

Outcome Follow-up Form

Shanghai Women's Health Study (2004)

English Translated Version

Participant's Information

FC1. a. Address 1...correct 2...incorrect 3...moved

b. Current address (or updated address): _____

Area: _____ District _____ Street _____ Subdivision _____ |

c. Phone: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

d. Correct current address or new address: _____

FC2. A relative or a friend we can contact for your contact information:

Name: _____ Relationship: _____ Address: _____ Phone Number: _____

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

FC3 Date of death _____ year _____ month _____ day

FC4 Cause of death _____

FC5 Diagnostic hospital _____

(followed by FC6-FC15, FC17-FC23, FC32, FC38, FC39, FC40-FC44)

FC3|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

FC4|_|_|_|_|

FC5|_|_|_|_|

A Have ever diagnosed with the disease by a physician? (FC6A – FC15A)		B In which year and month did you firstly have the disease? (FC6B – FC15B)	
FC6. Glaucoma	1...yes 2...no 3...probable 8...unknown _	_____year_____month	_ _ _ _ _ _ _ _ _
FC7. Cataract	1...yes 2...no 3...probable 8...unknown _	_____year_____month	_ _ _ _ _ _ _ _ _
FC8. Urinary tract stone	1...yes 2...no 3...probable 8...unknown _	_____year_____month	_ _ _ _ _ _ _ _ _
	FC8C. Site: 1 kidney 2 ureter 3 bladder 8...unknown		FC8C _
	FC8D. Confirmed by ultrasound and/or X ray exams? 1...yes 2...no		FC8D _
FC9. Gallstones	1...yes 2...no 3...probable 8...unknown _	_____year_____month	_ _ _ _ _ _ _ _ _
	FC9C. Site: 1 gallbladder 2 extrahepatic bile duct 3 ampullary 8...unknown		FC9C _
	FC9D. Confirmed by ultrasound and/or X ray exams? 1...yes 2...no		FC9D _
FC10. Parkinson's syndrome	1...yes 2...no 3...probable 8...unknown _	_____year_____month	_ _ _ _ _ _ _ _ _
FC11. Gout	1...yes 2...no 3...probable 8...unknown _	_____year_____month	_ _ _ _ _ _ _ _ _
FC12. Hyperlipidemia	1...yes 2...no 3...probable 8...unknown _	_____year_____month	_ _ _ _ _ _ _ _ _

	FC12C. Had ever taken medication for hyperlipidemia consecutively at least one month? 1...yes 2...no	FC12C _ _
FC13.Fatty liver	1...yes 2...no 3...probable 8...unknown _	____year____month _ _ _ _ _ _ _ _
FC14.Systemic Lupus Erythematosis	1...yes 2...no 3...probable 8...unknown _	____year____month _ _ _ _ _ _ _ _
FC15.Psoriasis	1...yes 2...no 3...probable 8...unknown _	____year____month _ _ _ _ _ _ _ _

FC16 Have you ever taken ultrasound exams scanning for diseases of the liver and gall bladder?

1...yes 2...no (to FC17)

FC16 |_|_|

FC16a. In which you had the last exam? _____ year

FC16a |_|_|_|_|_|

We w

Disease	(a) Ever had it	(b)Date of diagnosis	(c) Hospital of Diagnosis	This box is for coding only
FC17Diabetes	1...Yes 2...No	____Year____month		17a _ b _ _ _ _ _ _ _ _ c _ _ _ _
	d. Fasting blood glucose ≥ 7 (mmol/l)?			17d _
	1...Yes			17e _
	2...No \rightarrow e. number of occurrence: 1...1 2... ≥ 2			
	f. Blood glucose 2 hours after meal ≥ 11.1 (mmol/l)?			17f _
	1...Yes			17g _
	2...No \rightarrow g. number of occurrence: 1...1 2... ≥ 2			
	h. Any symptoms of diabetes? 1...Yes 2...No			17h _
	i. Ever used oral hypoglycemic drugs or insulin? 1...Yes 2...No			17i _
FC18 Hypertension	1..Yes 2..No	____Year____Month		18a _ b _ _ _ _ _ _ _ _ c _ _ _ _
	d. if yes, ever used anti-hypertensive medications? 1...Yes 2...No			18d _
FC19 Acute myocardial Infarction	1..Yes 2..No	____Year____Month		19a _ b _ _ _ _ _ _ _ _ c _ _ _ _
	d. if yes, ever been hospitalized? 1...Yes 2...No			19d _
FC20 Stroke	1..Yes 2..No	____Year____Month		20a _ b _ _ _ _ _ _ _ _ c _ _ _ _
	d. Type of stroke: 1... Intracerebral hemorrhage 2... Ischemic stroke 3... Unknown			20d _
	e. if yes, ever been hospitalized? 1...Yes 2...No			20e _
FC21 Fracture	1..Yes 2..No	____Year____Month		21a _ b _ _ _ _ _ _ _ _ c _ _ _ _
	d. site of fracture: _____			21d _ _ _ _
	e. reason: 1. car accident 2. fall when riding bicycle			21e _
	3. fall by sliding 4. fall down from high place (f. height: ____ m)			21f _ _ _ _ _
	5. others (g. please specify the reason: _____)			21g _
FC22 Cancer or tumor	1... Yes 2... No	____Year____Month		22a _ b _ _ _ _ _ _ _ _ c _ _ _ _
	(d. Name and site: _____)			22d _ _ _ _
FC23 Other diseases	1... Yes 2... No	____Year____Month		23a _ b _ _ _ _ _ _ _ _ c _ _ _ _
	(d. Specify: _____)			23d _ _ _ _

FC24 . In the past two years, how many hours did you sleep each day? (including sleeping at day and night, but not including the time you woke between two sleeps)

_____hours/day

FC24

FC25 In the past two years, did you take a nap once a week at least ? (not including people who worked at night, and slept at day)

FC25|_|

1... Yes	→ FC25a if yes, how many times each week?	_____ times	FC25a _ _
2... No	FC25b how many months each year did you do that?	_____ month/year	FC25b _ _

FC26 Do you still have periods? (menopause means the periods stopped more than one year)

1... Yes (to FC28) 2...No

FC26

|_|

FC27 If no, What was the date of your last period? _____year_____month FC27 |_|_|_|_|

|_|_|

FC28 Over the past two years, have you participated in any exercise regularly? (“regularly” means at least once a week, for more than 3 months, continuously)

1... Yes 2. No (skip to question FC32)

FC28|_|

FC29 Please tell me of 3 exercises you most often participated in FC30 How many hours did you spend each week?
during this period.

Activity a: _____	FC29a _ _	_____hours	FC30a _ _ . _
Activity b: _____	FC29b _ _	_____hours	FC30b _ _ . _
Activity c: _____	FC29c _ _	_____hours	FC30c _ _ . _

FC31 When you exercise, did you:

1. Sweat every time 2. Sweat most of the time 3. Normally do not sweat

FC31 |

FC32 Among your natural relatives (Including parents, brothers, sisters and children)

a if any of your natural relatives have ever experienced r been told that they had any of the following diseases?					b relationship? (multiple choice)			
1. Hypertension	1... Yes	2... No	8 Unknown	a1 _	1.parents	2.Sister or brother	3.Children	b1 _ _ _
2. Coronary heart disease	1... Yes	2... No	8 Unknown	a2 _	1.parents	2.Sister or brother	3.Children	b2 _ _ _
3. AM Infarction	1... Yes	2... No	8 Unknown	a3 _	1.parents	2.Sister or brother	3.Children	b3 _ _ _
4. Stroke	1... Yes	2... No	8 Unknown	a4 _	1.parents	2.Sister or brother	3.Children	b4 _ _ _
5. Diabetes	1... Yes	2... No	8 Unknown	a5 _	1.parents	2.Sister or brother	3.Children	b5 _ _ _
6. Cancer	1... Yes	2... No	8 Unknown	a6 _	1.parents	2.Sister or brother	3.Children	b6 _ _ _

FC33 Your current weight now is _____ (jin, ie. 0.5 kg) (self-reported)

FC33|_|_|_|

FC34 Body weight (kg): _____ (kg)

FC34|_|_|_|

FC35a 1st systolic BP _____ mmHg FC35a|_|_|_| FC35b 2nd systolic BP _____ mmHg

FC35b|_|_|_|

FC36a 1st diastolic BP _____ mmHg FC36a|_|_|_| FC35b 2nd diastolic BP _____ mmHg FC36b|_|_|_|

FC37a 1st pulse _____ /min FC37a |_|_|_| FC37b 2nd pulse _____ /min FC37b|_|_|_|

Any changes in your husband's health conditions since last contact in (year) ?		
FC38 Being healthy? 1...Healthy	<div style="border: 1px solid black; padding: 5px;"> a.Date of death: __year__month__day b.Cause of death: _____ c.Diagnostic hospital: _____ </div>	FC38 __
2...Deceased		38a __ __ __ __ __ __ __ __
3...Divorced		38b __ __ __
		38c __ __ __
FC39 Having ever been diagnosed with cancer or tumor?		
1.....Yes →	<div style="border: 1px solid black; padding: 5px;"> a. Type of cancer or tumor _____ b. Diagnostic hospital: _____ c. Date of diagnosis: _____ Year </div>	FC39 __
2.....No		39a __ __ __
		39b __ __ __
		39c __ __ __ __ __ __ __

Thank you for your participating in this study!

FC40. Date of interview: _____ FC40 |__|__|__|__|__|__|__|

FC41. Relation of the respondent to study participant:
1. Self 2. Husband 3. Children 4. Other relatives 5. Other (specify)_____ FC41 |__|

FC42. Interview was completed by: 1. In home visit 2. Telephone interview FC42 |__|

FC43. Name of interviewer: _____ FC43 |__|__|__|

FC44. Signature of interviewee: _____