------------------------|---------------------|
| 1. Almost every day (cups a day) | 2. 3-4 cups a day |
| 3. 1-2 cups a day | 4. 1-2 cups a month |
| 5. Hardly ever | |

10. If you are a coffee drinker, what do you add to your coffee?

- | | |
|----------|-------------------------|
| 1. Sugar | 2. Artificial sweetener |
| 3. Milk | 4. Nothing |

11. Do you drink black tea?

- | | |
|-----------------------------------|---------------------|
| 1. Almost every day (cups a day) | 2. 3-4 cups a day |
| 3. 1-2 cups a day | 4. 1-2 cups a month |
| 5. Hardly ever | |

12. If you are a black tea drinker, what do you add to your black tea ?

- | | |
|----------|-------------------------|
| 1. Sugar | 2. Artificial sweetener |
| 3. Milk | 4. Nothing |

13. Do you drink green tea?

- | | |
|-----------------------------------|---------------------|
| 1. Almost every day (cups a day) | 2. 3-4 cups a day |
| 3. 1-2 cups a day | 4. 1-2 cups a month |
| 5. Hardly ever | |

14. Do you drink Chinese tea (Oolong tea etc)?

- | | |
|-----------------------------------|---------------------|
| 1. Almost every day (cups a day) | 2. 3-4 cups a day |
| 3. 1-2 cups a day | 4. 1-2 cups a month |
| 5. Hardly ever | |

5. Alcohol drinking

1. Current drinker

How old were you when you started drinking regularly? _____ years old

Frequency

- 1) Almost every day (5 days a week or more)
- 2) 3-4 times a week
- 3) 1-2 times a week
- 4) Once a week or less

Were there any changes in the amount when compared with the past?

- 1) Increased
- 2) No change
- 3) Decreased
- 4) Reduced alcohol intake consciously

2. Ex-drinker

- 1) Almost every day
- 2) 3-4 times a week
- 3) 1-2 times a week
- 4) Once a week or less

The age when you quit drinking _____ years old or _____ years before

3. Non-drinker

Please answer the following questions if you drink alcohol on a regular basis.

1. Please circle the alcohol beverages you consume regularly.

You can select more than one answer.

1. Sake 2. Shochu 3. Beer 4. Whisky 5. Wine

(distilled spirit)

2. On average, how much do you drink per occasion?

Go (converted to Japanese Sake)

6. Cigarette smoking

1. Current smoker

- 1) How old were you when you started smoking cigarettes regularly? _____ years old
- 2) On average, how many cigarettes do you smoke a day? _____ cigarettes/day
- 3) Do you inhale tobacco smoke?
1. Puff a cigarette 2. Inhale smoke 3. Both
- 4) Have you ever quit smoking for 3 months or longer?
1. Yes 2. No

2. Ex-smoker

- 1) How old were you when you started smoking cigarettes regularly? _____ years old
- 2) On average, how many cigarettes did you smoke a day? _____ cigarettes/day
- 3) How old were you when you quit smoking? _____ years old

3. Non-smoker

Environmental tobacco smoke (Passive smoking)

2. Have you been exposed to tobacco smoke at home during the past year?

1. Yes

- 1) Almost every day (on average _____ hours a day)
- 2) 3-4 days a week 3) 1-2 days a week 4) Sometimes

2. No

3. Have you been exposed to tobacco smoke in public spaces (including workplace, transportation, or meeting place) ?

- 1) Almost every day
- 2) 3-4 days a week 3) 1-2 days a week 4) Sometimes
- 5) Hardly ever

4. Were you exposed to tobacco smoke from family members in your childhood?

1. No

2. Yes 1) Father 2) Mother 3) Siblings
- 4) Grandfather/grandmother 5) Others

3. Do not remember clearly

7. Occupation

1. What is your current work status?

- | | | |
|----------------------|----------------------|------------------|
| 1. Working full time | 2. Working part time | 3. Self-employed |
| 4. Housewife | 5. Unemployed | |
| 6. Others | | |

2. Which of the following best describes your work?

- | | |
|-----------------------------------|----------------------|
| 1. Mainly office work | 2. Mainly field work |
| 3. Others (please provide details |) |

3. For your longest occupation, did you sit or stand more on the job?

- | | |
|--|-----------------------------------|
| 1. Sitting for the majority of the time | 2. Alternate sitting and standing |
| 3. Mostly stand-up work, but requires little physical effort | |
| 4. Mostly stand-up work that requires considerable physical effort | |

4. Which of the following best describes your work schedule?

1. Mainly daytime work
2. Mainly nighttime work
3. Rotating shift work (involving either daytime or nighttime)

5 Which of the following best describes your workplace?

- | | | |
|-------------------|--------------------|---------|
| 1. Mainly indoors | 2. Mainly outdoors | 3. Both |
|-------------------|--------------------|---------|

6. In your workplace,

- | | | |
|---|--------|-------|
| has there been much dust? | 1. Yes | 2. No |
| has there been loud noise? | 1. Yes | 2. No |
| have you ever been troubled over human relationships? | 1. Yes | 2. No |
| have you been able to work at your own pace? | 1. Yes | 2. No |

8. Demographic characteristics

1. What is your current height and weight?

Height _____ cm Weight _____ kg

2. What was your weight at age 20?

_____ kg

3. Current blood pressure

Systolic _____

Diastolic _____

4. Where did you live during your first 12 years (until you graduated from elementary school)?

Please circle the area where you lived for the longest period.

1. City or suburb with a population of 500000 or more

1) Residential area

2) Commercial area

3) Industrial area

4) Mixed area

5) Other

3. Agricultural area, mountain and fishing village

4. Remote island

5. Others (please provide details.)

5. The age when you finished schooling

_____ years old

