

**Coding staff:** |\_\_\_\_\_|

**Data entry 1:** |\_\_\_\_\_|

**Data entry 2:** |\_\_\_\_\_|

**SHQ:** |\_|\_|\_|\_|\_|\_|\_|\_|

**Name:** \_\_\_\_\_

**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**

Coding area
A1  __
A2  __ __
A3  __ __
A4  __
A5  __
A6  __ __

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)

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

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

1.....yes→ A5. How many of new batches of tea do you usually drink per day? \_\_\_\_\_batches/day

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

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

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				Coding A7C1—A7C8	
		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?				
			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
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
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
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
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
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. soy milk, powdered soy milk (if powdered milk is used, the amount consumed will be the volume of the drink.)							B3_1 _ _ _ _
2. bean curd/tofu							B3_2 _ _ _ _
3. fried bean curd, vegetarian chicken, bean curd cake, and other kinds of bean products excluding fresh bean curd							B3_3 _ _ _ _
4. dried soybeans							B3_4 _ _ _ _
5. mung bean, red beans, and other dried beans							B3_5 _ _ _ _
6. soybean sprouts							B3_6 _ _ _ _
7. mung bean sprouts							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

\_\_\_\_\_ liang/time

B4\_1 |\_|\_|

B4\_2 |\_|\_|\_|

B4\_3 |\_|\_|\_|\_|

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
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. bok choy, Chinese greens							B5_1 _ _ _ _
2. spinach							B5_2 _ _ _ _
3. cabbage							B5_3 _ _ _ _
4. napa cabbage							B5_4 _ _ _ _
5. cauliflower							B5_5 _ _ _ _
6. celery							B5_6 _ _ _ _
7. snow pea shoots							B5_7 _ _ _ _
8. eggplant							B5_8 _ _ _ _
9. wild rice stems							B5_9 _ _ _ _
10. asparagus lettuce							B5_10 _ _ _ _
11. potato							B5_11 _ _ _ _
12. wax gourd							B5_12 _ _ _ _
13. cucumber							B5_13 _ _ _ _
14. luffa							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
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
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!