

**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