

Coding Staff |_____|
First keyer |_____|
Second keyer |_____|
Oct. 2004

SHQ- |_____|
Name: _____
District: _____
Street: _____
Neighbourhood committee: _____

DIET, LIFE STYLE AND HELAHT STUDY INTERVIEW QUESTIONNAIRE

English Translated Version

During the past several years, tumor incidences have increased considerably in Shanghai. The cause of death analysis showed that nearly 30% of the male population died from malignant tumors. Malignant tumors have become one of the most dangerous diseases that imperils Shanghai people's lives. At present, our knowledge of the things that cause cancer is far from enough. Many cancers also lack of the effective prevention and control measures. Existing phenomena show that we might have contact with some factors that are considered relevant to cancer in our daily lives. In-depth research of these factors will play a very important role in preventing and curing tumors.

Shanghai Cancer Institute, which is under the Health Department of Shanghai, is going to conduct a large-scale survey on men's health in urban Shanghai. Upon the agreement of the relevant departments of your street committee, we invite all men of the proper age in this street section to participate in this survey. In order to conquer cancers as early as possible, and to free people from the harm of cancer, we need your help and that of many other volunteers. Your participation will help us to fulfill this research of great significance.

The accuracy of the information you provide will directly affect the success of this research. If there is something you are uncertain about, please try your best to give the most accurate estimate. In the following interview, we will ask you questions about your lifestyle and health. We assure you that all the information you provide will be absolutely confidential.

Thank you very much for participating in this research project. If you have any questions, please call 64164814 or 64043057.

Survey and Research Section of "Protecting Men and Reducing
the Risk of Men's Malignant Tumors," Shanghai Cancer
Institute

3. ... junior high school
4. ... high school

8. ... unknown

A15 Your current marriage status:

- 1... married 4..... divorced
2.... widowed 5..... never marry
3.... Separated

A15 |__|

PART TWO DISEASES HISTORY

B1. Have you ever been diagnosed with any of the following diseases?

Name of the disease	A. Has it been diagnosed B1-B18	B. How old were you when you were diagnosed? B1A1-B18A1
B1. diabetes	1. ... yes 2. ... no	_____ years old
B2. high blood pressure	1. ... yes 2. ... no	_____ years old
B3. coronary heart disease	1. ... yes 2. ... no	_____ years old
B4. myocardial infarction	1. ... yes 2. ... no	_____ years old
B5. malignant or benign tumor B5A2 (name and site: __)	1. ... yes 2. ... no	_____ years old
B6. prostatomegaly	1. ... yes 2. ... no	_____ years old
B7. gall-stone	1. ... yes 2. ... no	_____ years old
B8. bladder stone	1. ... yes 2. ... no	_____ years old
B9. chronic hepatitis	1. ... yes 2. ... no	_____ years old
B10. hepatocirrhosis	1. ... yes 2. ... no	_____ years old
B11. emphyscma	1. ... yes 2. ... no	_____ years old
B12. pulmonary tuberculosis	1. ... yes 2. ... no	_____ years old
B13 chronic gastritis	1. ... yes 2. ... no	_____ years old
B14 gastric ulcer	1. ... yes 2. ... no	_____ years old
B15. peptic ulcer	1. ... yes 2. ... no	_____ years old
B16. chronic bronchitis	1. ... yes 2. ... no	_____ years old
B17. asthma	1. ... yes 2. ... no	_____ years old
B18. allergy (including to food, skin, medicine, dust, pollen, et al)	1. ... yes 2. ... no	_____ years old
B19. other chronic diseases:		_____ years old
a. _____	1. ... yes 2. ... no	_____ years old
b. _____	1. ... yes 2. ... no	_____ years old
c. _____	1. ... yes 2. ... no	_____ years old
d. _____	1. ... yes 2. ... no	_____ years old

Note: This frame contains boxes for the researchers to fill out, please do not write in it.

B1 |__| B1A1 |__|__|

B2 |__| B2A1 |__|__|

B3 |__| B3A1 |__|__|

B4 |__| B4A1 |__|__|

B5 |__| B5A1 |__|__|

B5A2 |__|__|

B6 |__| B6A1 |__|__|

B7 |__| B7A1 |__|__|

B8 |__| B8A1 |__|__|

B9 |__| B9A1 |__|__|

B10 |__| B10A1 |__|__|

B11 |__| B11A1 |__|__|

B12 |__| B12A1 |__|__|

B13 |__| B13A1 |__|__|

B14 |__| B14A1 |__|__|

B15 |__| B15A1 |__|__|

B16 |__| B16A1 |__|__|

B17 |__| B17A1 |__|__|

B18 |__| B18A1 |__|__|

B19 |__|

B19aA1 |__|__|__|

B19aA2 |__|__|__|

B19bA1 |__|__|__|

B19bA2 |__|__|__|

B19cA1 |__|__|__|

B19cA2 |__|__|__|

B19dA1 |__|__|__|

B19dA2 |__|__|__|

B20. have you ever had a fracture?

1.yes →
2.no

B21. age at first time fracture: __year

B22. fracture site of first time: __

B23. age at recent fracture: __year

B24. site of recent fracture: __

B25. total times of fracture: __ times

B20 |__|

B21 |__|__|

B22 |__|__|

B23 |__|__|

B24 |__|__|

B25 |__|__|

B26. Have you ever been diagnosed with stroke?

1. ... yes →

2. ... no

8. ...unknown

B28. Have you been transfused blood?

1. ... yes →

2. ... no

8. ...unknown

B27. what type of stroke?

1.cerebral haemorrhage
2.cerebral ischemia
3.both
8.don't know

B29. How old were you when you had your first blood transfusion? _____ years old

B30. What was the reason for the blood transfusion?

1. ... surgery
2. ... trauma
3. ...others
8. ...do not know

B31. After you are bit by mosquito, the red area is normally:

1. as small as a sesame seed
2. as small as a soybean
3. the same size as a broad bean
4. bigger than broad bean
5. no red area
8. unknown

B32. Have you ever been diagnosed with colorectal polypus?

1. ...yes →

2. ... no

B33 Was the colorectal polypus removed?

1...yes →

B34. Age at recent removing ____years

2.no

B35. Have you ever had any of the following surgeries?

Type of surgery:	A. Whether or not you had the surgery:	B. If you had surgery, how old were you?
1. gastrectomy	1. yes 2. no B35A1 _ _	____years old B35B1 _ _
2. cholecystectomy	1. yes 2. no B35A2 _ _	____years old B35B2 _ _
3. tube ligation	1. yes 2. no B35A3 _ _	____years old B35B3 _ _
4. splenectomy	1. yes 2. no B35A4 _ _	____years old B35B4 _ _
5. appendectomy	1. yes 2. no B35A5 _ _	____years old B35B5 _ _
6. prostatectomy	1. yes 2. no B35A6 _ _	____years old B35B6 _ _
1. others: _____ (please specify the part)	1. yes 2. no B35A7 _ _	____years old B35B7 _ _ B35C71 _ _

B26 | ___ |

B27 | ___ |

B28 | ___ |

B29 | ___ |

B30 | ___ |

B31 | ___ | ___ |

B32 | ___ |

B33 | ___ |

B34 | ___ |

B36. In the past year, have you taken the following medicines often? In other words, have you taken them at least 3 times per week for more than two months continuously?

Name of medicines	Ever taken medicine? 1...yes 2...no B36A1-- B36A11	If you have ever taken the medicine				Coding B36C1--- B36C11	
		How many months have you taken the medicine? B36B1---B36B11	During those months, how many times did you take the medicine 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	__
4. vitamin D/AD	1 2 __	__ __ __	1	2	3	4	__
5. vitamin E	1 2 __	__ __ __	1	2	3	4	__
6. multiple vitamins	1 2 __	__ __ __	1	2	3	4	__
7. low blood pressure medication	1 2 __	__ __ __	1	2	3	4	__
8. medicines for treating peptic ulcers	1 2 __	__ __ __	1	2	3	4	__
9. calcium	1 2 __	__ __ __	1	2	3	4	__
10. cod liver oil	1 2 __	__ __ __	1	2	3	4	__
11. melatonin	1 2 __	__ __ __	1	2	3	4	__

B37. Have you taken aspirin often in order to prevent or treat heart and cerebral diseases (have you taken them at least once a day for more than two months continuously)?

1. ... yes →
1. how old did you start to take the medicine? ___ years
 2. how old did you stop to take the medicine? ___ years
 3. totally, how many months have you taken them ?
2. ... no

B37 |__|
B37A1 |__|
B37A2 |__|
B37A3 |__|

B38. Have you taken analgetic because of arthrosis (such as, rheumatics) (you have taken them at least three times a week for more than two months continuously) ?

1. ... yes →
2. ... no

A. First medicine:
how old did you start to take the medicine? ___ years
how old did you stop to take the medicine? ___ years
totally, how many months have you taken ?

B. Second medicine:
how old did you start to take the medicine? ___ years
how old did you stop to take the medicine? ___ years
totally, how many months have you taken ?

C. Third medicine:
how old did you start to take the medicine? ___ years
how old did you stop to take the medicine? ___ years
totally, how many months have you taken ?

B38 |__|
B38A1 |__|
B38A2 |__|
B38A3 |__|
B38A4 |__|
B38B1 |__|
B38B2 |__|
B38B3 |__|
B38B4 |__|
B38C1 |__|
B38C2 |__|
B38C3 |__|
B38C4 |__|

B39. Have you taken analgetic because of headache or other diseases (not including arthrosis) (you have taken them at least three times a week for more than two months continuously)?

1. ... yes →
2. ... no

A. First medicine:
how old did you start to take the medicine? ___ years
how old did you stop to take the medicine? ___ years
totally, how many months have you taken ?

B. Second medicine:
how old did you start to take the medicine? ___ years
how old did you stop to take the medicine? ___ years
totally, how many months have you taken ?

C. Third medicine:
how old did you start to take the medicine? ___ years
how old did you stop to take the medicine? ___ years
totally, how many months have you taken ?

B39 |__| |__|
B39A1 |__|
B39A2 |__|
B39A3 |__|
B39A4 |__|
B39B1 |__|
B39B2 |__|
B39B3 |__|
B39B4 |__|
B39C1 |__|
B39C2 |__|
B39C3 |__|
B39C4 |__|

PART THREE PERSONAL HABITS AND LIFESTYLE

Now I would like to ask a few questions about your smoking habit:

C1. Have you ever smoked at least one cigarette per day, for more than 6 months, continuously?

- 1. ... yes →
- 2. ... no
- 9. ...refused

C2. From what age did you start to smoke at least one cigarette per day? ____ years old

C3. When you smoke frequently, normally how many cigarettes do you smoke per day? _____ cigarettes / day

C4. Do you smoke regularly now?

- 1. yes
- 2. no → C5. How old were you when you quit smoking? ____ years old

Please do not write in this frame

C1 | _ | _ |

C2 | _ | _ |

C3 | _ | _ |

C4 | _ | _ |

C5 | _ | _ |

C6 | _ | _ |

C7 | _ | _ |

C8 | _ | _ |

C9 | _ | _ |

C10A1 | _ | _ | | _ | _ |

C10A2 | _ | _ | | _ | _ |

C10A3 | _ | _ | | _ | _ |

C10A4 | _ | _ | | _ | _ |

C11 | _ | _ | .

C12 | _ | _ |

C6. Have you drunk alcohol at least 3 times per week, for more than 6 months, continuously ?

- 1. ... yes →
- 2. ... no
- 9. ...refused

C7. How old were you when you started to drink alcohol often? _____ years old

C8. Do you still drink alcohol regularly?

- 1. ... yes →

C9. Normally about how many ____ times do you drink alcohol per week (if you quitted drinking , how many times did you drink per week before you quitted) for the most of the time in the past 12 months?

C10. In the past 12 months, how many alcohol did you drink (if you quitted, how many alcohol did you drink before you quitted)?

 - 1. .yellow millet or rice wine
_____liang/week____ month
 - 2. ...beer
_____liang/week____ month
 - 3. ... liquor
_____liang/week____ month
 - 4. ...wine
_____liang/week____ month
- 2. ... no
↓

C11. How old were you when you stopped drinking alcohol frequently? _____ years old

C12. Did you drink tea at least 3 times per week, for more than 6 months, continuously?

- 1. ... yes →
- 2. ... no
- 9. ...refused

C13. At what age did you start drinking tea regularly? _____ years old

C14. Do you still drink tea often?

1. ... yes →

C15. What kind of tea do you normally drink? (choose only one)

1. ...green tea 5. ... half green tea, half black tea

2. ... black tea 6. ... half scented tea, half green tea

3. ... oolong tea 7. ... half scented tea, half black tea

4. ... scented tea 8. ... others

C16. Over the past year, what is the average amount of tea has your family consumed per month? _____ liang (50 grams)(if you quitted drinking tea, what was the average amount of tea did you drink before you quitted?)

C17. What is the amount you drink per month: _____ liang (50 grams)

2. ... no



C18. How old were you when you stopped drinking tea often? _____ years old

C13 | _ |

C14 | _ | _ |

C15 | _ |

C16 | _ |

C17 | _ | _ |

C18 | _ | _ |

C19. Have you often taken ginseng or other ginseng products at least 5 times per year?

1. ... yes →

2. ... no

8. ...unknown

C20. How old were you when you started to take ginseng or other ginseng products?

_____ years old

C21. Over the past year, have you taken ginseng regularly?

1. ... yes →

C22. During the past year, what is the amount you have taken? (if you did not take ginseng during recent 12 months, average, what was the amount you take?)

1. white ginseng _____ liang (50 grams)

2. red ginseng _____ liang (50 grams)

3. American ginseng _____ liang (50 grams)

4. liquid ginseng _____ bottle(s)

5. Bao Ling ginseng _____ liang (50 grams)

6. Other kinds (specify):

_____ liang (50 grams)

2. ... no



C23. What is the reason for you to take ginseng?

1. weak and get sick easily

2. strengthen your body to resist diseases

3. others (specify _____)

C24. How old were you when you stopped taking ginseng or other ginseng products often? _____ years old

C25. Have you ever used hair dye?

1. ... yes →

1. ... no

C26. How many times have you used hair dye each year? _____ times

C27. How many years have you used hair dye? _____ years

C19 | __ |

C20 | __ | __ |

C21 | __ |

C22A1 | __ | __ | . | __ |

C22A2 | __ | __ | . | __ |

C22A3 | __ | __ | . | __ |

C22A4 | __ | __ | | __ |

C22A5 | __ | __ | . | __ |

C22B6 | __ | __ |

C22A6 | __ | __ | . | __ |

C23 | __ |

C24 | __ | __ |

C25 | __ |

C26 | __ | __ |

C27 | __ | __ |

PART FOUR DIETARY HISTORY

Now I would like to ask some questions about your dietary habits in the past year. I will first read to you the names of some foods. Would you please tell me if you ate those foods and how much, in general, you ate them in the past year? We know it's hard to state the exact amount of food you eat, but the estimated amounts will give us the basic idea about your dietary intake, and the data will be of great help to us. Let me explain again, this questionnaire is about your eating and drinking habits, not of your entire family.

Next, I will read to you the names of some foods. 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, you tell that: "I ate pork chops every week." I will then ask you how much you normally ate at a given unit of time.

D1. 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		D1A1 __ __ __
2. noodles, steamed bread, dumplings and other wheat foodstuffs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D1A2 __ __ __
3. all kinds of desserts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D1A3 __ __ __
4. bread	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D1A4 __ __ __

D2. 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		D2A1 __ __ __
2. pork ribs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A2 __ __ __
3. pig's feet	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A3 __ __ __
4. pig's hamhock	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A4 __ __ __
5. fresh pork (fat)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A5 __ __ __
6. fresh pork (lean)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A6 __ __ __
7. fresh pork (mixture)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A7 __ __ __
8. pig liver	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A8 __ __ __
9. organ meat (heart, brain, tongue, tripe, intestine)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A9 __ __ __
10. beef, lamb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A10 __ __ __
11. egg, duck egg	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A11 __ __ __
12. chicken	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A12 __ __ __
13. duck, goose	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A13 __ __ __
14. salt water fish (e.g., yellow croaker, hair tail)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A14 __ __ __
15. fresh water fish (e.g., silver carp, bream, crucian carp, etc.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A15 __ __ __
16. rice field eel or river eel	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A16 __ __ __
17. shrimp, crab, etc.	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A17 __ __ __

D2. 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		
18. conch, etc.	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A18 __ __ __
19. fresh milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D2A19 __ __ __

D3. How did you prepare fish, pork, chicken, and duck?

D3. Cooking method	Yes 1 No 2 D3A1- D3A3	Frequency of food consumption (times)									Coding D3B1- D3B3
		Every year		Every month		Every week			Everyday	Not known	
		≤5	6-11	1-2	3-4	1-2	3-4	5-6			
a. fried	1 2 __	1	2	3	4	5	6	7	8	9	__
b. stir-fried (including cooked in soy sauce after stir fried, etc.)	1 2 __	1	2	3	4	5	6	7	8	9	__
c. roasted	1 2 __	1	2	3	4	5	6	7	8	9	__

D4. When you eat fried or baked fish, meat, chicken, or duck, you normally prefer that:

D4 | _ |

1.the entire surface of the meat is brown with a slightly burnt flavor
2. the surface of the meat is dark brown
3. the surface of the meat is light brown
4. the surface of the meat is not brown
5. never eat
8. hard to say
9.refused

D5. When you eat meat, do you eat the fat part?

D5 | _ |

1. almost every time.
2. sometimes.
3. normally do not.
4. never.
9.refused

D6. When you eat chicken or duck, do you eat its skin?

D6 | _ |

1. almost every time.
2. sometimes.
3. normally do not.
4. never.
9.refused

D7. A. When you cook, do you turn on the fan above stove?

1...Yes 2...No D7A1 | _ |

If yes, when did you start to use it? _____year
when did you stop to use it? _____year

D7A2 |__|__|__|

D7A3 |__|__|__|

B. When you cook, do you turn on ventilating machine?

1...Yes 2...No

D7B1 | _ |__|__|__|

If yes, when did you start to use it? _____year
when did you stop to use it? _____year

D7B2 |__|__|__|

D7B3 |__|__|__|

Next I would like to ask some questions about your eating habits with regard to desserts and bean products:

D8. Desserts, beans and others	Frequency of food consumption					Amt. consumed (50 g)	Coding
1. soy milk, powdered soy milk (if the powdered kind is used to make the drink, the amount consumed will be the amount of the drink.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D8A1 __ __ __
2. bean curd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D8A2 __ __ __

3. fried bean curd, vegetarian chicken, bean curd cake and other kinds of bean products excluding fresh bean curd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D8A3 _ _ _ _
4. dried soybeans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D8A4 _ _ _ _
5. mung bean, red bean and other dried beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D8A5 _ _ _ _
6. soybean sprouts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D8A6 _ _ _ _
7. mung bean sprouts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D8A7 _ _ _ _

D9. In the past year, approximately how many times have you eaten fresh vegetables (any kind)?

0..... Does not eat

1 day

2week

3month _____ time
 _____ liang/time

D9A1 |__|

D9A2 |__|_|_|

D9A3 |__|_|_|_|_|

D10. Next, I would like to ask some questions about your eating habits with regard to fresh vegetables in the past year. Please tell me, when these vegetables were available on the market, did you eat them everyday, every week, every month, every year or not at all? How much do you normally eat? And how many months out of the year did you eat them?

D10.Vegetables and other foods	Frequency of food consumption					Amt. consumed (50 g)	Coding D10A1-D10A36	Months of eating D10B1-D10B36
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5			
1. greens, Chinese greens	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A1 _ _ _	D10B1 _ _ _ _
2. spinach	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A2 _ _ _	D10B2 _ _ _ _
3. green cabbage	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A3 _ _ _	D10B3 _ _ _ _
4. Chinese cabbage, bak choy cabbage	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A4 _ _ _	D10B4 _ _ _ _
5. cauliflower	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A5 _ _ _	D10B5 _ _ _ _
6. celery	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A6 _ _ _	D10B6 _ _ _ _
7. snow pea shoots	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A7 _ _ _	D10B7 _ _ _ _
8. eggplant	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A8 _ _ _	D10B8 _ _ _ _
9. wild rice stems	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A9 _ _ _	D10B9 _ _ _ _
10. asparagus lettuce	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A10 _ _ _	D10B10 _ _ _ _
11. potato	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A11 _ _ _	D10B11 _ _ _ _
12. wax gourd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A12 _ _ _	D10B12 _ _ _ _

13. cucumber	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A13 __ __ __	D10B13 __ __ __ __
14. luffa	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A14 __ __ __	D10B14 __ __ __ __
15. fresh mushroom, fresh xianggu mushroom	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A15 __ __ __	D10B15 __ __ __
16. fresh red and green pepper	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A16 __ __ __	D10B16 __ __ __ __
17. tomato	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A17 __ __ __	D10B17 __ __ __ __
18. bamboo shoots	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A18 __ __ __	D10B18 __ __ __ __
19. lotus root	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A19 __ __ __	D10B19 __ __ __ __
20. garlic bulb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A20 __ __ __	D10B20 __ __ __ __
21. garlic greens and garlic stalk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A21 __ __ __	D10B21 __ __ __ __
22. onion	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A22 __ __ __	D10B22 __ __ __ __
23. Chinese chives	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A23 __ __ __	D10B23 __ __ __ __
24. shallot	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A24 __ __ __	D10B24 __ __ __ __
25. white radish	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A25 __ __ __	D10B25 __ __ __ __
26. carrot	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A26 __ __ __	D10B26 __ __ __ __
27. baby soy bean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A27 __ __ __	D10B27 __ __ __ __
28. , fresh peas	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A28 __ __ __	D10B28 __ __ __ __
29. fresh broad beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A29 __ __ __	D10B29 __ __ __ __
30. yard long bean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A30 __ __ __	D10B30 __ __ __ __
31. green bean (four-season bean)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A31 __ __ __	D10B31 __ __ __ __
32. hyacinth bean/snow peas (Dutch pea)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A32 __ __ __	D10B32 __ __ __ __
33. garland chrysanthemum	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A33 __ __ __	D10B33 __ __ __ __
34. shepherd's -purse	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A34 __ __ __	D10B34 __ __ __ __

35. clover	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A35 __ __ __	D10B35 __ __ __ __
36. amaranth	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D10A36 __ __ __	D10B36 __ __ __ __

D11. Next I would like to ask some questions about your eating habits with regard to preserved foods. Did you eat preserved foods at all? If so, how often?

D11. Preserved foods	Yes 1 No 2 D11A1- D11A6	Frequency of food consumption (times)									Coding
		Every year		Every month		Every week			Everyday	Not known	
		≤5	6-11	1-2	3-4	1-2	3-4	5-6			
1. smoked meat/bacon	1 2 __	1	2	3	4	5	6	7	8	9	D11B1 __
2. salted meat/ preserved meat	1 2 __	1	2	3	4	5	6	7	8	9	D11B2 __
3. salted fish	1 2 __	1	2	3	4	5	6	7	8	9	D11B3 __
4. salted egg	1 2 __	1	2	3	4	5	6	7	8	9	D11B4 __
5. salted vegetables, preserved vegetables	1 2 __	1	2	3	4	5	6	7	8	9	D11B5 __
6. Chinese sausage	1 2 __	1	2	3	4	5	6	7	8	9	D11B6 __

D12. 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

D12A1 |__|

D12A2 |__|__|

_____ liang/time

D12A3 |__|__|.|__|

D13. Next please tell me, how much fruit do you eat when it is available on the market and how many months out of the year do you eat it?

D13. Types of the fruit	Frequency of food consumption					Amt. consumed (50 g)	Coding	Months of eating
1. apples	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A1 __ __ __	D13B1 __ __ __
2. pears	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A2 __ __ __	D13B2 __ __ __
3. tangerines, oranges, grapefruits	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A3 __ __ __	D13B3 __ __ __
4. bananas	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A4 __ __ __	D13B4 __ __ __
5. grapes	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A5 __ __ __	D13B5 __ __ __
6. watermelon	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A6 __ __ __	D13B6 __ __ __
7. peaches	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A7 __ __ __	D13B7 __ __ __
8. other fruits (e.g., strawberries, cantaloupe)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		D13A8 __ __ __	D13B8 __ __ __

D14. In the past year, how much did your family consume per month (50 g):

- | | |
|---|-----------------|
| 1. soy bean oil: _____ (50 g) | D14A1 __ __ __ |
| 2. vegetable oil: _____ (50 g) | D14A2 __ __ __ |
| 3. animal oil: _____ (50 g) | D14A3 __ __ __ |
| 4. brown (bleached) sugar: _____ (50 g) | D14A4 __ __ __ |
| 5. salt: _____ (50 g) | D14A5 __ __ __ |

D15. Next I would like to ask some questions about your eating habits with regard to the other foods.

D15. Type of 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. black and white edible tree fungi	1	2	3	4	5		D15A1 __ __ __
2. dried xianggu mushroom	1	2	3	4	5		D15A2 __ __ __
3. sea kelp	1	2	3	4	5		D15A3 __ __ __
4. sea laver	1	2	3	4	5		D15A4 __ __ __
5. milk powder	1	2	3	4	5		D15A5 __ __ __
6. preserved fruits	1	2	3	4	5		D15A6 __ __ __
7. peanuts	1	2	3	4	5		D15A7 __ __ __

D16. In the past year, how many times have you yourself had meals (breakfast not included) in the employee's dining halls?

_____ time(s) D16 |__|__|

D17. Comparing with 5 years ago, do you have any change on your diet habit in the past year?

D17. Type of food	Not change	Slightly increasing	Increasing a lot	Slightly reducing	Reducing a lot	Coding
1. pork, lamb, beef	1	2	3	4	5	D17A1 __
2. chicken, duck	1	2	3	4	5	D17A2 __
3. fish and shrimp	1	2	3	4	5	D17A3 __
4. eggs	1	2	3	4	5	D17A4 __
5. fresh vegetables	1	2	3	4	5	D17A5 __
6. fresh fruits	1	2	3	4	5	D17A6 __
7. bean curd and other soybean products	1	2	3	4	5	D17A7 __

D18. Next I would like to ask some questions about your eating and drinking habits when you were young (13-15 years old). Please tell me if you ate each type of food everyday, every week, every month, every year, or not at all. How much did you normally eat?

We know it's hard to state the exact amount of food you eat, but the estimated amounts will give us the basic idea about your dietary intake, and the data will be of great help to us.

D18. Type of food	Frequency of food consumption						Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	
1. rice or cooked wheat foodstuffs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A1 _ _ _ _
2. fresh pork	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A2 _ _ _ _
3. beef, lamb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A3 _ _ _ _
4. chicken, duck	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A4 _ _ _ _
5. animal parts (tripe, kidney, intestine, heart, tongue, etc.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A5 _ _ _ _
6. fresh eggs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A6 _ _ _ _
7. all kinds of fresh fish (including shrimp, crab, finless eel, eel)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A7 _ _ _ _
8. all kinds of preserved meat and fish	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A8 _ _ _ _
9. salted egg	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A9 _ _ _ _
10. fresh milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A10 _ _ _ _
11. milk powder						_____times	D18A11 _ _ _ _
12. baby soy beans, fresh peas, fresh broad bean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A12 _ _ _ _
13. dried soybean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A13 _ _ _ _
14. other dried green beans and red beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A14 _ _ _ _
15. bean curd,	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A15 _ _ _ _
16. multi-layer bean curd, "vegetarian chicken"						_____times	D18A16 _ _ _ _
17. soy milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A17 _ _ _ _
18. all kinds of fresh vegetables	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A18 _ _ _ _
19. all kinds of fresh fruits	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A19 _ _ _ _
20. salted vegetables, preserved vegetables	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5	_____times	D18A20 _ _ _ _

PART FIVE PHYSICAL ACTIVITIES

E1. Between the ages of 13 and 15, did you often participate in exercise or /and manual labor (at least once a week, for more than 3 months continuously)? (If you attended a middle school, it refers to the period when you were in middle school; If you attended some manual labor or / and had a job, including manual labor at that time, but not including the job that sat or stood most of time)

1. yes 2. no (skip to question E4) E1 | _ |

E2. Between the ages of 13 and 15, how many hours per week did you spend on exercise or / and manual labor ? _____ hour(s) E2 | _ | _ | . | _ |

E3. Between the ages of 13 and 15, how many years did you take exercise or / and manual labor often? _____ year(s) E3 | _ |

E4. Between the ages of 13 and 15, compared to other boys of your age, the time you spent on exercise or / and manual labor was: E4 | _ |

- 1. far more than average
- 2. a little more than average
- 3. about average
- 4. a little less than average
- 5. less than average
- 8. unknown
- 9.refused

E5. Between the ages of 13 and 15, did you ever participate in the following sports tournaments (not including chess, card games, or model airplane competitions)?

1. Represented your class in the school sports tournaments; represented your workshop or department in the sports tournaments of your factory or your organization.

1. Yes 2. No E5A1 | _ |

2. Represented your school, factory, or organization in the sports tournaments of the city or county.

1. Yes 2. No E5A2 | _ |

3. Represented your county, city, province, or country in sports tournaments.

1. Yes 2. No E5A3 | _ |

E6. Between the ages of 13 and 15, were you in a sports team of your school, factory, or organization?

E6 | _ |

1. yes. →

If the answer is "yes," the sport event was:	
First event _____	E6A1 _ _
Second event _____	E6A2 _ _

2. no.

E7. Over the past 5 year, how often did you attend exercise? (the often means once a week at least, for 3 months continuously)

1 yes 2no ((skip to question E11) E7 | _ |

E8. Please tell me which activity did you do most time during that period?

3 kinds of exercises: E9. How many hours per week? E10. how many years did you participate?

(E8A1...E8A3)

(E9A1 ... E9A3)

(E10A1 ... E10A3)

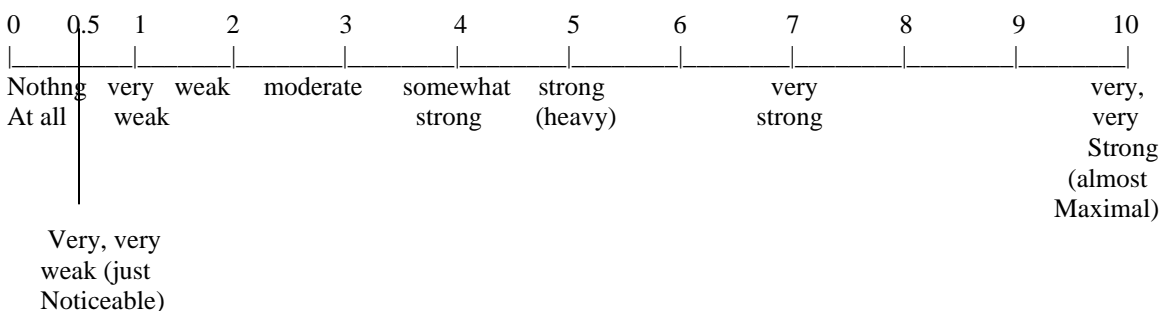
Activity 1: _____ | _ | | _____ hours | _ | | . | _____ (year) | _ | . | _ |

Activity 2: _____ | _ | | _____ hours | _ | | . | _____ (year) | _ | . | _ |

Activity 3: _____ | _ | | _____ hours | _ | | . | _____ (year) | _ | . | _ |

E10B. Please measure your activity level when you took exercise:

(0 indicates nothing at all, 10 indicates very very strong)



E11. Compared to other men of your age, the time you spent on exercise was:

- | | | |
|------------------------------------|------------------------------------|----------|
| 1. far more than average | 4. a little less than average | |
| 2. a little more than average | 5. less than average | E11 __ |
| 3. about average | 8. unknown | |

E12. . Over the past year, about how many stairs have you climbed everyday? (the way upstairs and downstairs is counted once) _____ stairs. E12 | __ |__ |

E13. If you are still working, normally how do you go to work everyday? (If you are no longer working, please skip to E14)

- | | |
|---|----------------------|
| 1. On foot: _____ minutes | E13A1 __ __ __ |
| 2. Riding bicycle: _____ minutes | E13A2 __ __ __ |
| 3. Riding motorcycle or other vehicles: _____ minutes | E13A3 __ __ __ |
| 4. Taking a bus: _____ minutes | E13A4 __ __ __ |

E14. In the past year, you walked about _____ minutes everyday aside from the walk to work

- | | |
|--|----------------------|
| | E14A1 __ __ __ |
| You rode your bicycle about _____ minutes everyday | E14A2 __ __ __ |

E15. In the past year, the housework (including going to the grocery store, cooking, laundry, cleaning, taking care of your children, etc.) have been:

- | | |
|--|----------|
| 1. mostly done by you | |
| 2. half done by you | E15 __ |
| 3. less than half or none done by you | |

E16. How much time did you normally spend on housework?
_____ minutes

E16 | __ | __ | __ |

PART SIX FAMILIAL DISEASE HISTORY

Next we would like to ask a few questions about your first degree relatives, which includes your parents, your brothers and sisters, and your children. (Note: adopted brothers and sisters, adopted sons and daughters, and consanguineous brothers and sisters or vice versa, are not included).

- F1. How many daughters do you have? _____ daughters
 F2. How many sons do you have? _____ sons
 F3. How many sisters do you have?
 F4. How many brothers do you have? (you are not included)

F5. Are you twins?

1. ... yes →

F6. If both of your gender and looking are same?
 1 ... yes
 2 ... no

2. ... no 8. ... unknown

F7. Among these first degree relatives (including your parents, sisters, brothers, and your children), has anybody ever been diagnosed with a malignancy or cancer?

1. ... yes →

2. ... no

8. unknown

9. ... refused

		A. Which relative? (fill in the relationship with you)	B. What type of tumor or cancer has she / he had?	C. How old was he / she when he/she was diagnosed?
	First	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
	Second	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
	Third	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
	Fourth	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
	Fifth	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
	Sixth	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old

Note: Please do not write in this frame

F1 | _ | _ |
 F2 | _ | _ |
 F3 | _ | _ |
 F4 | _ | _ |

F5 | _ |

F6 | _ |

F7 | _ |

F7A1 | _ | _ |
 F7B1 | _ | _ |
 F7C1 | _ | _ |
 F7A2 | _ | _ |
 F7B2 | _ | _ |
 F7C2 | _ | _ |
 F7A3 | _ | _ |
 F7B3 | _ | _ |
 F7C3 | _ | _ |
 F7A4 | _ | _ |
 F7B4 | _ | _ |
 F7C4 | _ | _ |
 F7A5 | _ | _ |
 F7B5 | _ | _ |
 F7C5 | _ | _ |
 F7A6 | _ | _ |
 F7B6 | _ | _ |
 F7C6 | _ | _ |

F8. Among these first degree relatives (including your parents, sisters, brothers, and your children), has anybody ever been diagnosed with following disease?

- | | | | | | |
|--------------------------------|-----------|----------|---------------|-------------|----------|
| F8A1. coronary heart disease | 1 ... yes | 2 ... no | 8 ... unknown | 9...refused | F8A1 _ |
| F8A2. acute cardiac infarction | 1 ... yes | 2 ... no | 8 ... unknown | 9...refused | F8A2 _ |
| F8A3. stroke | 1 ... yes | 2 ... no | 8 ... unknown | 9...refused | F8A3 _ |
| F8A4. diabetes | 1 ... yes | 2 ... no | 8 ... unknown | 9...refused | F8A4 _ |

Job code number	G1A1 _ _ _	G1A2 _ _ _	G1A3 _ _ _	G1A4 _ _ _	G1A5 _ _ _	G1A6 _ _ _	
Occupational code	G3A1 _ _ _	G3A2 _ _ _	G3A3 _ _ _	G3A4 _ _ _	G3A5 _ _ _	G3A6 _ _ _	Gm _
	G6A1 _ _ _	G6A2 _ _ _	G6A3 _ _ _	G6A4 _ _ _	G6A5 _ _ _	G6A6 _ _ _	
	G7A1 _ _ _	G7A2 _ _ _	G7A3 _ _ _	G7A4 _ _ _	G7A5 _ _ _	G7A6 _ _ _	

G8. Before the sixth job the above mentioned, did you have other jobs? G8 |_|_|

1. yes
2. no

G9. Did you often work at night, that was later than 10:00 pm three times at least each month and for over one year continuously?

1 yes → G9 |_|_|

G9A1. when did you work at night? _____ year	G9A1 _ _ _ _
G9A2. when did you stop to work at night? _____ year	G9A2 _ _ _ _
G9A3. Totally, how many years did you work at night? _____ year	G9A3 _ _
G9A4. Average, how many times did you work at night each week or each month? 1 ... week 2 ... month times _____	G9A4 _ _ _ _

- 2 no
- 8 unknown

G10. In the past year, how many hours did you sleep each day? (including sleeping at day and night, but not including the time you woke between two sleepings)

_____hours/day G10 |_|_|

G11. In the past year, did you take a nap once a week at least ? (not including people who worked at night, and slept at day)

G11 |_|

1 ... yes → G11a1. if yes, how many times each week? _____ times G11a1 |_|_|

G11a2. how many months each year did you do that?
_____ month/year G11a2 |_|_|

2. ... no

G12. Did you snore when you sleep? G12 |_|

- 1 ... almost every day.
- 2 ...sometime
- 3 ... never

PART EIGHT PHYSICAL DEVELOPMENT AND BODY MEASUREMENT

Next I would like to ask some questions about your weight and height:

Compared to your peers between the ages of 15 and 20, your height was? Your weight was?

Period	H1. Height	H2. Weight
	1. Shorter than others. 2. A little shorter than others. 3. Average. 4. A little taller than others. 5. Taller than others. 8. Unknown. 9. Refused	1. Heavier than others. 2. A little heavier than others. 3. Average. 4. A little thinner than others. 5. Thinner than others. 8. Unknown. 9. Refused
At the age of 15 years old.	_____ H1A1 __	_____ H2A1 __
At the age of 20 years old.	_____ H1A2 __	_____ H2A2 __

H3. Your height was _____ (cm) when you were 20 years old H3 |__|__|__|

H4. Your weight was _____ (jin) (i.e., 0.5 kilogram) when you were 20 years old H4 |__|__|__|

H5. Your weight was _____ (jin) (i.e., 0.5 kilogram) when you were 40 years old (If you are younger than 40 years old, ask question H6)

H5 |__|__|__|
H6 |__|__|__|

H6. Your regular weight now is _____ (jin) (i.e., 0.5 kilogram)

H7. Did you have obvious weight change since you have been 20 ? (that means you lost weight or gained weight more than 10 jin within one year)

H7 |__|

1 yes → H8. how old were you when that happened to you first time?
_____ years

H8 |__|

H9. your weight was :

1 ... gained 2 ... lost how many jin? ___ jin

H9 |__|__|__|

H10. how old were you when that happened to you last time?
_____ years

H10 |__|__|

H11. your weight was;

1 ... gained 2 ... lost how many jin? ___ jin

H11 |__|__|__|

H12. how many times did your weight change during your life?
_____ times

H12 |__|__|

2... no

8...unknown

9...refused

This part is to measure the height, weight, waistline and hipline of the interviewees. To ensure the accuracy of the measurements, the interviewees are required to wear only one layer of clothes. If this is refused, estimate the actual values and record the clothes the interviewees wore in the remark columns.

Measured body site	H13. The first measurement M13A1-H13A5	H14. The second measurement H14A1 ... H14A5	Tolerance limit	H15. The third measurement H15A1 ... H15A5	Remarks
1. height (cm)	__ __ __ . __	__ __ __ . __	1 cm	__ __ __ . __	
2. weight (kilogram)	__ __ __ . __	__ __ __ . __	1 kg	__ __ __ . __	

3. waistline (cm)	__ __ __ . __	__ __ __ . __	1 cm	__ __ __ . __	
4. hipline (cm)	__ __ __ . __	__ __ __ . __	1 cm	__ __ __ . __	
5. height at the sitting position (cm)	__ __ __ . __	__ __ __ . __	1 cm	__ __ __ . __	

Remarks: If the difference between the first two measurements exceeds the tolerance difference, please take the third measurement.

H16. Now we will take your blood pressure. We will measure your blood pressure twice between 3 minutes. If the difference between the first two measurements exceeds the tolerance difference, we will take the third time.

A. first time:	systolic _____ mmHg	H16A1 __ __ __
	diastole _____ mmHg	H16A2 __ __ __
B. the second time:	systolic _____ mmHg	H16B1 __ __ __
	diastole _____ mmHg	H16B2 __ __ __
C. the third time:	systolic _____ mmHg	H16C1 __ __ __
	diastole _____ mmHg	H16C2 __ __ __

INTERVIEWER POSTSCRIPT

I1. The reliability of all the interview material: 1. Very reliable
2. Generally reliable I1 | __ |
3. Unreliable

I2. The time when the interview ended: 1. morning I2A1 | __ |
2. afternoon __ minutes past ____ o'clock
I2A2 | __ | __ | __ | __ |

I3. Signature of the interviewer: _____ I3 | __ | __ |

I4. Did the interviewee's wife take part in the Women Health Cohort Study survey? I4 | __ |
1 yes
2 no
8unknown

If yes, the SWQ number is _____ SWQ: |__|__|__|__|__|

What is your wife's name _____

N1. The reliability of all the interview material: 1. Very reliable
2. Generally reliable N1 | __ |
3. Unreliable

N2. The time when the interview ended: 1. morning
2. afternoon __ hour __ minute
N2-1 | __ | N2-2 | __ | __ | __ | __ |

* PLEASE DOUBLE-CHECK THE SELF-ADMINISTERED FORM, THE QUESTIONNAIRE, THE BLOOD SAMPLE FORM, THE URINE SAMPLE FORM, THE URINE COLLECTING CUP AND BLOOD TAKING TUBE; MAKE SURE THE ID NUMBERS ON EACH OF THEM ARE CORRESPONDING.

In this survey, we want to know some components in blood and urine samples, so that we can explore the correlations between heredity, hormone, nutrients and environmental factors and cancers. We need to collect a little cup of urine and 10 mL blood (about 1 teaspoon) from the interviewees to do this research.

One person has about 4000-5000mL blood in the body, thus 10mL of blood collected will not affect your health. Look forward to your support on our work. We will pay you 30RMB as thanks.

Agree1
Disagree.....2

BLD |__|

N3. Signature of the interviewer: _____

N3 |__|__|

N4. Signature of the interviewee: _____