

Coding Staff |__|

April, 2007

SWQ : |__|__|__|__|__|__|

Name: _____

District: _____

Street: _____

Resident group: _____

Follow-up of Women's Health Study

(Third edition, Oct. 2007, 10,000 copies)

A1. Interview date: _____year_____month_____day A1 |__|__|__|__|__|__|

A2. Interview time: 1.morning
 2.afternoon _____hour_____minute A2 |__| |__|__|__|__|

Part One: General information

A3 Your current weight _____jin (i.e., 0.5 kilogram) (self-reported) A3 |__|__|__|

A4a Systolic blood pressure 1:_____ mm Hg A4a |__|__|__|

A4b Systolic blood pressure 2:_____ mm Hg A4b |__|__|__|

A5a Diastolic blood pressure 1:_____ mm Hg A5a |__|__|__|

A5b Diastolic blood pressure 2:_____ mm Hg A5b |__|__|__|

A6a Heart rate 1:_____ /min A6a |__|__|__|

A6b Heart rate 2:_____ /min A6b |__|__|__|

Part Two: Dietary history

I would like to ask some questions about your dietary habits over the past year. Foods typically available in Shanghai are listed in the following tables. Please tell me if you ate those foods and how much, in general, you ate them in the past year? For each particular food, the first question is whether or not you ate it. The second question is if you did eat it, with what frequency (every day, every week, every month, or every year)? The third question is how much of it did you eat? Please do not leave any questions blank.

We know it's hard to state the exact amount of food you ate, but the estimated amounts will give us a basic idea about your dietary intake, and the data will be of great help to us. This questionnaire is about your personal eating and drinking habits, not those of your entire family.

B1. Names of food	Frequency of consumption					Amt. consumed (50 g)	Coding	
1. rice	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B1-1 __ __ __	VV1
2. noodles, steamed bread, and other wheat-based food	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B1-2 __ __ __	VV2

B2. Meat, egg, fish	Frequency of consumption					Amt. consumed (50 g)	Coding	
1. pork chops	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-1 __ __ __	VV3
2. pork ribs	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-2 __ __ __	VV4
3. pig's feet	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-3 __ __ __	VV5
4. ham hock	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-4 __ __ __	VV6
5. fresh pork (fat)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-5 __ __ __	VV7
6. fresh pork (lean)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-6 __ __ __	VV8
7. fresh pork (mixture)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-7 __ __ __	VV9
8. pork liver	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-8 __ __ __	VV10
9. organ meat (heart, brain, tongue, tripe, intestine)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-9 __ __ __	VV11
10. beef, lamb	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-10 __ __ __	VV12
11. egg, duck egg	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-11 __ __ __	VV13
12. chicken	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-12 __ __ __	VV14
13. duck, goose	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-13 __ __ __	VV15
14. salt water fish (e.g., yellow croaker, hair tail)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-14 __ __ __	VV16
15. fresh water fish (e.g., silver carp, bream, crucian carp, etc.)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-15 __ __ __	VV17
16. rice field eel or river eel	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-16 __ __ __	VV18

B2. Meat, egg, fish	Frequency of consumption					Amt. consumed (50 g)	Coding	
17. shrimp, crab, etc.	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-17 __ __ __	VV19
18. conch, etc.	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-18 __ __ __	VV20
19. fresh milk	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B2-19 __ __ __	VV21

B3. Soy and soy byproducts	Frequency of consumption					Amt. consumed (50 g)	Coding	
1. soy milk, powdered soy milk (if powdered milk is used to make a drink, the amount consumed will be the amount of the whole drink.)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B3-1 __ __ __	VV22
2. Tofu	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B3-2 __ __ __	VV23
3. Other soybean products (fried bean curd, vegetarian chicken, bean curd cake, and other kinds of bean products excluding fresh bean curd)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B3-3 __ __ __	VV24
4. dried soybeans	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B3-4 __ __ __	VV25
5. mung bean, red bean, and other dried beans	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B3-5 __ __ __	VV26
6. soybean sprouts	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B3-6 __ __ __	VV27
7. mung bean sprouts	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B3-7 __ __ __	VV28

B4. I would like to know how often (every day, every week, or every month) you ate fresh vegetables in the past year? What is the amount (50 g) you consumed each time?

1.....day

B4-1 |__|

2.....week

_____ times

B4-2 |__|__|

3.....month

_____ 50 g/time

B4-3 |__|__|. |__|

B5. Next, I will ask some questions about your eating habits regarding fresh vegetables in the past year. When these vegetables were available on the market, did you eat them every day, every week, every month, every year, or not at all? How much did you normally eat? How many months out of the year did you eat them?

Vegetables and other foods	Frequency of consumption					Amt. consumed (50 g)	Coding	
1. greens, Chinese greens	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A1 __ __ __	VV29
2. spinach	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A2 __ __ __	VV30
3. green cabbage	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A3 __ __ __	VV31
4. Chinese cabbage, Bok choy	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A4 __ __ __	VV32
5. cauliflower	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A5 __ __ __	VV33
6. broccoli	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A6 __ __ __	VV34
7. celery	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A7 __ __ __	VV35
8. pea seedling	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A8 __ __ __	VV36
9. eggplant	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A9 __ __ __	VV37
10. wild rice shoots	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A10 __ __ __	VV38
11. lettuce	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A11 __ __ __	VV39
12. potato	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A12 __ __ __	VV40
13. wax gourd	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A13 __ __ __	VV41
14. cucumber	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A14 __ __ __	VV42
15. luffa	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A15 __ __ __	VV43
16. fresh mushroom, fresh Xingu mushroom	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A16 __ __ __	VV44
17. fresh red and green pepper	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A17 __ __ __	VV45
18. tomato	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A18 __ __ __	VV46
19. bamboo shoots	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A19 __ __ __	VV47

20. lotus root	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A20 __ __ __	VV48
21. garlic bulb	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A21 __ __ __	VV49
22. garlic greens and garlic stalk	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A22 __ __ __	VV50
23. onion	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A23 __ __ __	VV51
24. Chinese chives	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A24 __ __ __	VV52
25. shallot	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A25 __ __ __	VV53
26. white radish	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A26 __ __ __	VV54
27. carrot	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A27 __ __ __	VV55
28. baby soybean	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A28 __ __ __	VV56
29. fresh pea	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A29 __ __ __	VV57
30. fresh broad bean	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A30 __ __ __	VV58
31. yard long bean	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A31 __ __ __	VV59
32. green bean (four-season bean)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A32 __ __ __	VV60
33. hyacinth bean	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A33 __ __ __	VV61
34. garland chrysanthemum	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A34 __ __ __	VV62
35. shepherd's purse	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A35 __ __ __	VV63
36. clover	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A36 __ __ __	VV64
37. amaranth	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A37 __ __ __	VV65
38. asparagus	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B5A38 __ __ __	VV66

B6. How often (every day, every week, or every month) did you eat fruit in the past year? How much (50 g) did you consume each time?

1.....day

2.....week

3.....month

4.....year

_____ time

_____ 50g/time/次

B6_1 |__|

B6_2 |__|__|

B6_3 |__|__|. |__|

B7. Next, I will ask some questions about your eating habits regarding fruit in the past year. When these fruits were available on the market, did you eat them every day, every week, every month, every year, or not at all? How much did you normally eat? How many months out of the year did you eat them?

Type of fruit	Frequency of consumption					Amt. consumed (50 g)	Coding	
1. apple	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A1 __ __ __	VV67
2. pear	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A2 __ __ __	VV68
3. tangerine, orange, grapefruit	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A3 __ __ __	VV69
4. banana	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A4 __ __ __	VV70
5. grape	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A5 __ __ __	VV71
6. watermelon	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A6 __ __ __	VV72
7. peach	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A7 __ __ __	VV73
8. other fruit (e.g., strawberry, cantaloupe, muskmelon, casaba)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B7A8 __ __ __	VV74

B8. Next, tell me about the other foods you ate:

B8. Name of food	Frequency of consumption					Amt. consumed (50 g)	Coding	
1. black and white edible tree fungi	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_1 __ __ __	VV75
2. dried Xingu mushroom	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_2 __ __ __	VV76
3. sea kelp	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_3 __ __ __	VV77
4. sea laver	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_4 __ __ __	VV78
5. powdered milk	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_5 __ __ __	VV79
6. preserved fruits	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_6 __ __ __	VV80

7. peanut	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_7 __ __ __	VV81
8. pecan, walnut, hickory	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_8 __ __ __	VV82
9. sunflower seed, watermelon seed	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_9 __ __ __	VV83
10. other nuts (e.g. cashew, pistachio, almond)	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_10 __ __ __	VV84
11. Coke, Sprite, Fanta, and other sodas	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_11 __ __ __	VV85
12. fruit juice	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_12 __ __ __	VV86
13. Sugared beverages	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_13 __ __ __	VV87
14. Fruit drink, malt milk, and other powdered drink	Every day 1	Every week 2	Every month 3	Every year 4	Not at all 5		B8_14 __ __ __	VV88

B9. In the past year, how much did your family consume each of the following per month (50 g):

1. soybean oil and refined oil: _____ (50g) B9-1 |__|__|__|

2. peanut oil or other vegetable oil: _____ (50g) B9-2 |__|__|__|

3. lard: _____ (50g) B9-3 |__|__|__|

4. brown or bleached sugar: _____ (50g) B9-4 |__|__|__|

5. salt: _____ (50g) B9-5 |__|__|__|

B10. For the above oil, how much did you throw away (e.g., the leftover oil after frying or stir-frying)?

_____ 50g B10 |__|__|__|

B11. For most of the past year, how many people in your family, including yourself, have lived together?

_____ persons B11 |__|__|__|

B12. For most of the past year, how many times has your family, including yourself, not eaten at home each month, excluding breakfast? (e.g., dining room at school or restaurant)

_____ times B12 |__|__|__|

B13. For most of the past year, how many times have you not eaten at home each month, excluding breakfast?

_____ times B13 |__|__|

Part Three: Personal Habits and Lifestyle

C1. In the past year, have you smoked regularly? (at least one cigarette per day, for more than six months continuously)

1...yes 2...no

C1|__|

C1a. In the past year, how many average hours per day did people smoke in front of you?

_____ hours

C1a|__|__|. |__|

C2. In the past year, did you drink alcohol regularly? (at least three times per week, for more than six months continuously)

1...yes 2...no

C2|__|

C3. In the past year, did you drink tea regularly? (at least three times per week, for more than six months continuously)

C3|__|

1.....yes →

C3a. In the past year, how much tea did you drink each month?

C3a|__|__|. |__|

C3b. On days you drank tea, how many times did you make tea?

(to change tea or tea bag) ? _____ times

C3b|__|

2.....never (ask question C4a)

3.....not anymore → C3c. How old were you when you stopped drinking tea?

_____ years

C3c |__|__|

C4a. In the past year, how much ginseng did you consume? _____ 50g

C4a|__|__|. |__|

C4b. In the past year, how many pills or capsules of ginseng did you take?

1...month

2...year _____ pill or capsule

C4b|__| |__|__|__|

C5. In the past year, did you take the following vitamin supplements or health products? (at least three times per week for two months continuously)

Vitamin	Did you take?	a. times/per week?	b. for how many months?
1. Vitamin A + D	1.yes 2.no __	_____ C5a-1 __ __	_____ month C5b-1 __ __
2. Vitamin B	1.yes 2.no __	_____ C5a-2 __ __	_____ month C5b-2 __ __
3. Vitamin C	1.yes 2.no __	_____ C5a-3 __ __	_____ month C5b-3 __ __
4. Vitamin E	1.yes 2.no __	_____ C5a-4 __ __	_____ month C5b-4 __ __
5. Multivitamin	1.yes 2.no __	_____ C5a-5 __ __	_____ month C5b-5 __ __
6. other vitamin (note: _____)	1.yes 2.no __	_____ C5a-6 __ __	_____ month C5b-6 __ __
7. calcium	1.yes 2.no __	_____ C5a-7 __ __	_____ month C5b-7 __ __

8.fish oil	1.yes 2.no __	_____ C5a-8 __ __	_____ month C5b-8 __ __
9.gyrophora, its products and spore powder	1.yes 2.no __	_____ C5a-9 __ __	_____ month C5b-9 __ __
10.others:_____	1.yes 2.no __	_____ C5a-10 __ __	_____ month C5b-10 __ __
11.others:_____	1.yes 2.no __	_____ C5a-11 __ __	_____ month C5b-11 __ __

C6. In the past two years, did you take traditional Chinese medicine or Chinese patent drugs for more three months continuously? C6 |__|

1...yes 2...no

C7a. Taken cumulatively in ____ years for ____ months

C7a-1 |__|

C7a-2 |__|__|

C7b.Reasons for taking traditional Chinese medicine or Chinese patent drugs:

1...general health 2...chronic disease (note: _____) 3...others (note: _____) C7b |__|

C8. Do you still have periods?

C8 |__|

1.....yes (skip to C11)

2.....no →

C8a. date of last menses: _____year____month C8a |__|__|__|__|__|__|

C8b.reason the periods stopped: C8b |__|

1.natural menopause

2.surgery (hysterectomy/ovariectomy)

3.others(note:_____)

C9. If menopause, did you take hormone replacement therapy?

1...yes

2...no

C9 |__|

C10. If yes, taken cumulatively in ____ years for _____months

C10a |__|__|

C10b |__|__|__|

C11. Have you had ovariectomy surgery?

C11 |__|

1...yes→

2...no

C11a. When? _____ year____month C11a |__|__|__|__|__|__|

C11b. Unilateral or bilateral ovariectomy? 1...unilateral 2...bilateral 3...unknown C11b |__|

C12. Have you had other surgeries since our last interview?

A. Type of surgery	B. Reason for surgery	C. When was surgery	C12A	C12B	C12C
1 _____	_____	_____year____month	__ __ __	__ __ __	__ __ __ __ __ __
2 _____	_____	_____year____month	__ __ __	__ __ __	__ __ __ __ __ __

The following questions are about your oral health.

C13a. How many teeth have you lost? _____ teeth C13a |__|__|

or: C13b. How many teeth do you have now? _____ teeth C13b |__|__|

C13c. How old were you when you began to lose teeth (permanent teeth)?
_____ years C13c |__|__|

C14. Are you wearing dentures? C14 |__|

1... yes →

2... no

C14a. complete dentures? 1...yes 2...no

C14a |__|

C15. Do you brush your teeth every day? C15 |__|

1...twice or more a day 2. Once a day 3. Less than once a day 4. Occasionally or never

The following questions are about your sleep habits.

C16. Do you often have insomnia? (difficulty falling asleep or trouble falling back asleep after you wake at night)?

C16|__|

1... yes-----→

2... no

CC16a How many times did this happen each month or each week?

1...month _____times C16a|__||__|__|

2...week

3...taking sleeping pills or other medicine to assist sleep (e.g., melatonin)

C17. Do you often feel that you didn't get enough sleep when you wake up in the morning? C17|__|

1... yes→

2... no

C17a. How many times did this happen each month or each week?

1...month _____times

2...week

C17a|__||__|__|

C17b. How many years did this last? _____years

C17b |__|__|

C18. How many days in the past week did you have the following feelings or conditions?

Symptoms	Days in the past week
1.depression	_____ C18_1 __
2.the blues	_____ C18_2 __
3.happiness	_____ C18_3 __
4.crying spells	_____ C18_4 __
5.couldn't get going	_____ C18_5 __
6.lack of communication	_____ C18_6 __
7.couldn't trust others	_____ C18_7 __

INTERVIEWER POSTSCRIPT

D1. The reliability of all the interview material:

1. Very reliable

2. Generally reliable

3. Unreliable

D1 | __ |

D2. The time when the interview ended: 1. morning
2. afternoon ___ hour ___ minute

D2-1 | | D2-2 | | | | |

D3. Signature of the interviewer: _____

D3 | | |

D4. Signature of the interviewee: _____