

ANNEXURE I

Questionnaire Form

1. Name:
2. Age:
3. Sex:
 - a) Male b) Female
4. Any family history of cancer? (Yes/No)
5. Education Level:
 - a) Undergraduate b) Graduate c) Postgraduate
6. Smoking Status:

Current smoker		Past smoker		Never smoker
Average years smoked		Average years smoked		
Average cigarettes smoked per day		Average cigarettes smoked per day		

7. Drinking Status:

Current drinker		Past drinker	Never drinker
Drinking Frequency	Monthly or less 2-4 times a month 2-3 times a week		

	4 or more times per week		
6+ drinks on one occasion	Never Less than monthly Monthly Weekly Daily or almost daily		

8. Symptoms (check all that apply)

- a) Sore throat / caught in throat
- b) Hoarseness / voice changes
- c) Lump on one side of mouth or cheek
- d) Lump in neck, behind ear, under jaw
- e) Numbness of tongue / other area
- f) Sore on lips for 2+ weeks
- g) Swelling causing dentures to fit poorly

9. Oral cancer knowledge based questions:

Questions	Yes	No
I think oral cancer can be prevented		
Oral cancer is a common cancer for Indian men		
Ever heard of oral cancer screening		
Ever been screened for oral cancer		

Would you ever get screened?		
Ever seen or heard about free oral cancer screening		

10. Contact Information:

11. Signature: