Outcome Follow-up Questionnaire 2 Shanghai Men's Health Study (2008)

English Translated Version

MB1. a. Address on record: 1 Correct 2 Incorrect 3Movin	ng (reason:
b. Address corrected:DistrictStreet]	
c. Phone number:	
d. Current address (or updated address):	
MB2. 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.	MB3 _ _
MB3 Date of death yearmonthday MB4 Cause of death	MB4 _
MB5 Diagnostic hospital	MB5 _
MB6. Your current weight now is in jin (1 jin = 0.5 kg) (self-report of the control of the	ported) MB6 _ _
MB7a 1st systolic BP mmHg MB7a _ MB7b 2nd systo	olic BP mmHg
MB8a 1st diastolic BP mmHg MB8a _ MB8b 2nd diast	tolic BP mmHg
MB9a 1st pulse (times/min) MB9a _ MB9b 2nd pulse	e (times/min) MB9b _ _
MB10a. Have you been diagnosed with rheumatic heart disease by a phys 1 yes → MB10b. In which year and month were you fir	
yearmonth	MB10b
2 no	

MB11a. Have you be	MB11a	
1 yes -	→ MB11b. In which year and month were you first diagn	osed with the disease?
	yearmonth	MB11b _ _ _
2 no		
MB12a. Have you ev	ver had heart valve replacement surgery?	MB12a
1 yes -	→ MB12b. In which year and month did you first have the	he operation?
	yearmonth	MB12b _
2 no		
MB13a. Have you be	een diagnosed with fatty liver disease by a physician?	MB13a
1 yes	→ MB13b. In which year and month were you first diagr	nosed with the disease?
	yearmonth	MB13b _ _
2 no		
MB14a. Have you be	een diagnosed with psoriasis by a physician?	MB14a
1 yes	→ MB14b. In which year and month were you first diagr	nosed with the disease?
	yearmonth	MB14b _
2 no		
MB15a. Have you be	een diagnosed with hepatitis by a physician?	MB15a
1 yes \rightarrow	MB15b. In which year and month were you first diagnosed	d with the disease?
	yearmonth	MB15b _ _ _
	·	
	MB15c. Hepatitis type	. Other types 5 Unknown
	·	• •
2 no	MB15c. Hepatitis type	. Other types 5 Unknown MB15c
2 no	MB15c. Hepatitis type	• •
	MB15c. Hepatitis type 1 Hepatitis A 2 Hepatitis B 3 Hepatitis C 4	MB15c
	MB15c. Hepatitis type 1 Hepatitis A 2Hepatitis B 3Hepatitis C 4 now whether you have ever been diagnosed with these diagnosed.	MB15c
We would like to kr	MB15c. Hepatitis type 1 Hepatitis A 2Hepatitis B 3Hepatitis C 4 now whether you have ever been diagnosed with these diagnosed.	MB15c
We would like to kr examination since y	MB15c. Hepatitis type 1 Hepatitis A 2Hepatitis B 3Hepatitis C 4 now whether you have ever been diagnosed with these diagnosed.	MB15c
We would like to know examination since y MB16a. Have you be	MB15c. Hepatitis type 1 Hepatitis A 2Hepatitis B 3Hepatitis C 4 now whether you have ever been diagnosed with these diagnosed four last follow-up.	MB15c seases by a physician or
We would like to know examination since y MB16a. Have you be 1 yes	MB15c. Hepatitis type 1 Hepatitis A 2Hepatitis B 3Hepatitis C 4 now whether you have ever been diagnosed with these diagnosed with diabetes by a physician?	MB15c seases by a physician or MB16a

MB16c. In which hospital were you diagnosed?	MB16c
MB16d. Have you taken a fasting blood glucose test?	
1 yes 2no (jump to MB16i) 3unknown (jump to MB16i)	MB16d
MB16e. Fasting blood glucose at diagnosis > 7 mmol/l?	MB16e
1 yes → MB16f. How many times did this happen? 1Once 2 Twice or more	MB16f
2 no	
MB16g. Blood sugar two hours after meal at diagnosis > 11.1 mmol/l?	MB16g
1 yes \rightarrow MB16h. How many times did this happen? 1 Once 2 Twice or more	MB16h
2 no	
MB16i. Have you ever had diabetic symptoms? (Such as polydipsia, diuresis, polyphagia, unexp	plained weight loss)
1 yes 2 no	MB16i
MB16j. Have you taken insulin or medicine for hyperglycemia?	MB16j
1 yes \rightarrow MB16k. In which year and month did you first take the drug?	
yearmonth	MB16k _
2 no	
MB17. Have you had an ultrasound of the liver and gallbladder after your last survey?	
1 yes 2 no (jump to MB19)	MB17
MB18. In which year was your latest ultrasound of the liver and gallbladder?	MB18

Diseases	(a) Ever had it?	(b)First Diagnosis	(c) Hospital of	coding area
			Diagnosis	
MB19. Hyperte	ension 1yes 2 no	yearmonth		a b _ _
d. Have you tal	ken medicine for this? 1.	yes 2no		c _
e. In which yea	r and month did you beg	in taking the medicine:	yearmonth	d e _
MB20. Acute r	nyocardial infarction			a b _
	1yes 2 no	yearmonth		c _
d. Did you rece	eive treatment in a hospita	al: 1yes 2 no		d
e. No. of times	hospitalized for the disea	ase		e _
f. Have you had	d percutaneous translumi	nal coronary angioplasty (angioplasty) or a	f
bypass operation	on of coronary artery: 1.	yes 2 no		
g. In which year	r and month did you hav	e these therapies:	_yearmonth	g

MB21. Stroke 1yes 2 noyearmonth	a b _
d. Type of stroke: 1intracerebral hemorrhage 2cerebral infarction	c _
3 subarachnoid hemorrhage 4unknown	d
e. if yes, ever been hospitalized? 1yes 2 no	e
f. No. of times hospitalized for the disease	f
MB22. Bone fracture 1yes 2noyearmonth	a b _
d. site of fracture:	c
e. reason: 1 car accident, physical trauma 2fall when riding bicycle	d _
3fall by sliding 4fall from high place (f. height: m)	e
5others (g. please specify the reason:)	f . g
h. Was the fracture diagnosed by X ray? 1yes 2 no	h
MB23. Cancer or tumor 1yes 2noyearmonth	a b _
d. Name and site:	c
	d _
MB24. Glaucoma 1yes 2.noyearmonth	a b _
	c
MB25. Cataracts 1yes 2noyearmonth	a b _
	c
MB26. Urinary stone 1yes 2noyearmonth	a b _
d. site: 1kidney 2ureter 3 bladder 8 unknown	c
e. Were you diagnosed by B-US or X-ray: 1yes 2 no	d _ e
MB27. Prostatic hypertrophy	a b _
1yes 2noyearmonth	c _
d. Have you ever taken medication for this? 1yes 2no	d _
e. Have you ever had a PSA exam? 1positive 2negative 3no	e
MB28. Cholelithiasis 1yes 2noyearmonth	a b _
d. Were you diagnosed by B-US or X-ray: 1yes 2 no	c _
	d
MB29. Cholecystitis 1yes 2noyearmonth	a b _
	c _
MB30. Parkinson's disease	a b _

	1yes 2no	year	_month		c _
MB31. Gout	1yes 2no	year	month		a b _
					c
MB32. Hyperlipidemia	1yes 2no	year	month		a b _
d. Have you taken medica	tion for this for mor	e than a month'	? 1yes 2.	no	c d
MB33. Other diseases	1yes 2no	year	month		a b _
d. Specify:					c d _

MB34. Have you had any operations since the last survey?

a. Site and name of operation	b. Reason for operation	c. Date of operation	MB34a	MB34b	MB34c
1		yearmonth			
2		yearmonth			
3		yearmonth			

MB35. We would like to know whether you regularly took these vitamins or health products in the past year (at least three times a week for more than two months).

Vitamin or health products	Ever taken	a. times/week	b. months
1. Vitamin A + D	1 yes 2 no MB35a_1	times MB35b_1 _	months MB35c_1 _
2.Vitamin B	1 yes 2 no MB35a_2	times MB35b_2 _	months MB35c_2 _
3. Vitamin C	1 yes 2 no MB35a_3	times MB35b_3 _	months MB35c_3 _
4. Vitamin E	1 yes 2 no MB35a_4	times MB35b_4 _	months MB35c_4 _
5. Multivitamin	1 yes 2 no MB35a_5	times MB35b_5	months MB35c_5 _
6. Other vitamin	1 yes 2 no MB35a_6	times MB35b_6 _	months MB35c_6 _
7. Calcium tablet	1 yes 2 no MB35a_7	times MB35b_7 _	months MB35c_7 _
8. Fish oil	1 yes 2 no MB35a_8	times MB35b_8 _	months MB35c_8 _
9. Ganoderma lucidum, its product and Reishi Spore Powder	1 yes 2 no MB35a_9	times MB35b_9 _	months MB35c_9 _
10. Other	1 yes 2 no MB35a_10	times MB35b_10 _	months MB35c_10 _

11. Other	1 yes 2 no MB35a_11 times MB35b_11	_months MB35c_11 _		
	ch ginseng have you taken in the past year? in liang (50g)	MB36a _ .		
MB36b. How man	ny tablets or capsules (pills) of ginseng have you taken in the past year?	MB36b _		
1month	$h \rightarrow MB36c$. taken for months	MB36c		
2 year	tablets (pills) or capsules			
MB37. Have you e	ever continuously taken Chinese herbal medicine or Chinese patent medic	cine for more than three		
months con	ntinuously during the past two years?			
1yes→	MB37a. Have taken for months	MB37a		
	MB37b. Reason for taking Chinese herbal medicine or Chinese patent	medicine: MB37b _		
	1. For general health 2. Chronic disease (specify:) 3. Oth	ners (specify:)		
2. no				
We would like to	know if you have issues with oral hygiene.			
MB38. Loose teeth	h: 1. none 2. 1-5 teeth 3. 6-10 teeth 4. > 10 teeth 8. unknown	MB38		
MB39. When did y	you loose teeth in your adulthood (specifically permanent teeth)?	MB39		
1. never lost teeth 2. <30 years old 3. 30-60 years old 4. > 60 years old 8. Unknown				
We would like to	know if you have issues with sleep.			
MB40. Do you ofto	ten loose sleep (difficulty falling asleep or staying asleep, or interrupted s	leep)? MB40		
1 yes→	MB40a. How frequent?			
	1times in a month or 2times in a week	MB40a		
	MB40b. Sustained years:years	MB40b		
2 no				
3 Regular	rly take sleeping pills or other drugs to help sleep (such as Melatonin)			
MB41. Do you ofto	ten feel like you didn't get enough sleep when you get up in the morning?	MB41		
1 yes→	MB41a. How often?			
	1times in a month or 2times in a week	MB41a		
	MB41b.Sustained years:years	MB41b		
2 no				

MB42. We would like to know how many days you felt the following conditions in the last week.

Symptom	Encountered days in the last week		
1.Can't get rid of depressed feelings even with the help from	days	MB42_1	
relatives and friends			
2. In a blue mood	days	MB42_2	
3. Can't cheer up	days	MB42_3	
4. Weeping	days	MB42_4	
5. Feel like you couldn't go on with your routine/living	days	MB42_5	
6. Feel like you have so much to say but can't find the appropriate chance to say.	days	MB42_6	
7. Feel that nobody can be trusted	days	MB42_7	

Thank you very much for participating this health survey research!

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MB43. Relation of the respondent to study participant:	MB43
1. self 2. spouse 3. children 4. other relatives 5. o	thers 6. CDC 7. Public Security Bureau
MB44. 1. In home visit 2. Telephone interview 3. CDC	4. Public Security Bureau MB44
MB45. Name of interviewer:	MB45
MB46. Date of interview:	MB46 _ _
MB47. Signature of interviewee:	