



**We would like to know, since our last health interview with you in \_\_\_\_\_ (year), have you been diagnosed with any of the following diseases or received the following examinations?**

MC11a. Have you been diagnosed with diabetes by a physician? MC11a |\_\_|

1... yes 2... no (jump to MC12)

MC11b. In which year and month were you first diagnosed with the disease?

\_\_\_\_\_ year \_\_\_\_ month

MC11b |\_\_|\_|\_\_|\_|\_\_|\_|

MC11c. In which hospital were you diagnosed?

MC11c |\_\_|\_|\_\_|\_|

MC11d. Have you taken a fasting blood glucose test?

1... yes 2...no (jump to MC11i) 3...unknown (jump to MC11i)

MC11d |\_\_|

MC11e. Fasting blood glucose at diagnosis > 7 mmol/l?

MC11e |\_\_|

1... yes → MC11f. How many times did this occur? 1...Once 2...Twice+

MC11f |\_\_|

2... no

MC11g. Blood sugar two hours after meal at diagnosis > 11.1 mmol/l?

MC11g |\_\_|

1... yes → MC11h. How many times did this occur? 1...Once 2...Twice

MC11h |\_\_|

2... no

MC11i. Have you ever had diabetic symptoms? (Such as polydipsia, diuresis, polyphagia, unexplained weight loss)

1... yes 2... no

MC11i |\_\_|

MC11j. Have you taken insulin or medicine for hypoglycemia?

MC11j |\_\_|

1... yes → MC11k. In which year and month did you first take these medications?

\_\_\_\_\_year \_\_\_\_ month

MC11k |\_\_|\_|\_\_|\_|\_\_|\_|

2... no

Have you ever been told by a doctor that you had the following diseases?

<b>Diseases (a) Ever had it? (b) First diagnosis (c) Hospital of diagnosis</b>	<b>Coding area</b>
MC12. Hypertension 1...yes 2...no _____ year ____ month _____ d. Are you taking medicine for this? 1...yes 2...no e. In which year did you begin taking the medicine: _____ year ____ month	a  __  b  __ _ __ _  c  __ _ __ _  d  __  e  __ _ __ _ _ __ _
MC13. Acute myocardial infarction 1...yes 2...no _____ year ____ month _____ d. Ever been hospitalized? 1...yes 2...no e. Medical Chart No. _____	a __  b  __ _ __ _  c  __ _ __ _  d  __  e  __ _ __ _ _ __ _

f. Have you received percutaneous transluminal coronary angioplasty (angioplasty) or a coronary bypass operation? 1...yes 2...no	f  __
g. In which year and month did have these procedures: _____year ____month	g  __ _ _ _ _ _ _ _ _
MC14. Congestive heart failure 1...yes 2...no _____ year__ month _____ d. Even been hospitalized? 1...yes 2...no e. Medical Chart No. _____	a __  b  __ _ _ _ _ _  c  __ _ _ _  d  __  e  __ _ _ _ _ _ _ _ _
MC15. Atrial fibrillation 1...yes 2...no _____ year__ month _____	a __  b  __ _ _ _ _ _  c  __ _ _ _
MC16. Stroke 1...yes 2...no _____ year__ month _____ d. Type of stroke: 1...intracerebral hemorrhage 2...cerebral infarction 3...subarachnoid hemorrhage 4...unknown e. If yes, ever been hospitalized? 1...yes 2...no f. Medical Chart No. _____	a __  b  __ _ _ _ _ _  c  __ _ _ _  d  __  e  __  f  __ _ _ _ _ _ _ _ _
MC17. Fracture 1...yes 2...no _____ year__ month _____ d. Site of fracture: _____ e. Reason: 1...car accident, physical trauma 2...fall when riding bicycle 3...fall by sliding 4...fall from a high place (f. height: ____ m) 5...others (g. please specify the reason: _____) h. Was the fracture diagnosed by X-ray? 1...yes 2...no	a __  b  __ _ _ _ _ _  c  __ _ _ _  d  __ _ _ _  e  __  f  __ _ _ _ _ _ _ _ _  g  __  h  __
MC18. Cancer or malignant tumor 1...yes 2...no _____ year__ month _____ d. Name and site: _____	a __  b  __ _ _ _ _ _  c  __ _ _ _  d  __ _ _ _
MC19. Glaucoma 1...yes 2...no _____ year__ month _____	a __  b  __ _ _ _ _ _  c  __ _ _ _
MC20. Cholelithiasis 1...yes 2...no _____ year__ month _____	a __  b  __ _ _ _ _ _  c  __ _ _ _
MC21. Cholecystitis 1...yes 2...no _____ year__ month _____	a __  b  __ _ _ _ _ _  c  __ _ _ _
MC22. Parkinson's Disease 1...yes 2...no _____ year__ month _____	a __  b  __ _ _ _ _ _  c  __ _ _ _

MC23. Gout	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _
MC24. Hyperlipidemia	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _  d _
d. Have you taken medicine for this disease for longer than a month? 1...yes 2...no				
MC25. Renal Failure	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _
MC26. Hepatitis	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _  d _
d. Variation of hepatitis: 1... A 2... B 3... C 4... other 5... unknown				
MC27. Fatty liver	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _
MC28. Prostatic hypertrophy	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _  d _ _  e _
d. Have you taken medication for this condition? 1...yes 2...no				
e. Have you ever taken a PSA exam? 1... positive 2... negative 3...no				
MC29. Pneumonia	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _  d _
d. Type of pneumonia: 1... bacterial 2... viral 3... other 8... unknown				
MC30. Scapulohumeral periarthrits (Adhesive Capsulitis)	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _  d _ _
d. Persistent period: _____ month				
MC31. Other diseases-1	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _  d _ _ _
d. Specify: _____				
MC32. Other diseases-2	1...yes 2...no	___ year ___ month	_____	a _  b _ _ _ _  c _ _ _  d _ _ _
d. Specify: _____				

MC33. Have you ever received a head CT scan or head MRI examination? 1...yes 2...no

MC33 |\_|

Year of first examination: \_\_\_\_\_ Year

MC33a |\_|\_|\_|\_|

What was the result? \_\_\_\_\_

MC33b |\_|\_|\_|

Year of most recent examination: \_\_\_\_\_ Year

MC33c |\_|\_|\_|\_|

What was the result? \_\_\_\_\_

MC33d |\_|\_|\_|

MC34. Among your first-degree relatives (including you parents, siblings, and children),

a. have any been diagnosed with the following diseases? MC34a	b. what was his/her relationship with you? (select as many as appropriate) MC34b
1. Hypertension	1...yes 2...no 8...unknown  __  1...parents 2...siblings 3...children  _ _ _ _
2. Coronary heart disease	1...yes 2...no 8...unknown  __  1...parents 2...siblings 3...children  _ _ _ _
3. Acute myocardial infarction	1...yes 2...no 8...unknown  __  1...parents 2...siblings 3...children  _ _ _ _
4. Stroke	1...yes 2...no 8...unknown  __  1...parents 2...siblings 3...children  _ _ _ _
5. Diabetes	1...yes 2...no 8...unknown  __  1...parents 2...siblings 3...children  _ _ _ _
6. Cancer or malignant tumor	1...yes 2...no 8...unknown  __  1...parents 2...siblings 3...children  _ _ _ _

MC35. Do you smoke regularly (at least one cigarette per day for more than six months)?

MC35 |\_\_|

1. ... yes → MC35a. How many cigarettes do you smoke per day? \_\_\_\_\_ cigarettes / day
2. ... have quit → MC35b. How old were you when you quit smoking? \_\_\_\_\_ years old
3. ... no

MC35a |\_\_|\_|

MC35b |\_\_|\_|

MC36. In the past year, did you drink tea regularly (at least three times per week for more than six months)?

MC36 |\_\_|

1... yes →

MC36a. In the past year, how much tea did you drink per month?

\_\_\_\_\_ in liang (1 liang = 50 g)

MC36a |\_\_|\_|.|\_|

MC36b. Whenever you drink tea, how many times do you change tea leaves/bags per day?

\_\_\_\_\_ times MC36b |\_\_|

2... no (skip to MC37)

3... no longer drink tea → MC36c. At what age did you stop drinking tea? \_\_\_\_\_

MC36c |\_\_|\_|

MC37. In the past year, how much ginseng have you consumed? \_\_\_\_\_ in liang (1 liang=50 g) MC37 |\_\_|\_|\_|

MC38. In the past year, how many ginseng tablets or pills have you consumed?

1... month 2... year \_\_\_\_\_ tablets/pills MC38 |\_\_|\_|\_|\_|

MC39. In the past two years, did you regularly participate in physical activity? (“Regular” refers to at least once per week for more than three months.)

1... yes 2... no (jump to MC40) MC39 |\_\_|

MC39a. Please tell us the three physical activities you participate in the most: MC39b. How many hours/wk.?

Activity a: \_\_\_\_\_ MC39a1 |\_\_|\_| \_\_\_\_\_ Hr. MC39b1 |\_\_|\_|\_|

Activity b: \_\_\_\_\_ MC39a2 |\_\_|\_| \_\_\_\_\_ Hr. MC39b2 |\_\_|\_|\_|

Activity c: \_\_\_\_\_ MC39a3 |\_\_|\_| \_\_\_\_\_ Hr. MC39b3 |\_\_|\_|\_|

MC40. In the past five years, have you received the following examinations? What was the result?

Name of examination	Have you received this test? MC40a	Time of most recent examination MC40b	Result of examination MC40c
1. Colonoscopy	1...yes 2...no  __	_____ year ____ month  _ _ _ _ _ _ _ _ _	_____  _ _ _ _
2. Gastroscopy	1...yes 2...no  __	_____ year ____ month  _ _ _ _ _ _ _ _ _	_____  _ _ _ _
3. PSA examination	1...yes 2...no  __	_____ year ____ month  _ _ _ _ _ _ _ _ _	_____  _ _ _ _

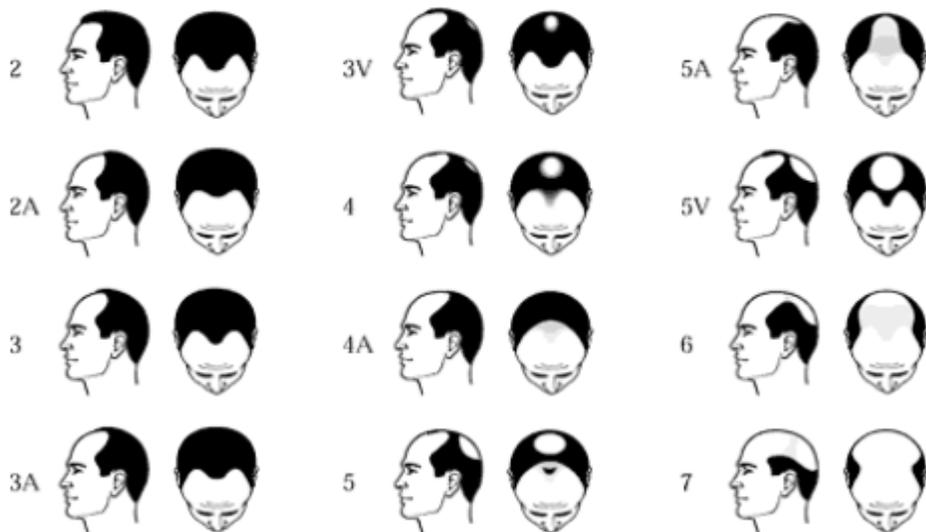
MC41. Have you ever had a routine physical check-up? 1...yes 2...no MC41 |\_\_|

MC41a. When is the last time you had a physical examination? \_\_\_\_\_ year MC41a |\_\_|\_|\_|\_|

MC42. On average, how many times do you have a bowel movement per day or week?

\_\_\_\_\_ times 1. Day 2. Week MC42 |\_\_| |\_|\_|

MC43. Which of the following pictures reflect your current hair pattern? MC43 |\_\_|\_|



The following questions are about your current health (MC 44-51):

MC44. Overall, how would you rate your quality of life? (Only select one.): MC44 |\_\_|

0    1    2    3    4    5    6    7    8    9    10

Very poor -----> Excellent

MC45. How do you usually feel about your health? (Only select one.): MC45 |\_\_|  
 1...excellent 2...very good 3...good 4...average 5...poor

MC46. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner (or mopping the floor), bowling, Tai Chi, playing Tai Chi Ball, or other elderly fitness activities:

1...yes, limited a lot 2...yes, limited a little 3..no, not limited at all MC46a|\_\_|

b. Climbing several flights of stairs:

1...yes, limited a lot 2...yes, limited a little 3..no, not limited at all MC46b|\_\_|

MC47. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Reduced the amount of work or other activities: 1...Yes 2...No MC47a|\_\_|

b. Were limited in the kind of work or other activities: 1...Yes 2...No MC47b|\_\_|

MC48. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling depressed or anxious)

a. Reduced the amount of your work or other activities: 1...Yes 2... No MC48a|\_\_|

b. Didn't do work or other activities as carefully as usual: 1...Yes 2...No MC48b|\_\_|

MC49. During the past four weeks, how much did pain interfere with your normal work (including both work inside and outside the home)?

1...Not at all 2...A little bit 3...Moderately 4...Quite a bit 5... Extremely MC49|\_\_|

MC50. During the past four weeks, how much has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? MC50|\_\_|

1...All the time 2...Most of the time 3... Some of the time 4...A little of the time 5...None of the time

MC51. These questions are about how you have felt during the past four weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past four weeks (each row circle one number):

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Coding area
a. Have you felt calm and peaceful?	1	2	3	4	5	6	MC51a __
b. Did you have a lot of energy?	1	2	3	4	5	6	MC51b __
c. Have you felt downhearted and blue?	1	2	3	4	5	6	MC51c __

**In our aging society, we would like to learn about the health status and living conditions of the elderly. If you are above the age of seventy, please answer the following questions (MC 52-56):**

MC52. When you are walking on flat surfaces, do you need the following assistance? (Choose one.) MC52 |\_\_|

1. Don't need help 2. Need a cane/walking stick 3. Need someone's assistance 4. Use a wheelchair

MC53. For events that occur on any one day, if you retrace your memories, you (Select one.): MC53 |\_\_|

1. Completely forget 2. Mostly forget 3. Forget some 4. Mostly remember 5. Completely remember

MC54. When you encounter an event that requires you to make a decision (Select one.): MC54 |\_\_|

1. Cannot make a decision    2. Have difficulty making a decision    3. Having difficulty with major decisions  
 4. No difficulty making decisions    5. Can swiftly/accurately make decisions

MC55. How are your hearing and vision? (Select one.): MC55 |\_\_|

1. Lost vision or hearing    2. Severe decline    3. Some decline    4. About the same as most people    5. Excellent

MC56. How frequent do you interact with the following people (including living together, communications via telephone or via mail/email)?

	Frequency of interaction	Time	Coding area
a. Children or parents	1. Weekly 2. Monthly 3. Yearly 4. Rarely or never	___ day	MC56a  __  __ __
b. Relatives	1. Weekly 2. Monthly 3. Yearly 4. Rarely or never	___ day	MC56b  __  __ __
c. Friends	1. Weekly 2. Monthly 3. Yearly 4. Rarely or never	___ day	MC56c  __  __ __
d. Co-workers/ neighbors	1. Weekly 2. Monthly 3. Yearly 4. Rarely or never	___ day	MC56d  __  __ __
e. Supervisors	1. Weekly 2. Monthly 3. Yearly 4. Rarely or never	___ day	MC56e  __  __ __

**Thank you very much for participating in this health survey research.**

MC57. Relation of the respondent to study participant: MC57 |\_\_|

- 1... self    2... spouse    3... child    4... Other relative    5... other    6... CDC    7... Public Security Bureau

MC58. Investigation type:

1... In home visit    2... Telephone interview    3... CDC    4... Public Security Bureau MC58 |\_\_|

MC59. Name of interviewer: \_\_\_\_\_ MC59 |\_\_|\_\_|\_\_|

MC60. Date of interview: \_\_\_\_\_ MC60 |\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|

## Consent Form

The Shanghai Men Health Study (SMHS) is a longitudinal investigation of malignancies and other chronic diseases in men. The etiology of disease is not well understood, and effective prevention needs to be developed. The aim of this study is to collect information that helps control and prevent these diseases. We thank you and all the other volunteers for your participation and continuous support over the years.

In previous surveys you provided us with information about your diseases and health status. We would like your consent to review your medical records and treatment information through hospitals and other health organizations (such as “Medical Information Center”) (information access). This will help us verify information related to disease diagnosis and related treatment.

In addition, we would like your consent to provide selected information about your disease history, dietary intake, and lifestyle factors that we collected at the baseline survey to the Citizen Health Archive that is maintained by your District Medical Information Center (information feedback).

The information we collect will only be used for research purposes. Your personal information will be kept confidential. Your name and other personal information will never appear in any publication.

Your consent for the above mentioned “information access” and “information feedback” is voluntary. Please circle your choices and sign your name below. You are free to withdraw your consent should you change your mind and decide not to participate in “information access” or “information feedback.”

We greatly appreciate your participation in the study. Please contact us at 64043057 or 64039618 should you need further information.

1) Do you grant us permission to access your medical records and treatment information through hospitals and health organization (e.g., “Medical Information Center”)?

1...yes      2...no

2) Do you grant us permission to provide selected survey information to the Citizen Health Archive that is maintained by your District?

1...yes      2...no

MC52. Signature of interviewee: \_\_\_\_\_ Date. \_\_\_\_\_

SMHS research group  
Shanghai Cancer Institute