Outcome Follow-up Form

Shanghai Women's Health Study (2007)

English Translated Version

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 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. FD3 Date of death _____ year_____month _____day FD4 Cause of death _____ FD5 Death in which hospital _____	FD3|__|__|__|__||__|__||__|__| FD4|__|__|__| FD5|__|__|__|

We would like to know whether you have ever been diagnosed with these diseases by a physician since we visit you in (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 ever taken 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≥ 7 (mmol/l)? FD6e|__|

1…Yes ➞ FD6f. number of occurrence : 1…1 2…>=2 FD6f|__|

2…No

FD6g. Blood glucose 2 hours after meal ≥11.1 (mmol/l)? FD6g|__|

1…Yes ➞ FD6h. number of occurrence : 1…1 2…>=2 FD6h|__|

2…No

FD6i. Any symptoms of diabetes? 1…Yes 2…No FD6i|__|

FD6j. Ever used hypoglycemic drugs or insulin? FD6j|__|

1…Yes ➞ FD6k.Date of starting take medicine_____Year_____month FD6k|__|__|__|__|\|__|__|

2…No

Disease (a) Ever had it (b)Date of diagnosis (c) Hospital of Diagnosis	This box is for coding only
FD7. Hypertension 1..Yes 2..No _____Year___Month _____ d. if yes, ever used anti-hypertensive medications? 1…Yes 2…No e. Date of starting take medicine _____Year___Month	a|__|b|__|__|__|__|__|__|c|__|__|__| d|__| e|__|__|__|__|__|__|__|
FD8. Acute myocardial Infarction 1..Yes 2..No ___Year___Month _____ d. if yes, ever been hospitalized? 1…Yes 2…No e. Admission number f. ever taken percutaneous transluminal coronary angioplasty, stenting, or bypass operation of coronary artery? 1…Yes 2…No g. the date of these treatment ___Year___Month	a|__|b|__|__|__|__|__|__|c|__|__|__| d|__| e|__|__|__|__|__|__|__| f|__| g|__|__|__|__|__|__|
FD9. Stroke 1..Yes 2..No _____Year___Month _____ d. Type of stroke: 1… Intracerebral hemorrhage 2… Ischemic stroke 3…subarachnoid hemorrhage 4… Unknown e. ever been hospitalized? 1…Yes 2…No f. Admission number	a|__|b|__|__|__|__|__|__|c|__|__|__| d|__| e|__|__|__|__|__|__|__| f|__|__|__|
FD10. Fracture 1..Yes 2..No _____Year___Month _____ d. site of fracture:_____ e. reason: 1. car accident 2. fall when riding bicycle 3. fall by sliding 4. fall down from high place (f. height:____ m) 5. others (g. please specify the reason:_____) h. confirmed by X-ray: 1..Yes 2..No	a|__|b|__|__|__|__|__|__|c|__|__|__| d|__| e|__| f|__|__|.|__| g|__| h|__|
FD11. Cancer or tumor 1… Yes 2… No ____Year___Month _____ (d. Name and site:)	a|__|b|__|__|__|__|__|__|c|__|__|__| 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 _____ d. Site: 1 kidney 2 ureter 3 bladder 8…unknown e. Confirmed by ultrasound and/or X ray exams? 1…yes 2…no	a|__|b|__|__|__|__|__|__|c|__|__|__| d|__| e|__|
FD15. Gallstones 1… Yes 2… No ____Year___Month _____ d. Confirmed by ultrasound and/or X ray exams? 1…yes 2…no	a|__|b|__|__|__|__|__|__|c|__|__|__| d|__|
FD16. Cholelithiasis 1… Yes 2… No ____Year___Month _____	a|__|b|__|__|__|__|__|__|c|__|__|__|
FD17. Parkinson's syndrome 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. Had ever taken medication for hyperlipidemia consecutively 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 ever taken the hepatobiliary ultrasound test since last interview? FD24|__|

1… Yes 2… No (if No, skip to FD26)

FD25. What was the latest year for you taken 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 physican? FDS3|__|

1…Yes ➞ FDS4. Date of diagnosis: ____Year___Month FDS4|__|__|__|__||__|__|

2…No

FDS5. Have you ever been taken 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 we visit you in (year) ?	FD26 |__|
FD26 Being healthy? 1…Healthy 2…Deceased → 3…Divorced a.Date of death:___year___month___day b.Cause of death: _____ c.Diagnostic hospital: _____	26a|__|__|__|__| |__|__| 26b |__|__|__| 26c |__|__|__|
FD27 Having ever been diagnosed with cancer or tumor? 1……Yes → 2……No a. Type of cancer or tumor_____ b. Diagnostic hospital: _____ c. Date of diagnosis: _____ Year	FD27 |__| 27a |__|__|__| 27b |__|__|__| 27c |__|__|__|__||__|__|

Thank you for your participating in this study!

FD28. Relation of the respondent to study participant:

1. Self 2. Husband 3. Children 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:_____