Outcome Follow-up Questionnaire-5 Shanghai Women's Health Study (2011)

(English Translated Version)

FE1.a. Listed address is: 1 Rig	ht 2 Wrong 3Mo	ved out (a. keeping addre	ess, b. deleting address)
b. Corrected address:	District	Street	Neighborhood committee
c. Phone number: _	_	_	
d. Current address (or upda	ed address):		
FE2. Relative or friend we can c	ontact for your latest cor	ntact information:	
Name: Relationshi	p: Address:		Phone number:
If the study participant is already reason, please accept our condol next of kin could tell us the date FE3 Date of death you FE4 Cause of death you FE5 Diagnostic hospital	ences. We would be very gand cause of death. earmonth	rateful if her FE3 day FE4	
FE6. Your current weight now is	in jin (1 jin =0	.5 kg) (self-reported)	FE6 _ _
FE7a 1st systolic BP mml			mmHg FE7b _
FE8a 1st diastolic BP mm	Hg FE8a _ F	E8b 2nd diastolic BP	mmHg FE8b _ _
FE9a 1st pulse (times/mir) FE9a _ F	FE9b 2nd pulse (t	times/min) FE9b _
FE10. Your current marital status	is: 1married, 2w	vidowed, 3separated,	4divorced, 5single,
	6 living with a pa	artner	FE 10 _

We would like to know your husband/partner's (Mr) health condition, since our last home-visit
for health interview in (year):	
FE11 Is he still healthy?	FE11
1. living a. Date of death//	FE11a _ _
2. deceased> b. Reason for death	FE11b
3. divorced c. Hospital of diagnosis	FE11c
d. have he had a cancer?	FE11d
1 yes> a Type of concern	FE11e
1. yes> 2. no e. Type of cancer: f. Hospital of diagnosis:	FE11f _
g. Date of diagnosis//	FE11g
We would like to know, since our last home-visit for health int	terview in (vear), have vou been
diagnosed with any of the following diseases or received the fo	
FE12a. Have you been diagnosed with diabetes by a physician?	FE12a
1 yes 2 no (jump to FE13)	
FE12b. In which year and month did you first have the disease?	
year month	FE12b _ _ _
FE12c. In which hospital were you diagnosed?	FE12c _
FE12d. Have you taken a fasting blood glucose test?	
1 yes 2no (jump to FE12i) 3unknown (ju	mp to FE12i) FE12d
FE12e. Fasting blood glucose at diagnosis > 7 mmol/l?	FE12e
1 yes \rightarrow FE16f. How many times did this occur	? 1Once 2Twice+ FE12f
2 no	
FE12g. Blood sugar 2 hours after meal at diagnosis > 11.1 mmol/	1? FE12g
1 yes \rightarrow FE12h. How many times did this occur	? 1Once 2Twice+ FE12h
2 no	
FE12i. Have you ever had diabetic symptoms? (Such as polydipsia, d	iuresis, polyphagia, unexplained weight loss)
1 yes 2 no	FE12i
FE12j. Have you taken insulin or other medication for hyperglyce	emia?
FE12j	

1	1 yes \rightarrow FE12k. In which year and month did you first take these medications?					
	year	month	FE12k _ _			
2	***					

Have you ever been told by a doctor that you had the following diseases?

Diseases	(a) Ever had?	(b) First diagnosis	(c) Hospital of	Coding area
			diagnosis	
FE13. Hypertension	1yes 2no	year month		a b _
d. Have you taken m	edication for it? 1ye	es 2no		c _
e. In which year did	you begin taking the r	medication? year	month	d
				e _
FE14. Acute myocar	dial infarction			a b _
	1yes 2no	year month		c _
d. Ever been hospita	lized for the disease:	1yes 2no		d
e. Medical chart No.				e
f. Have you received	l a percutaneous transl	uminal coronary angioplast	y (angioplasty) or	f
a coronary bypass	operation: 1yes 2	no		
g. In which year and	month did you have t	hese procedure(s):y	earmonth	g _
FE15. Congestive he	eart failure			a b _
	1yes 2no	year month		c
d. Even been hospita	dized: 1yes 2no			d
e. Medical chart No.				e
FE16. Atrial fibrillat	ion			a b _
	1yes 2no	year month		c
FE17. Stroke	1yes 2no	year month		a b _
d. Type of str	oke: 1intracerebra	al hemorrhage 2cerebra	l infarction	c _
	3subarachnoi	d hemorrhage 8unknow	⁄n	d
e. if yes, ever	been hospitalized? 1	yes 2no		e
f. Medical chart No.				f
FE18. Fracture	1yes 2no	year month		a b _
d. Site of fracture:				c _
e. Reason: 1car ac	cident, physical traum	a 2fall when riding bicyo	cle	d

3fall by sliding 4fall from a high place (f. height: m)	e
5others (g. please specify the reason:)	f . g
h. Was the facture diagnosed by X-ray? 1yes 2 no	h
FE19. Cancer or malignant tumor	a b _
1yes 2no year month	c
d. Name and site:	d
FE20. Cataract 1yes 2no year month	a b _
	c
FE21. Cholelithiasis 1yes 2no year month	a b _
	c
FE22. Cholecystitis 1yes 2no year month	a b _
	c
FE23. Parkinson's Disease	a b _
1yes 2no year month	c
FE24. Gout 1yes 2no year month	a b _
	c
FE25. Hyperlipidemia 1yes 2noyear month	a b _
d. Ever taken medication for the disease for longer than a month? 1yes 2no	c d
FE26. Renal Failure 1yes 2no year month	a b _
	c
FE27. Hepatitis 1yes 2no year month	a b _
d. Types of hepatitis: 1A 2B 3C 4other 8unknown	c d
FE28. Fatty liver 1yes 2no year month	a b _
	c
FE29. Pneumonia 1yes 2noyear month	a b _
d. Type of pneumonia: 1bacterial 2viral 3other 8unknown	c d
FE30. Frozen shoulder 1yes 2no year month	a b _
d. Lasted duration: (month)	c _ d
FE31. Other disease-1 1yes 2no year month	a b _
d. Specify:	c _ _ d _ _
FE32. Other disease-2 1yes 2no year month	a b _
d. Specify:	c _ d

FE33. Have you e	ver received a head CT sc	an or head MRI exa	amination?	1yes 2no	FE33
Year of first	examination:	Year			FE33a _ _
What was the	e result?				FE33b
Year of mos	t recent examination:	Year			FE33c _ _
What was the	e result?				FE33d
FE34. In the past y	year, did you often drink to	ea (at least 3 times]	per week for	over 6 months)?	FE34
1	yes				
	FE34a. In the past year,	how much tea did y	you drink per	r month? in	liang (1 liang=50 g)
					FE34a _ .
	FE34b.How many of ne	w batches of tea do	you usually	drink per day, i.e.	, how many times
	do you change tea leave	s/bags per day?	times		FE34b
FE35. In the past y	never (skip to FE35)no longer drink tea → FI year, how much ginsengs I year, how many ginseng ta nonth	tea regularly?	? 1?in	liang (1 liang=50	FE34c _ g) FE35 _ .
2y	ear tablets/I	pills			FE36 _
once per week for	two years, have you freque more than 3 months) yes 2no (jump to FE38		ı physical ac	tivities? ("Frequer	refers to at least FE37
FE37a. Please tell	us the three physical activ	vities]	FE34b. How many	hours/week?
you partici	pate in the most:				
Activity 1: _	FE37a1 _	_	-	Hr.	FE37b1 _ .
Activity 2: _	FE37a2 _	_	-	Hr.	FE37b2 _ .
Activity 3:	FE37a3			Hr.	FE37b3 .

FE38. In the past five years, have you received the following examinations? What was the result?

		Have you h	ad this	Time of the	he most recen	ıt	Result of the examination	n
		exam? FE3	8a	exam? FE	E38b		FE38c	
1. Colonoscopy		1yes 2	.no		yearmo	nth		
		FE38a1		FE38b1 _	_ _		FE38c1 _	
2. Gastroscopy		1yes 2	.no		yearmo	nth		
		FE38a2		FE38b2 _	_		FE38c2 _	
3. Mammograph	hy	1yes 2	.no		yearmo	nth		
		FE38a3		FE38b3 _	_		FE38c3 _	
E39.Have you		± •					FE39	
FE39a.Whe	en was th	ne last time yo	ou took a phy	ysical exami	nation?	year	r FE39a	_
~ ·		•			,		FE41	
~ ·	ow woul	d you rate you	ır quality of		select one):	10	FE41	
FE41. Overall, he	ow woul	ld you rate you 3 4	ur quality of	life? (only s	select one):		FE41	
FE41. Overall, he 0 1 Very p	ow woul 2 oor	d you rate you 3 4	ur quality of	life? (only s	select one): 8 9> Excellen		FE41	
FE41. Overall, he 0 1 Very p FE42. How do ye	ow woul 2 oor ou usual	d you rate you 3 4	or quality of 5 cour health s	life? (only s 6 7tatus? (only	select one): 8 9> Excellen select one):		FE41 FE42	<u> </u>
FE41. Overall, he 0 1 Very p FE42. How do you 1excellen FE43. The follow	ow woul 2 oor ou usual at 2ve	d you rate you 3 4	or quality of 5 cour health s cood 4ave	flife? (only some formula of the following for	select one): 8 9> Excellen select one): oor	į		
FE41. Overall, he 0 1 Very p FE42. How do you 1excellen FE43. The follow	ow would 2 oorou usual at 2ve	d you rate you 3 4	or quality of 5 cour health s cood 4ave	tatus? (only serage 5po	select one): 8 9> Excellen select one): oor typical day. I	oes you	FE42 ur health now limit you in t	
FE41. Overall, he 0 1 Very p FE42. How do you 1excellen FE43. The follow ctivities? If so, 1 a. Moderate a	ow would 2 oor ou usual at 2ve wing iten how much activities	ld you rate you 3 4 ly feel about y ry good 3g ns are activitie ch? s, such as mov	our quality of 5 cour health s cood 4ave es you might ing a table, j	tatus? (only status? (only erage 5po	select one): 8 9> Excellen select one): or typical day. I	Does you (or mop	FE42	
FE41. Overall, he 0 1 Very p FE42. How do you 1excellen FE43. The follow ctivities? If so, 1 a. Moderate a playing Ta	ow would 2 oor ou usual at 2ve wing item how much activities at Chi, pl	ld you rate you 3 4	four quality of 5 cour health second 4ave as you might be a table, part about the ball, or the	tatus? (only status? (only erage 5po	select one): 8 9> Excellen select one): oor typical day. I	Does you (or mop ities:	FE42 ur health now limit you in t	these
E41. Overall, he 0 1 Very p E42. How do you 1excellen E43. The follow ctivities? If so, leading to the playing Target.	ow would 2 oor ou usual at 2ve wing item how much activities at Chi, plumited a l	d you rate you 3 4 ly feel about y ry good 3g ns are activitie ch? s, such as mov laying Tai Chi lot 2yes, li	our quality of 5 cour health s cood 4ave s you might ing a table, j Ball, or the mited a little	tatus? (only status? (only erage 5po	select one): 8 9> Excellent select one): or typical day. Incuum cleaner sy fitness activ	Does you (or mop ities:	FE42 ur health now limit you in t ping the floor), bowling,	these
Very p FE42. How do yo 1excellen FE43. The follow activities? If so, l a. Moderate a playing Ta 1yes, lin b. Climbing so	ow would 2 oor ou usual at 2ve wing item how much activities at Chi, plumited a leveral fluores	d you rate you 3 4	our quality of 5 cour health s cood 4ave s you might ing a table, j Ball, or the mited a little	tatus? (only status? (only erage 5po	select one): 8 9> Excellent select one): or typical day. Incuum cleaner sy fitness activ	Does you (or mop ities:	FE42 ur health now limit you in t ping the floor), bowling,	l these

FE44. During the past 4 weeks, have you had any of the following problems with your work or other regular d	laily
activities as a result of your physical health?	

- a. Reduced the amount of your work or other activities: 1...Yes 2...No FE44a
- b. Were limited in the kind of work or other activities: 1...Yes 2...No

FE44b|__|

- FE45. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling depressed or anxious)
 - a. Reduced the amount of your work or other activities: 1...Yes 2...No

FE45al |

b. Did not do work or other activities as carefully as usual: 1...Yes 2...No

FE45b|__|

- FE46. During the past 4 weeks, how much did pain interfere with your normal work (including both work inside and outside the home)?
 - 1...Not at all 2...A little bit 3...Moderately 4...Quite a bit 5...Extremely

FE46| |

- FE47. During the past 4 weeks, how much has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

 FE47
 - 1...All the time 2...Most of the time 3... Some of the time 4...A little of the time 5...None of the time
- FE48. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks (each row circle one number):

	All of the	Most of	A good bit	Some of	A little of	None of	Coding
	time	the time	of the time	the time	the time	the time	area
a. Have you felt calm	1	2	3	4	5	6	FE48a
and peaceful?	1	2	3		3	0	TL+0a
b. Did you have a lot	1	2	3	4	5	6	FE48b
of energy?	1	2	3			0	1 L+00
c. Have you felt	1	2	3	4	5	6	FE48c
downhearted and blue?	1						

FEAGE.	Your	current	age
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	1
FEAUE	1

- 1... less than 60 years (go to question FE49) 2... Between 60 to 69 years (go to question FE55)
- 3... 70 years and above (go to question FE50)

FE49. If your age is below 60, please answer if you are experiencing the following menopause symptoms. When did your menopause symptoms begin and stop?

Symptoms	Whether experiencing?	Code
a. Hectic fever	1yes 2no 8unknown	FE49a
b. Night sweats	1yes 2no 8unknown	FE49b
c. Vaginal dryness	1yes 2no 8unknown	FE49c
d. Mood swings or depression	1yes 2no 8unknown	FE49d
e. Dry or itchy skin	1yes 2no 8unknown	FE49e
f. Date above symptoms began	yearmonth	FE49f _ _
g. Date above symptoms ended	yearmonth	FE49g

In our aging society, we would like to learn about the health status and living conditions of the elderly. If you are above the age of seventy, please answer the following questions:

- FE50. When you are walking on flat surfaces, do you need the following assistance? (choose one) FE50 |__|
- 1. Do not need help 2. Need a cane/walking stick 3. Need someone's assistance 4. Use a wheelchair
- FE51. For events that occur on any one day, if you retrace your memories, you can (select one):
 - 1. Completely forget 2. Mostly forget 3. Forget some 4. Mostly remember 5. Completely remember
- FE52. When you encounter an event that requires you to make a decision (select one):
- 1. Cannot make a decision 2. Have difficulties in making a decision 3. Having difficulties with major decisions
- 4. No difficulties in making decisions 5. Can swiftly/accurately make decisions

FE53. How are your hearing and vision? (select one):

FE53 |__|

1. Lost vision or hearing 2. Severe decline 3. Some decline 4. About the same as most people 5. Excellent

FE54. How frequent do you interact with the following people (including living together, communications via telephone or via mail/email)

	Frequency of interaction	Time	Coding area
a. Children or parents	1. Weekly 2.Monthly 3.Yearly 4.Rarely or never	day	FE54a
b. Relatives	1. Weekly 2.Monthly 3.Yearly 4.Rarely or never	day	FE54b
c. Friends	1. Weekly 2.Monthly 3.Yearly 4.Rarely or never	day	FE54c
d. Co-workers/neighbors	1. Weekly 2.Monthly 3.Yearly 4.Rarely or never	day	FE54d
e. Supervisors	1. Weekly 2.Monthly 3.Yearly 4.Rarely or never	day	FE54e

Thank you very much for participating in this health survey research!

FE55. Relation of the respondent to study participant:	FE55		
1. self 2. spouse 3. children 4. other relative 5. other 6. CDC 7. Public Security	Bureau		
FE56. Survey type: 1. In home visit 2. Telephone interview 3. CDC 4. Public Securit	ty Bureau FE56		
FE57. Name of interviewer:	FE57		
FE58. Date of interview: FE58			