

## Outcome Follow-up Form

### Shanghai Women's Health Study (v2007)

#### Participant's Information

FD1. a. Address 1...correct 2...incorrect 3...moved (Reason:\_\_\_\_\_)

b. Current address (or updated address): \_\_\_\_\_

Area: \_\_\_\_\_ District \_\_\_\_\_ Street \_\_\_\_\_ Subdivision \_\_\_\_\_ |

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

d. Correct current address or new address: \_\_\_\_\_

FD2. A relative or a friend we can contact to collect your information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If the study participant is deceased, please accept our condolences. We would be very grateful if her next of kin could tell us the date and cause of death.

FD3 Date of death \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

FD4 Cause of death \_\_\_\_\_

FD5 Hospital where death occurred \_\_\_\_\_

FD3 | | | | | | | | | | | | | |

FD4 | | | | | FD5 | | | | |

We would like to know whether you have been diagnosed with these diseases by a physician since our last visit (year).

FD6a. Diabetes 1...Yes 2...No (if No, skip to FD7 )

FD6a | |

FD6b. Date of diagnosis \_\_\_\_\_ Year \_\_\_\_\_ month

FD6b | | | | | | | | | |

FD6c. Hospital of diagnosis:

FD6c | | | | |

FD6d. Have you taken a fasting blood glucose test?

1... Yes 2...No (if No, skip to FD6i) 3...unknown (if known, skip to FD6i)

FD6d | |

FD6e. Fasting blood glucose  $\geq 7$  (mmol/l)?

FD6e | |

1...Yes  $\rightarrow$  FD6f. number of occurrences: 1...1 2... $\geq 2$

FD6f | |

2...No

FD6g. Blood glucose 2 hours after meal  $\geq 11.1$  (mmol/l)?

FD6g | |

1...Yes  $\rightarrow$  FD6h. number of occurrences: 1...1 2... $\geq 2$

FD6h | |

2...No

FD6i. Any symptoms of diabetes?

1...Yes 2...No

FD6i | |

FD6j|\_|

FD6k| | | | || | |

2...No

Disease	(a) Were you diagnosed?	(b)Date of diagnosis	(c) Hospital of diagnosis	This box is for coding only
FD7. Hypertension	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
d. If yes, have you used anti-hypertensive medications?	1...Yes 2...No			d _ e _ _ _ _ _ _ _ _
e. Medication start date:	____Year__Month			
FD8. Acute myocardial infarction	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
d. If yes, were you hospitalized?	1...Yes 2...No			d _ e _ _ _ _ _ _ _ _
e. Admission number:				f _
f. Have you had percutaneous transluminal coronary angioplasty, stenting, or bypass operation of coronary artery?	1...Yes 2...No			g _ _ _ _ _ _ _ _
g. Treatment start date:	__Year__Month			
FD9. Stroke	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
d. Type of stroke:	1... Intracerebral hemorrhage 2... Ischemic stroke			d _ e _ _ _ _ _ _ _ _
	3...subarachnoid hemorrhage 4... Unknown			f _ _ _ _ _ _ _ _ _ _ _ _ _ _
e. ever been hospitalized?	1...Yes 2...No			
f. Admission number				
FD10. Fracture	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
d. Site of fracture:	_____			d _ _ _ _
e. Reason: 1. car accident 2. fall when riding bicycle				e _
3. fall by sliding 4. fall down from high place (f. height:____ m)				f _ _ _ _ . _ _ g _
5. others (g. please specify the reason:_____)				h _
h. confirmed by X-ray: 1..Yes 2..No				
FD11. Cancer or tumor	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
(d. Name and site: )				d _ _ _ _
FD12. Glaucoma	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
FD13. Cataract	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
FD14. Urinary tract stone	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
d. Site: 1 kidney 2 ureter 3 bladder 8...unknown				d _
e. Confirmed by ultrasound and/or X-ray?	1...yes 2...no			e _
FD15. Gallstones	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
d. Confirmed by ultrasound and/or X ray?	1...yes 2...no			d _
FD16. Cholelithiasis	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
FD17. Parkinson's disease	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _
FD18. Gout	1..Yes 2..No	____Year__Month		a _ b _ _ _ _ _ _ _ _ c _ _ _ _

FD19. Hyperlipidemia    1..Yes    2..No    _____Year__Month    _____ d. Ever taken medication for hyperlipidemia consecutively for at least one month? 1...yes    2...no	a _ b _ _ _ _ _ _ _ _ c _ _ _ _  d _
FD20. Fatty liver    1..Yes    2..No    _____Year__Month    _____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _
FD21. Psoriasis    1..Yes    2..No    _____Year__Month    _____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _
FD22. Hepatitis    1..Yes    2..No    _____Year__Month    _____ d. Type: 1... Hepatitis A 2...Hepatitis B 3...Hepatitis C 4... other 5. Unknown	a _ b _ _ _ _ _ _ _ _ c _ _ _ _  d _
FD23. Other diseases    1..Yes    2..No    _____Year__Month    _____ d. Name of the disease_____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _  d _ _ _ _

FD24. Have you had a hepatobiliary ultrasound test since our last interview? FD24|\_|

1... Yes 2... No (if No, skip to FD26)

FD25. In what year did you receive your last hepatobiliary ultrasound test? \_\_\_\_\_Year FD25|\_|\_|\_|\_|

FDS1. Have you ever been diagnosed with rheumatic heart disease by a physician? FDS1|\_|

1...Yes → FDS2. Date of diagnosis: \_\_\_\_\_Year\_\_Month FDS2|\_|\_|\_|\_|\_|\_|\_|

2...No

FDS3. Have you ever been diagnosed with atrial fibrillation by a physician? FDS3|\_|

1...Yes → FDS4. Date of diagnosis: \_\_\_\_\_Year\_\_Month FDS4|\_|\_|\_|\_|\_|\_|\_|

2...No

FDS5. Have you ever had heart valve replacement surgery? FDS5|\_|

1...Yes → FDS4. Date of surgery: \_\_\_\_\_Year\_\_Month FDS6|\_|\_|\_|\_|\_|\_|\_|

2...No

Any changes in your husband's health conditions since our last visit in (year)?		FD26  _
FD26 Describe his health 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>	26a _ _ _ _ _ _ _
2...Deceased →		26b  _ _ _ _
3...Divorced		26c  _ _ _ _
FD27 Has he ever been diagnosed with cancer or tumors?		FD27  _
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>	27a  _ _ _ _
2.....No		27b  _ _ _ _
		27c  _ _ _ _ _ _ _

Thank you for your participating in this study.

FD28. Relation of the respondent to the study participant:

1. Self    2. Husband    3. Child    4. Other relatives    5. Other    6.CDC FD28|\_|

FD29. 1. In home visit      2. Telephone interview      3.CDC

FD29|\_|

FD30. Name of interviewer: \_\_\_\_\_

FD30 |\_|\_|\_|

FD31. Date of interview: \_\_\_\_\_

FD32 |\_|\_|\_|\_|\_|\_|\_|\_|

FD32. Signature of interviewee:\_\_\_\_\_