



FB6. Any changes in your husband's health conditions since we contacted you in (year)?

a. Being healthy? 1...Healthy 2...Deceased 3...Divorced  
 If deceased, a1. Date of death: \_\_\_\_\_ a2. Cause of death: \_\_\_\_\_  
 a3. Diagnostic hospital: \_\_\_\_\_

b. Having ever been diagnosed with cancer or tumor?

1...Yes →

2...No

FB7. Type of cancer or tumor \_\_\_\_\_

FB8. Age at diagnosis \_\_\_\_\_

FB9. Diagnosis Hospital \_\_\_\_\_

FB10. Date of diagnosis: \_\_\_\_ Year \_\_ Month

FB6 a |\_|

a1. |\_|\_|\_|\_|\_|\_|\_|\_|

a2. |\_|\_|\_|

a3. |\_|\_|\_|

FB6 b |\_|

FB7 |\_|\_|\_|

FB8 |\_|\_|

FB9 |\_|\_|\_|

FB10 |\_|\_|\_|\_| |\_|\_|

FB12. Have you ever had any other job(s) for at least one year after we contacted you in \_\_\_\_ (year) (including the job held after retirement)?

- 1... Yes (Please answer the following questions)
- 2... No (Skip to question FB13)

FB12|\_|\_|

	a. The most recent job	b. The job prior to the left one	c. The job prior to the left one	d. The job prior to the left one	
1. Employer:					1a _ _ _  3a _ _ _
2. Products and associated nature (manufacture or management etc.)					6a _ _ _ _  7a _ _ _ _
3. Department you were/are working at and type of job you were/are doing					1b _ _ _  3b _ _ _
4. Responsibility of your job					6b _ _ _ _  7b _ _ _ _
5.. Products from your work					1c _ _ _  3c _ _ _
6. The year you started the job					6c _ _ _ _  7c _ _ _ _
7..The year you stopped the job (If still on, fill in the current date instead)					1d _ _ _  3d _ _ _  6d _ _ _ _  7d _ _ _ _  Gm _

FB13. Have you ever had a job that required you to work at nighttime, that is start to work after 10 pm, at least three times per month for one year or longer?

- 1...Yes →
- 2...No
- 8...Unknown

FB14. The year you started the job(s) \_\_\_\_\_

FB15. The year you stopped this job(s) \_\_\_\_\_

FB16. Number of years worked \_\_\_\_\_

FB17. On average, how often do/did you do the night work ?

- 1...per week
- 2...per month \_\_\_\_\_ times

FB13|\_|

FB14|\_|\_|\_|\_|

FB15|\_|\_|\_|\_|

FB16|\_|\_|

FB17|\_|\_|\_|\_|

If the study participant is already deceased because of disease or other reasons, please accept our condolences. We would be very grateful if her next of kin could tell us the date of her death and causes of death.

FB18 Date of death \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

FB19 Cause of death \_\_\_\_\_

FB20 Diagnostic hospital \_\_\_\_\_

FB18|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

FB19|\_|\_|\_|\_|

FB20|\_|\_|\_|\_|

FB21. Date of interview: \_\_\_\_\_

FB21 |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

FB22. Relationship of the respondent to the study participant:

- 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) \_\_\_\_\_

FB22 |\_|\_|

FB23. Interview was completed by: 1. In home visit 2. Telephone interview

FB23 |\_|\_|

FB24. Name of interviewer: \_\_\_\_\_

FB24 |\_|\_|\_|\_|\_|

FB25. Signature of interviewee: \_\_\_\_\_