

HOSPCODE:

(Code assigned by the MOPH)

PID:

(Code obtained from www.cascap.in.th)

**Demographic Information Form: Enrollment**

1. Place of resident Sub-district..... District.....
Province.....

2. Date of birth / / (Example 15/12/2513)

3. Gender 1. Male 2. Female

4. Education

1. None 2. Primary 3. Secondary (M1-M3)
 4. Secondary (M4-M6) 5. Certificate 6. Bachelor 7. Higher than Bachelor

5. Occupation

1. Unemployed 2. Farmer 3. Labor
 4. Own business 5. Gov. official/State ent. 6. Others.....

6. Have you ever had a stool examination for liver fluke infection?

0. Never 1. One 2. Two
 3. Three 4. More than three 5. Can't remember

7. Have you ever been found to be infected by liver fluke?

0. Never tested 1. Tested but negative 2. Tested and positive 3. Not remember

8. Have you ever been treated for liver fluke infection?

0. Never 1. One 2. Two
 3. Three 4. More than three 5. Cannot remember

9. Do you have your relatives diagnosed with cholangiocarcinoma?

0. No 1. Yes (indicate type of relationship)
 1.1 Grandparent (Paternal) 1.2 Grandparent (Maternal)
 1.3 Uncle/Aunt (Older) 1.4 Uncle/Aunt (Younger)
 1.5 Parents 1.6 Son/Daughter
 1.7 Sibling 1.8 Nephew/Niece 1.9 Spouse

10. Do you smoke? 0. No 1. Yes, current or previous

11. Do you drink alcohol, e.g., whisky, beer, etc?

0. No 1. Yes, current or previous

12. Do you have chronic alcoholic toxicity?

0. No 1. Yes, current or previous

13. Have you ever eaten uncooked or fermented fish (specifically, fresh water with scales)?

0. No 1. Yes, current or previous

14. What diseases have you been diagnosed?

0. None 1. Hepatitis B 2. Hepatitis C 3. Diabetes 4. Others

Form completed by Date / /