

**Demographic, Lifestyle, and Clinical Data Questionnaire for Gastric Cancer and
Helicobacter pylori Infection Among Yemeni Patients**

(For Research Purposes – Confidential)

Section A: Participant Information

1. **Participant ID:** _____
2. **Date of Interview:** / / _____
3. **Interviewer's Name:** _____
4. **Informed Consent Obtained:**
 Yes
 No (Discontinue participation)

Section B: Demographic Characteristics

5. **Age (in years):** _____
6. **Gender:**
 Male
 Female
7. **Socioeconomic Status (Based on Income and Occupation) (Select one)**
 Low (Unemployed, informal work, or low-income occupation)
 Moderate (Stable employment with moderate income)
 High (Professionals, business owners, or high-income individuals)
8. **Educational Level: (Select the highest level completed)**
 No formal education (Illiterate)
 Primary education (Up to 5th grade)
 Secondary education (Up to 12th grade)
 Higher education (University degree or above)

Section C: Lifestyle and Risk Factors

9. **Current Smoking Status:**
 Smoker
 Non-Smoker
 Former Smoker (Quit _____ years ago)
10. **If currently smoking, how many cigarettes per day?**
 Less than 5
 5-10

- 11-20
- More than 20

11. Do you live in a crowded home (more than 4 people per room)?

- Yes
- No

12. Handwashing habits before eating:

- Always
- Sometimes
- Rarely
- Never

13. Do you frequently consume food from restaurants or street vendors?

- Yes
- No

Section D: Dietary Habits

14. Frequency of food consumption: (Mark the appropriate box for each category)

Food Item	Daily	2-3 times/week	Occasionally	Never
Fresh Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed or Smoked Meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty and Preserved Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Helicobacter pylori Infection History

15. Have you ever been diagnosed with H. pylori infection?

- Yes
- No
- Not Sure

16. Has anyone in your immediate family been diagnosed with H. pylori infection?

- Yes
- No

Section F: Family History of Gastric Cancer

17. Has any immediate family member (parent, sibling, child) been diagnosed with gastric cancer?

- Yes
- No

18. If yes, which family member(s)? (Select all that apply)

- Father
- Mother
- Sibling(s)
- Child(ren)
- Other: _____

19. At what age was the family member diagnosed?

- Before 40 years
- 40-60 years
- After 60 years