Outcome Follow-up Questionnaire 1 Shanghai Men's Health Study (2004)

(English Translated Version)

SHQ:				
MA1. Address on record: 1 Correct	2Incorrect 3.	Moved		
MA2_1. Corrected Address:	District	Street	Neighborhood committee	
Current address:			MA2_1	
MA2_3. Home phone number:	_ _ _	_	_	
MA3. Relative or friend we can contact for Name: Relationship:			number:	
If the study participant is deceased becau please accept our condolences. We would kin could tell us the date and cause of dea	l be very grateful if th		MA4 _ _	
MA4 Date of death year MA5 Cause of death		day	MA5 _	
MA6 Diagnostic hospital			MA6	
If the study participant is deceased, as MA14-MA26	k Questions MA11	, MA12,		
MA7. Your current weight now is	in jin (1 jin = 0.5	kg) (self-report	ed) MA7	
Body weight and blood pressure measure	irements			
MA7a. Body weight in jin: jin (1	jin = 0.5 kg)		MA7a .	
MA8a 1st systolic BP mmHg	MA8a	MA8b 2nd systoli	c BP mmHg MA8b _	.
MA9a 1st diastolic BP mmHg	MA9a _	MA9b 2nd diasto	ic BP mmHg MA9b _	_
MA10a 1st pulse/min	MA10a	MA10b 2nd pulse	/min MA10b _	

We would like to know whether you have ever been diagnosed with these diseases by a physician (MA11) and, if so, when (MA12)?

A11. Have ever diagnosed with the disease by a physician?			MA12. In which year and month were you first diagnosed?	
a. Glaucoma	1yes	2no	yearmonth	
	3probable	8unknown		
b. Cataract	1yes	2no	yearmonth	
	3probable	8unknown		
c. Urinary tract stone	1yes	2no	yearmonth	
	3probable	·		
	c1. Site: 1. kid	lney, 2. ureter, 3. bladder,		
	8.unknown			
	c2. Confirmed	l by ultrasound and/or X-		
	ray? 1yes	s 2no		
d. Gallstones	1yes	2no	yearmonth	
	3probable	8unknown		
	d2. Confirmed	l by ultrasound and/or X		
	ray? 1ye	es 2no		
e. Parkinson's disease	1yes	2no	yearmonth	
	3probable	8unknown		
f. Gout	1yes	2no	yearmonth	
	3probable	8unknown		
g. Hyperlipidemia	1yes	2no	yearmonth	
	3probable	8unknown		
	g1. Had ever t	aken medication for		
	hyperlipidemi	a regularly for at least one		
	month? 1y	0		
	<u>I</u>		•	
Have you ever had an ultrasound for diseases of the liver and gall bladder?				
1yes 2no (skip MA13a) MA13				

e. Parkinson's	disease 1yes	2no	yearmonth		
	3probable	8unknown			
f. Gout	1yes	2no	yearmonth		
	3probable	8unknown			
g. Hyperlipide	emia 1yes	2no	yearmonth		
	3probable	8unknown			
	g1. Had ever	taken medication for			
	hyperlipidem	ia regularly for at least one			
	month? 1y	yes 2no			
MA13. Have you ever had an ultrasound for diseases of the liver and gall bladder?					
1yes 2no (skip MA13a) MA13					
MA13a. When did you l	MA13a _ _				

We would like to know whether you have ever been diagnosed with these diseases by a physician since we contacted you in _____ (year)?

Disease (1) Ever had it ? (2) Date of diagnosis (3) Hospital of Diagnosis	This box is for coding only
MA14a. Diabetes	
1Yes 2No YearMonth	14a1 _ a2 <u> </u> a3 <u> </u>
b. Fasting blood glucose≥ 7 (mmol/l)? 1Yes 2No	14b _
c. if yes, number of occurrences:_1 once 2 twice or more	14c _
d. Blood glucose 2 hours after meal ≥1.1(mmol/l)? 1Yes 2No	14d _
e. if yes, number of occurrences:_1 once 2 twice or more	14e _
f. Any symptoms of diabetes (such as polydipsia, diuresis, polyphagia,	14f _
unexplained weight loss)? 1Yes 2No	
g. Ever used oral hypoglycemic drugs or insulin? 1Yes 2No	14g _
MA15a. Hypertension	1501 102
1Yes 2NoYearMonth	15a1 _ a2 <u> </u> a3 <u> </u> 15b _
b. if yes, ever used anti-hypertensive medications? 1Yes 2No	130 _
MA16a.Acute myocardial infarction	
1Yes 2No YearMonth	16a1 _ a2 <u> </u> a3 <u> </u>
b. if yes, have you ever been hospitalized for the disease?	
1Yes 2No	16b _
MA17a. Stroke	
1Yes 2No YearMonth	17a1 _ a2 <u> </u> a3 <u> </u>
b. Type of stroke: 1Intracerebral hemorrhage	17b _
2Ischemic stroke 3Unknown	
c. if yes, have you ever been hospitalized for the disease?	17c _
1Yes 2No	
MA18a. Fracture	1901 1021 1 1 1 1 1 1 1 1 1
1Yes 2NoYearMonth	18a1 _ a2 _ _ _ a3 _ _ 18b _
b. site of fracture:	180 _ 18c _
c. reason: 1. car accident 2. fall when riding bicycle	18d _ . _
3. fall by sliding 4. fall down from high place (d. height: m)	18e _
5. others (e. please specify the reason:)	
MA19a Cancer or tumor	<u>.</u>
1Yes 2NoYearMonth	19a1 _ a2 _ _ _ a3 _ _
(b. Name and site:)	19b _ _
MA20a Other diseases	
1Yes 2NoYearMonth	20a1 a2 a3
(b. Specify:)	20b _ _
	I

MA21. Among your first-degree relatives (including your parents, sister anyone ever been diagnosed with hypertension by a physician? 1yes 2no (MA22) 8unknown (MA22)	s, brothers, and your children), has MA21
MA21a. If yes, which relative? (Select all applied)	<u> </u>
1parents 2bother/sister 3child(ren)	MA21a
MA22. Date of interview:	MA22 _ _
MA23. Relation of the respondent to study participant: 1. self 2. spouse 3. child 4. other relative 5. other	MA23
MA24. Interview was completed by: 1. In home visit 2. Telephone inter	view MA24
MA25. Name of interviewer:	MA25
MA26.Signature of interviewee:	