

Coding staff: _____

SHQ: _____

Data entry 1: _____

Name: _____

Data entry 2: _____

District: _____

Street: _____

Neighborhood Committee: _____

Follow-up Questionnaire for Shanghai Men's Health Study

(2004)

English Translated Version

Interviewer signature: _____

IntNN |____|____|____|

Date of interview: 20____yy____mm____dd

IntYY |____|____|____|____| IntMM |____|____| IntDD |____|____|

Starting time of interview: Morning.....1

Time: _____

Afternoon.....2

IntTT |____|____|____|____|____|

Part I: Health Conditions and Lifestyle and Habits

A1. Do you smoke regularly now (at least one cigarette per day, for more than six months continuously)?

1.....yes → A2. How many cigarettes do you smoke per day? _____

2.....never (skip to A4)

Coding area

A1 |__|

A2 |__|__|

3.....I have quit smoking. → A3. At what age did you quit smoking? _____

A3 |__|__|

A4. Do you drink tea regularly now (at least three times per week, for more than six months continuously)?

A5. How many of new batches of tea do you usually drink per day?

1.....yes → _____ batches/day

2.....never (skip to A7)

3.....I no longer drink tea. → A6. At what age did you last drink tea regularly? _____

A4 |__|

A5 |__|

A6 |__|__|

A7. In the past year, have you taken the following medications regularly (regularly refers to taking a particular medication at least three times per week for more than two months continuously)?

Name of medication	Ever taken medication? 1...yes 2...no A7A1—A7A8	If you have ever taken the medication					
		How many months have you taken the medication in the past year? A7B1—A7B8	During those months, how many times did you take the medication per day or per week?				Coding A7C1—A7C8
			3 times/week	4-6 times/week	Once/day	2+times/day	
1. vitamin A	1 2 __	____ __ __	1	2	3	4	__
2. vitamin B	1 2 __	____ __ __	1	2	3	4	__
3. vitamin C	1 2 __	____ __ __	1	2	3	4	__
5. vitamin E	1 2 __	____ __ __	1	2	3	4	__
6. multivitamins	1 2 __	____ __ __	1	2	3	4	__
7. hypotensive medication	1 2 __	____ __ __	1	2	3	4	__
8. calcium	1 2 __	____ __ __	1	2	3	4	__

Part II Dietary History

Now I would like to ask some questions about your dietary habits in the past year. I will read the names of some foods. Please tell me if you ate those foods and, in general, how much you ate them in the past year. I know it's hard to state the exact amount of food you eat, but the estimated amounts will give us a basic idea of your dietary intake. This questionnaire is about *your* eating and drinking habits, not those of your family.

For example, I will ask you if you ate pork chops everyday, every week, every month, every year, or not at all. If you ate pork chops every week, reply: "I ate pork chops every week." I will then ask you how much you normally ate at a given time.

B1. Names of staple food	Frequency of food consumption					Amt. consumed (50 g)	Coding
1. rice	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B1_1 __ __ __
2. noodles, steamed bread, dumplings and other wheat foodstuffs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B1_2 __ __ __
3. all kinds of desserts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B1_3 __ __ __
4. bread	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B1_4 __ __ __

B2. Meat, egg, fish	Frequency of food consumption					Amt. consumed (50 g)	Coding
1. pork chops	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_1 __ __ __
2. pork ribs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_2 __ __ __
3. pig's feet	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_3 __ __ __
4. pig's hamhock	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_4 __ __ __
5. pork (fat)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_5 __ __ __
6. pork (lean)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_6 __ __ __
7. pork (mixture)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_7 __ __ __
8. pig liver	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_8 __ __ __
9. organ meat (heart, brain, tongue, tripe, intestine)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_9 __ __ __
10. beef, lamb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_10 __ __ __
11. chicken egg or duck egg	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_11 __ __ __
12. chicken	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_12 __ __ __
13. duck, goose	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_13 __ __ __
14. saltwater fish (e.g., yellow croaker, hair tail)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_14 __ __ __
15. freshwater fish (e.g., silver carp, bream, crucian carp, etc.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_15 __ __ __
16. ricefield eel or river eel	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_16 __ __ __
17. shrimp, crab, etc.	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_17 __ __ __
18. conch, clam, etc.	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_18 __ __ __
19. fresh milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B2_19 __ __ __

Next I will ask some questions about your eating habits in regard to bean products:

B3. beans and others	Frequency of food consumption					Amt. consumed (50 g)	Coding
1. soy milk, powdered soy milk (if powdered milk is used, the amount consumed will be the volume of the drink.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B3_1 __ __ __
2. bean curd/tofu	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B3_2 __ __ __
3. fried bean curd, vegetarian chicken, bean curd cake, and other kinds of bean products excluding fresh bean curd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B3_3 __ __ __
4. dried soybeans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B3_4 __ __ __
5. mung bean, red beans, and other dried beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B3_5 __ __ __
6. soybean sprouts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B3_6 __ __ __
7. mung bean sprouts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B3_7 __ __ __

B4. In the past year, approximately how many times have you eaten fresh vegetables (any kind)? What is the amount of vegetables you eat on average each time?

1 day

2 week

3 month ____ time

B4_1 |__|

B4_2 |__|__|

B4_3 |__|__|. |__|

 ____ liang/time

B5. Next, I will ask questions about your vegetable eating habits in the past year. Please tell me, when these vegetables were available, did you eat them everyday, every week, every month, every year, or not at all? How much of each did you normally eat?

B5.Vegetables	Frequency of food consumption					Amt. consumed (50 g)	Coding B5_1-B5_36
1. bok choi, Chinese greens	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_1 __ __ __
2. spinach	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_2 __ __ __
3. cabbage	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_3 __ __ __
4. napa cabbage	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_4 __ __ __
5. cauliflower	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_5 __ __ __
6. celery	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_6 __ __ __
7. snow pea shoots	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_7 __ __ __
8. eggplant	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_8 __ __ __
9. wild rice stems	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_9 __ __ __
10. asparagus lettuce	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_10 __ __ __
11. potato	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_11 __ __ __
12. wax gourd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_12 __ __ __
13. cucumber	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_13 __ __ __
14. luffa	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_14 __ __ __

15. fresh mushroom and fresh xianggu mushroom	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_15 __ __ __
16. fresh red/green peppers	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_16 __ __ __
17. tomato	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_17 __ __ __
18. bamboo shoots	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_18 __ __ __
19. lotus root	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_19 __ __ __
20. garlic bulb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_20 __ __ __
21. garlic greens and garlic stalk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_21 __ __ __
22. onion	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_22 __ __ __
23. Chinese chives	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_23 __ __ __
24. shallot	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_24 __ __ __
25. white radish	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_25 __ __ __
26. carrot	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_26 __ __ __
27. baby soybeans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_27 __ __ __
28. fresh peas	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_28 __ __ __
29. fresh broad beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_29 __ __ __
30. yardlong bean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_30 __ __ __
31. green beans (four-season bean)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_31 __ __ __
32. hyacinth bean/snow peas (Dutch pea)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_32 __ __ __
33. garland chrysanthemum	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_33 __ __ __
34. shepherd's purse	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_34 __ __ __
35. clover	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_35 __ __ __
36. amaranth	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B5_36 __ __ __

B6. In the past year, how many times have you eaten fresh fruits (any kind): everyday, every week, or every month?

How many liang did you eat at each time?

1 day

2 week

3 month

4 year

_____ times

_____ liang/time

B6_1 |__|

B6_2 |__|__|

B6_3 |__|__|. |__|

B7. Next please tell me, how much fruit do you eat when it was available?

B7. Types of the fruit	Frequency of food consumption					Amt. consumed (50 g)	Coding
1. apples	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_1 __ __ __
2. pears	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_2 __ __ __
3. tangerines, oranges, grapefruits	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_3 __ __ __
4. bananas	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_4 __ __ __
5. grapes	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_5 __ __ __
6. watermelon	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_6 __ __ __
7. peaches	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_7 __ __ __
8. other fruits (e.g., strawberries, cantaloupe)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		B7_8 __ __ __

B8. In the past year, how much did your family consume per month in liang (50 g):

1. soybean oil: _____	(50 g)	B8_1 __ __ __
2. other vegetable oil: _____	(50 g)	B8_2 __ __ __
3. animal oil: _____	(50 g)	B8_3 __ __ __
4. white or brown sugar: _____	(50 g)	B8_4 __ __ __
5. salt: _____	(50 g)	B8_5 __ __ __

B9. In the past year, how many people lived in your household? _____ persons B9|__|

B10. In the past year, how many times have you eaten (breakfast not included) in the employee cafeteria?
_____ time(s) B10 |__|__|

INTERVIEWER POSTSCRIPT

C1. Rate the reliability of the interview material:

1. Very reliable		
2. Generally reliable		C1 __
3. Unreliable		

C2. The time when the interview ended:

1. morning		C2 __
2. afternoon	_____ minutes past _____ o'clock	C2_2 __ __ __ __

THANK YOU!