

# Outcome Follow-up Questionnaire 1

## Shanghai Men's Health Study

### (2004)

(English Translated Version)

SHQ: \_\_\_\_\_

MA1. Address on record: 1... Correct 2...Incorrect 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 your contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

MA4 Date of death \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

MA5 Cause of death \_\_\_\_\_

MA6 Diagnostic hospital \_\_\_\_\_

If the study participant is deceased, ask Questions MA11, MA12, MA14-MA26

MA4|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

MA5|\_|\_|\_|\_|

MA6|\_|\_|\_|\_|

MA7. Your current weight now is \_\_\_\_\_ in jin (1 jin = 0.5 kg) (self-reported) MA7 | \_ | \_ | \_ | \_ |

### Body weight and blood pressure measurements

MA7a. Body weight in jin: \_\_\_\_\_ jin (1 jin = 0.5 kg) MA7a | \_ | \_ | \_ | \_ | . | \_ |

MA8a 1st systolic BP \_\_\_\_\_ mmHg MA8a |\_|\_|\_|\_| MA8b 2nd systolic BP \_\_\_\_\_ mmHg MA8b |\_|\_|\_|\_|

MA9a 1st diastolic BP \_\_\_\_\_ mmHg MA9a |\_|\_|\_|\_| MA9b 2nd diastolic 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 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
<p>MA14a. Diabetes            1...Yes 2...No _____ Year__Month _____            b. Fasting blood glucose <math>\geq 7</math> (mmol/l)? 1...Yes 2...No            c. if yes, number of occurrences: 1... once 2... twice or more            d. Blood glucose 2 hours after meal <math>\geq 1.1</math>(mmol/l)? 1...Yes 2...No            e. if yes, number of occurrences: 1... once 2... twice or more            f. Any symptoms of diabetes (such as polydipsia, diuresis, polyphagia, unexplained weight loss)? 1...Yes 2...No            g. Ever used oral hypoglycemic drugs or insulin? 1...Yes 2...No</p>	<p>14a1  _  a2 _ _ _ _ _ _ _ _  a3 _ _ _ _             14b  _             14c  _             14d  _             14e  _             14f  _             14g  _ </p>
<p>MA15a. Hypertension            1...Yes 2...No _____ Year__Month _____            b. if yes, ever used anti-hypertensive medications? 1...Yes 2...No</p>	<p>15a1  _  a2 _ _ _ _ _ _ _ _  a3 _ _ _ _             15b  _ </p>
<p>MA16a. Acute myocardial infarction            1...Yes 2...No _____ Year__Month _____            b. if yes, have you ever been hospitalized for the disease?            1...Yes 2...No</p>	<p>16a1  _  a2 _ _ _ _ _ _ _ _  a3 _ _ _ _             16b  _ </p>
<p>MA17a. Stroke            1...Yes 2...No _____ Year__Month _____            b. Type of stroke: 1...Intracerebral hemorrhage              2...Ischemic stroke 3...Unknown            c. if yes, have you ever been hospitalized for the disease?            1...Yes 2...No</p>	<p>17a1  _  a2 _ _ _ _ _ _ _ _  a3 _ _ _ _             17b  _             17c  _ </p>
<p>MA18a. Fracture            1...Yes 2...No _____ Year__Month _____            b. site of fracture: _____            c. reason: 1. car accident 2. fall when riding bicycle                      3. fall by sliding 4. fall down from high place (d. height: _____ m)                      5. others (e. please specify the reason: _____)</p>	<p>18a1  _  a2 _ _ _ _ _ _ _ _  a3 _ _ _ _             18b  _             18c  _             18d  _ _ _ _ _             18e  _ </p>
<p>MA19a Cancer or tumor            1...Yes 2...No _____ Year__Month _____            (b. Name and site: _____ )</p>	<p>19a1  _  a2 _ _ _ _ _ _ _ _  a3 _ _ _ _             19b  _ _ _ _ _ </p>
<p>MA20a Other diseases            1...Yes 2...No _____ Year__Month _____            (b. Specify: _____ )</p>	<p>20a1  _  a2 _ _ _ _ _ _ _ _  a3 _ _ _ _             20b  _ _ _ _ _ </p>

MA21. Among your first-degree relatives (including your parents, sisters, brothers, and your children), has anyone ever been diagnosed with hypertension by a physician?

1...yes      2...no (MA22)      8...unknown (MA22)

MA21|\_|

MA21a. If yes, which relative? (Select all applied)

1...parents    2...bother/sister    3...child(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 interview

MA24 |\_|

MA25. Name of interviewer: \_\_\_\_\_

MA25 |\_|\_|\_|\_|

MA26. Signature of interviewee: \_\_\_\_\_