

**Appendix 3**

**DATA COLLECTION FORM**

1- **Name** .....

2- **Index number** \_\_ \_\_ \_\_

3- **Age** (in completed years) \_\_\_---

4- **Sex**

[1] male

[2] female

5. **Ethnicity**: (specify).....

6. **Religion** =

[1] catholic

[2] protestant

[3] moslin

[4] other (specify):.....

7. **Marital** status =

[1] single

[2] married

[3] divorced

[4] other (specify):.....

8. **Address**:.....

Tel. Contact \_\_\_\_\_ (several, if possible):

.....

Contact person (names): .....

9. Highest **educational** level

[1] primary

[2] secondary

[3] high school or college

[4] university

10. **Occupation**

[1] indoor (specify):.....

[2] outdoor (specify): .....

11. **Duration** of conjunctival growth (months)

[1] one month or less

[2] between 1 and two months

[3] between 2 and 3 months

[4] between 3 and 4 months

[5] between 4 and 5 months

[6] between 5 and 6 months

[7] between 6 months and 12 months

[8] above twelve months

12. History of preceding **trauma**

[1] yes: Specify:

[2] no

13. History of **itching** of eyes prior to the tumour

[1] yes: Since how long? \_\_\_ weeks or \_\_\_ months

[2] no

14. OBSERVATION: **Site** of growth (nasal or temporal)

[1] nasal

[2] temporal

[3] other (specify):.....

15. OBSERVATION: **Origin** of growth (limbal or non limbal)

[1] limbal

[2] extra limbal

16. Have you ever **smoked regularly**?

[1] yes

[2] no (jump to question 16)

IF yes:

16.1: How **old** were you when you started **smoking**? \_\_\_ years

16.2. What did you smoke?

[1] Cigarettes.

[2] Pipe

How **many** cigarettes / pipes do you use to smoke per day? \_\_\_ cigarettes / pipes.

16.3. IF **not** smoking **currently**:

15.4: Did you **smoke before**?

[1] yes

[2] no

16.4. If yes, how **old** were you when you **first** started **smoking**? \_\_\_ \_\_\_ years

16.5. How old were you when you stopped smoking? \_\_\_ \_\_\_ years

16.6 what were you smoking?

[1] cigarettes

[2] pipe

16.7. How many cigarettes / pipes would you smoke per day? \_\_\_ \_\_\_ cigarettes

16.8. Do you **chew** tobacco at the moment?

[1] yes.

How many times per day? \_\_\_ \_\_\_ times

How old were you when you started chewing? \_\_\_ \_\_\_ years

[2] no

16.9 If not: have you ever use chewed tobacco ?

[1] yes

[2] no

If yes:

How old were you when you started chewing? \_\_\_ \_\_ years

How old were you when you stopped chewing? \_\_\_ \_\_ years

How many times per day you use to chew? \_\_\_ \_\_ times per day

17. How much **alcohol** (alcoholic beverages) do you \_ drink per week or per month or per year?

	Half litre Bottles/week	glasses/month	glasses/year
Beer	___ ___	___ ___	___ ___
Waragi	___ ___	___ ___	___ ___
Wine	___ ___	___ ___	___ ___
Other	___ ___	___ ___	___ ___
Specify	_____		

18. Have you ever **had an X-ray** to the head?

[1] yes

[2] no

18.1. If YES: how many times? \_\_\_ \_\_ times

18.2. In which **years**? (list all **years** for each R X-ray).....

18.3. for what **purpose**: \_\_\_\_\_

---

19. FOR WOMEN ONLY. How many **children** have you had? \_\_\_ \_\_\_ children

20. (clinical observation) for the physician to fill in: does the patient has other symptoms and signs suggestive of **immunosuppression** ?

[1] yes

[2] No

20.1. If yes specify which signs and symptoms:

.....

21. **Histological pattern**

1= **poorly differentiated adenocarcinoma**

2= **well differentiated adenocarcionoma**

3= **poorly differentiated squamous cell carcinoma**

4= **well differentiated squamous cell carcinoma**

5= others

22. **HPV**

0 = negative

1= positive

( specify type if present)-----

23. **HIV**

0= negative

1 = positive

