

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

(English Translated Version)

FE1.a. Listed address is: 1... Right 2... Wrong 3...Moved out (a. keeping address, b. deleting address)

b. Corrected address: _____ District _____ Street _____ Neighborhood committee

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

d. Current address (or updated address): _____

FE2. Relative or friend we can contact for your latest contact information:

Name: _____ Relationship: _____ Address: _____ Phone number: _____

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

FE3 Date of death _____ year _____ month _____ day

FE4 Cause of death _____

FE5 Diagnostic hospital _____

FE3|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

FE4|_|_|_|_|

FE5|_|_|_|_|

FE6. Your current weight now is _____ in jin (1 jin =0.5 kg) (self-reported)

FE6|_|_|_|_|

FE7a 1st systolic BP _____ mmHg

FE7a|_|_|_|_|

FE7b 2nd systolic BP _____ mmHg

FE7b|_|_|_|_|

FE8a 1st diastolic BP _____ mmHg

FE8a|_|_|_|_|

FE8b 2nd diastolic BP _____ mmHg

FE8b|_|_|_|_|

FE9a 1st pulse _____ (times/min)

FE9a|_|_|_|_|

FE9b 2nd pulse _____ (times/min)

FE9b|_|_|_|_|

FE10. Your current marital status is: 1...married, 2...widowed, 3...separated, 4...divorced, 5...single,

6... living with a partner

FE 10|_|

1... yes → FE12k. In which year and month did you first take these medications?

_____year ____ month

FE12k |_|_|_|_|_|_|_|_|

2... no

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

Diseases	(a) Ever had?	(b) First diagnosis	(c) Hospital of diagnosis	Coding area
FE13. Hypertension	1...yes 2...no	_____ year ____ month	_____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _ d _ e _ _ _ _ _ _ _ _
	d. Have you taken medication for it? 1...yes 2...no			
	e. In which year did you begin taking the medication?	_____ year ____ month		
FE14. Acute myocardial infarction	1...yes 2...no	_____ year ____ month	_____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _ d _ e _ _ _ _ _ _ _ _ _ _ f _ g _ _ _ _ _ _ _ _
	d. Ever been hospitalized for the disease: 1...yes 2...no			
	e. Medical chart No. _____			
	f. Have you received a percutaneous transluminal coronary angioplasty (angioplasty) or a coronary bypass operation: 1...yes 2...no			
	g. In which year and month did you have these procedure(s):	_____ year ____ month		
FE15. Congestive heart failure	1...yes 2...no	_____ year ____ month	_____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _ d _ e _ _ _ _ _ _ _ _ _ _
	d. Even been hospitalized: 1...yes 2...no			
	e. Medical chart No. _____			
FE16. Atrial fibrillation	1...yes 2...no	_____ year ____ month	_____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _
FE17. Stroke	1...yes 2...no	_____ year ____ month	_____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _ d _ e _ f _ _ _ _ _ _ _ _ _ _
	d. Type of stroke: 1...intracerebral hemorrhage 2...cerebral infarction 3...subarachnoid hemorrhage 8...unknown			
	e. if yes, ever been hospitalized? 1...yes 2...no			
	f. Medical chart No. _____			
FE18. Fracture	1...yes 2...no	_____ year ____ month	_____	a _ b _ _ _ _ _ _ _ _ c _ _ _ _ d _ _ _ _
	d. Site of fracture: _____			
	e. Reason: 1...car accident, physical trauma 2...fall when riding bicycle			

FE33. Have you ever received a head CT scan or head MRI examination? 1...yes 2...no FE33 |_|

Year of first examination: _____ Year FE33a |_|_|_|_|

What was the result? _____ FE33b |_|_|_|_|

Year of most recent examination: _____ Year FE33c |_|_|_|_|

What was the result? _____ FE33d |_|_|_|_|

FE34. In the past year, did you often drink tea (at least 3 times per week for over 6 months)? FE34 |_|

1...yes

FE34a. In the past year, how much tea did you drink per month? _____ in liang (1 liang=50 g)

FE34a |_|_|_|_|_|

FE34b. How many of new batches of tea do you usually drink per day, i.e., how many times

do you change tea leaves/bags per day? _____ times FE34b |_|

2...never (skip to FE35)

3...no longer drink tea → FE34c. At what age did you stop drinking

tea regularly? _____ FE34c |_|_|

FE35. In the past year, how much ginsengs have you consumed? _____ in liang (1 liang=50 g) FE35 |_|_|_|_|_|

FE36. In the past year, how many ginseng tablets or pills have you consumed?

1...month

2...year _____ tablets/pills FE36 |_|_|_|_|_|

FE37. In the past two years, have you frequently participated in physical activities? (“Frequently” refers to at least once per week for more than 3 months)

1...yes 2...no (jump to FE38) FE37 |_|

FE37a. Please tell us the three physical activities
you participate in the most:

Activity 1: _____ FE37a1 |_|_|

Activity 2: _____ FE37a2 |_|_|

Activity 3: _____ FE37a3 |_|_|

FE37b. How many hours/week?

_____ Hr. FE37b1 |_|_|_|_|_|

_____ Hr. FE37b2 |_|_|_|_|_|

_____ Hr. FE37b3 |_|_|_|_|_|

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

Examination	Have you had this exam? FE38a	Time of the most recent exam? FE38b	Result of the examination FE38c
1. Colonoscopy	1...yes 2...no FE38a1 __	_____ year ____ month FE38b1 __ __ __ __ __ __	_____ FE38c1 __ __ __
2. Gastroscopy	1...yes 2...no FE38a2 __	_____ year ____ month FE38b2 __ __ __ __ __ __	_____ FE38c2 __ __ __
3. Mammography	1...yes 2...no FE38a3 __	_____ year ____ month FE38b3 __ __ __ __ __ __	_____ FE38c3 __ __ __

FE39. Have you ever had a routine physical check-up? 1...yes 2...no FE39 |__|

FE39a. When was the last time you took a physical examination? _____ year FE39a |__|__|__|__|

FE40. On average, how many times do you have a bowel movement per day or week?

_____ times 1. Day 2. Week FE40 |__| |__|__|

The following questions are about your current health status (FE41-51):

FE41. Overall, how would you rate your quality of life? (only select one): FE41 |__|

0 1 2 3 4 5 6 7 8 9 10

Very poor -----> Excellent

FE42. How do you usually feel about your health status? (only select one):

1...excellent 2...very good 3...good 4...average 5...poor FE42 |__|

FE43. The following items are activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner (or mopping the floor), bowling, playing Tai Chi, playing Tai Chi Ball, or the other elderly fitness activities:

1...yes, limited a lot 2...yes, limited a little 3...no, not limited at all FE43a|__|

b. Climbing several flights of stairs:

1...yes, limited a lot 2...yes, limited a little 3...no, not limited at all FE43b|__|

FE44. 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 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 FE45a|__|

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

FEAGE. Your current age

FEAGE |__|

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	1.....yes 2.....no 8.....unknown	FE49a __
b. Night sweats	1.....yes 2.....no 8.....unknown	FE49b __
c. Vaginal dryness	1.....yes 2.....no 8.....unknown	FE49c __
d. Mood swings or depression	1.....yes 2.....no 8.....unknown	FE49d __
e. Dry or itchy skin	1.....yes 2.....no 8.....unknown	FE49e __
f. Date above symptoms began	_____ year ____month	FE49f __ _ _ _ _ _ _ _ _
g. Date above symptoms ended	_____ year ____month	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): FE51 |__|

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): FE52 |__|

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 Security Bureau FE56 |__|

FE57. Name of interviewer: _____ FE57 |__|__|__|

FE58. Date of interview: _____ FE58 |__|__|__|__| |__|__|__|__|