

Coding Staff: | ____|

SWQ- |__|__|__|__|__|__|

Name: _____

District: _____

Street section: _____

Neighborhood committee: _____

SHANGHAI WOMEN'S HEALTH STUDY
SELF-ADMINISTERED QUESTIONNAIRE
BASELINE QUESTIONNAIRE A
(ENGLISH TRANSLATED VERSION)

Malignant tumors are one of the most dangerous diseases that imperils people's lives. During the past several years, cancer incidences have increased considerably in Shanghai. Nearly 25% of the population has died from malignant tumors. At present, our knowledge on causes of cancer is incomplete. In our daily lives, we may expose some factors that are considered relevant to cancer. In-depth research of these factors will play a vital role in preventing and curing malignant tumors.

The Shanghai Cancer Institute, which is under the Health Department of Shanghai, is conducting a large-scale survey on women's health in urban Shanghai. Upon the agreement of relevant departments of your street committee, we invite all women of proper age in this street section to participate in this survey. In order to conquer cancer as early as possible, and to free people from cancer's harm, we need your help and that of many other volunteers. Your participation will help us fulfill this significant research project.

The accuracy of information you provide will directly affect the success of this research. If there is anything you are uncertain about, please try your best to give the most accurate estimate. We assure that all information you provide will remain confidential. In the following interview, we will ask you questions regarding your lifestyle and health. Please fill out this questionnaire with a pencil.

This interview includes the following two types of questions, which are explained as follows:

First type: there will be choices following the question.

For example: What is your education level?

- | | |
|--|------------------------------------|
| 1. ... Have never had formal education | 5. ... Professional high education |
| 2. ... Elementary school | 6. ... College or above |
| 3. ... Junior high school | 7. ... Unknown |
| 4. ... High school | |

If your education level is high school, then circle the number "4" for "high school," as follows:

- | | |
|--|------------------------------------|
| 1. ... Have never had formal education | 5. ... Professional high education |
| 2. ... Elementary school | 6. ... College or above |
| 3. ... Junior high school | 7. ... Unknown |
| ④..... High school | |
- ↑ circle this

Or: Have you ever smoked at least one cigarette a day for more than 6 continuous months?

- | | |
|-------------|------------|
| 1. yes | 2. no |
|-------------|------------|

If you have, please circle the number "1," as follows:

- | | |
|-------------|------------|
| ①. yes | 2. no |
|-------------|------------|

If you have not, please circle the number "2," as follows:

- | | |
|-------------|------------|
| 1. yes | ②. no |
|-------------|------------|

Second type: questions are followed by lines such as: Your date of birth? 19 __ year __ month __ day

If you were born on October 1, 1950, please fill the dates above the lines as: 1950 year 10 month 1 day.

Upon your completion of this questionnaire, we will send an interviewer to your home to pick it up, and he/she will ask you further questions regarding your eating and drinking habits.

Thank you very much for participating in this research project. If you have any questions, please call 64034901 or 64043057.

Survey and Research Section

"Protecting Women and Reducing the Risk of Women's Malignant Tumors"

--- Shanghai Cancer Institute

PART TWO DISEASE HISTORY

B1. Have you ever been diagnosed with any of the following diseases?

(If the disease was diagnosed by your doctor, please circle the number "1" after the disease and fill in the age when you had the disease; if you have never had that disease, circle the number "2.")

Name of the disease	A. Has it been diagnosed?	B. If you have had the disease, how old were you when you had it?
1. TB	1. ... yes 2. ... no	_____ years old
2. chronic bronchitis	1. ... yes 2. ... no	_____ years old
3. asthma	1. ... yes 2. ... no	_____ years old
4. chronic gastritis	1. ... yes 2. ... no	_____ years old
5. chronic pancreatitis	1. ... yes 2. ... no	_____ years old
6. chronic hepatitis	1. ... yes 2. ... no	_____ years old
7. familial adenomatous polyposis of colorectum	1. ... yes 2. ... no	_____ years old
8. ulcerative colitis	1. ... yes 2. ... no	_____ years old
9. cholelithiasis	1. ... yes 2. ... no	_____ years old
10. diabetes	1. ... yes 2. ... no	_____ years old
11. hypertension	1. ... yes 2. ... no	_____ years old
12. coronary heart disease	1. ... yes 2. ... no	_____ years old
13. stroke	1. ... yes 2. ... no	_____ years old
14. lobular proliferation of mammary gland	1. ... yes 2. ... no	_____ years old
15. breast fibroma	1. ... yes 2. ... no	_____ years old
16. mammary gland cyst	1. ... yes 2. ... no	_____ years old
17. ovarian cyst	1. ... yes 2. ... no	_____ years old
18. leiomyoma of uterus	1. ... yes 2. ... no	_____ years old

Note: This frame contains boxes for the researchers to fill out; please do not write in this frame.

B1A1 | _ | B1B1 | _ | _ |

B1A2 | _ | B1B2 | _ | _ |

B1A3 | _ | B1B3 | _ | _ |

B1A4 | _ | B1B4 | _ | _ |

B1A5 | _ | B1B5 | _ | _ |

B1A6 | _ | B1B6 | _ | _ |

B1A7 | _ | B1B7 | _ | _ |

B1A8 | _ | B1B8 | _ | _ |

B1A9 | _ | B1B9 | _ | _ |

B1A10 | _ | B1B10 | _ | _ |

B1A11 | _ | B1B11 | _ | _ |

B1A12 | _ | B1B12 | _ | _ |

B1A13 | _ | B1B13 | _ | _ |

B1A14 | _ | B1B14 | _ | _ |

B1A15 | _ | B1B15 | _ | _ |

B1A16 | _ | B1B16 | _ | _ |

B1A17 | _ | B1B17 | _ | _ |

B1A18 | _ | B1B18 | _ | _ |

B2. Do you have any other chronic diseases now? 1. ... yes →
(Diseases that have been diagnosed by a doctor.) 2. ... no

If the answer is yes, please specify:

B3. Disease 1: _____

B4. Disease 2: _____

B5. Disease 3: _____

B2 | _ |

B3 | _ | _ | _ |

B4 | _ | _ | _ |

B5 | _ | _ | _ |

B6. Have you ever had a blood transfusion (not a blood donation)?

- 1. ... yes →
- 2. ... no
- 9. ... refused

B7. How old were you when you had your first blood transfusion?
_____ years old

B8. What was the reason for the blood transfusion?
1. ... surgery 2. ... trauma 3. ... postpartum aphasia
4. ...others 8. ... unknown 9. ... refused

B9. Have you ever been told by a doctor that you had a tumor or cancer?

- 1. ... yes →
- 2. ... no
- 8. ...unknown

B10. What type of tumor? _____

B11. How old were you when you were diagnosed?
_____ (years old)

B12. Have you ever had any of the following surgeries?

Type of surgery:	A. Whether you had the surgery?	B. If you had surgery, how old were you?
1. mastectomy	1. ... yes 2. ... no	_____ years old
2. hysterectomy	1. ... yes 2. ... no	_____ years old
3. fallopian tube ligation	1. ... yes 2. ... no	_____ years old
4. gastrectomy	1. ... yes 2. ... no	_____ years old
5. cholecystectomy	1. ... yes 2. ... no	_____ years old
6. ovariectomy	1. ... yes 2. ... no	_____ years old
7. others: _____ (please specify)	1. ... yes 2. ... no	_____ years old
8. others: _____ (please specify)	1. ... yes 2. ... no	_____ years old

B13. After you are bitten by a mosquito, the red area is normally:

- 1. as small as a sesame seed
- 2. as small as a soybean
- 3. the same size as a broad bean
- 9. refused
- 4. bigger than a broad bean
- 5. no red area
- 8. unknown

B14. Has the doctor ever diagnosed you with a colorectal polyp?

- 1. ... yes →
- 2. ... no
- 9. ...refused

B15. Was the colorectal polyp removed?

1. ... yes → B16. When was the most recent removal of the colorectal polyp? 19 ____ year

- 2. ... no
- 9. ... refused

Note: This frame contains boxes for the researchers to fill out, please do not write in this frame.

B6 | _ | _ |

B7 | _ | _ |

B8 | _ | _ |

B9 | _ |

B10 | _ | _ | _ |

B11 | _ | _ |

B12A1 | _ | _ | B12B1 | _ | _ |

B12A2 | _ | _ | B12B2 | _ | _ |

B12A3 | _ | _ | B12B3 | _ | _ |

B12A4 | _ | _ | B12B4 | _ | _ |

B12A5 | _ | _ | B12B5 | _ | _ |

B12A6 | _ | _ | B12B6 | _ | _ |

B12-7 | _ | _ | _ |

B12A7 | _ | _ | B12B7 | _ | _ |

B12-8 | _ | _ | _ |

B12A8 | _ | _ | B12B8 | _ | _ |

B13 | _ |

B14 | _ |

B15 | _ |

B16 | _ | _ |

PART THREE PERSONAL HABITS AND LIFESTYLE

Now I would like to ask a few questions about your smoking habits:

C1. Have you ever smoked at least one cigarette per day, for more than 6 months, continuously?

1. ... yes →

2. ... no

C2. From what age did you begin smoking at least one cigarette per day? ____ years old

C3. When you smoke frequently, normally how many cigarettes do you smoke per day? ____ cigarettes/day

C4. Do you smoke regularly now?

1. yes

2. no → C5. How old were you when you quit smoking? ____ years old

C6. Do you drink alcohol often? ("Often" means you drink beer, wine, rice wine and/or liquor at least 3 times per week for more than 6 continuous months.)

1. ... yes →

2. ... no

C7. How old were you when you began drinking alcohol often? ____ years old

C8. Do you still drink alcohol regularly?

1. ... yes →

C9. Normally (most of the time in the past 12 months), about how many ____ times do you drink alcohol per week?

C10. What type of alcoholic drink do you consume most often? (Choose only one.)

1. yellow millet or rice wine

2. beer

3. liquor

4. wine

C11. The amount you normally drink alcohol each time is: ____ in liang (1 liang = 50 g)

2. ... no

↓

C12. How old were you when you stopped drinking alcohol frequently? ____ years old

C13. Have you ever consumed tea regularly? ("Regularly" means at least 3 times per week for more than 6 continuous months.)

1. ... yes →

2. ... no

C14. At what age did you begin drinking tea regularly? ____ years old

C15. Do you still drink tea often?

1. ... yes →

C16. What kind of tea do you normally drink? (Choose only one.)

1. ... green tea 5. ... half green tea, half black tea

2. ... black tea 6. ... half scented tea, half green tea

3. ... oolong tea 7. ... half scented tea, half black tea

4. ... scented tea 8. ... others

C17. Over the past year, what is the average amount of tea your family has consumed per month?

____ in liang (1 liang = 50 grams)

C18. What is the amount you drink per month: ____ in liang

2. ... no

↓

C19. How old were you when you stopped drinking tea often? ____ years old

Please do not write in this frame.

C1 | _ | _ |

C2 | _ | _ |

C3 | _ | _ |

C4 | _ | _ |

C5 | _ | _ |

C6 | _ | _ |

C7 | _ | _ |

C8 | _ | _ |

C9 | _ | _ |

C10 | _ | _ |

C11 | _ | _ | . | _ |

C12 | _ | _ |

C13 | _ | _ |

C14 | _ | _ |

C15 | _ | _ |

C16 | _ | _ |

C17 | _ | _ |

C18 | _ | _ | . | _ |

C19 | _ | _ |

C20. Over the past 3 years, have you often taken ginseng or other ginseng products at least 5 times per year?

- 1. ... yes →
- 2. ... no

C21. How old were you when you began regularly taking ginseng or other ginseng products? _____ years old

C22. Over the past year, have you taken ginseng regularly?

- 1. ... yes →

C23. During the past year, what is the amount you have taken?

- 1. white ginseng _____ in liang
- 2. red ginseng _____ in liang
- 3. American ginseng _____ in liang
- 4. liquid ginseng _____ bottle(s)
- 5. Other kinds specify: _____ in liang

C24. What is your reason for taking ginseng?

- 1. weak and get sick easily
- 2. strengthen your body to resist diseases
- 3. others (specify _____)
- 9. refused

- 2. ... no

↓
C25. How old were you when you stopped taking ginseng or other ginseng products often? _____ years old

C26. Do you often use an electric heating blanket when you sleep during the wintertime?

- 1. no
- 2. yes, but normally turn it off before going to bed
- 3. yes, leave it on for the night
- 9. refused

C27. What year did you start using it? 19 ____ year

C28. How many winters have you used an electric heating blanket? _____

C29. In the following columns, please fill in the information regarding how your family uses the refrigerator and TV:

1. Refrigerator	A. what year did you begin using it: 19 __ year	B. how many months out of a year you used it ____ (months)
2. TV	A. what year did you begin using it: 19 __ year	B. how many hours you used to watch TV everyday ____ (hours)

C30. In the past 3 years, have you ever used hair dye?

- 1. ... yes →
- 2. ... no
- 8. ... unknown
- 9. ... refused

C31. In the past year, how many times have you used hair dye? _____ times

C32. How many years have you used hair dye? _____ years

Please do not write in this frame.

C20 | _ | _ |

C21 | _ | _ |

C22 | _ | _ |

C23-1 | _ | _ | . | _ | _ |

C23-2 | _ | _ | . | _ | _ |

C23-3 | _ | _ | . | _ | _ |

C23-4 | _ | _ | _ | _ |

C23-5 | _ | _ | . | _ | _ |

C24 | _ | _ |

C25 | _ | _ | _ |

C26 | _ | _ |

C27 | _ | _ | _ |

C28 | _ | _ | _ |

C29-1A | _ | _ | _ |

C29-1B | _ | _ | _ |

C29-2A | _ | _ | _ |

C29-2B | _ | _ | _ |

C30 | _ | _ |

C31 | _ | _ | _ |

C32 | _ | _ | _ |

PART FOUR MENSTRUAL HISTORY

D1. At what age did you have your first period (menarche)
(please fill in your actual age, not the nominal age):

_____ years old

(If you have never had a period, fill in 96)

D2. Have your periods been regular? (“regular” means that
you know the date of your next period)

1. always.
2. most of the time.
3. rarely.

D3. Do you still have periods? (not including “come back”
periods caused by using female hormones after menopause)

1. yes

2. no →

D4. What was the date of your last period?

19 _____ year _____ month

D5. The reason the periods stopped:

1. menopausal
2. surgery (hysterectomy/ovariectomy)
3. breast feeding
4. others (please specify) _____
8. unknown
9. refused

Note: Please do not write in this
frame.

D1 | __ | __ |

D2 | __ |

D3 | __ |

D4 | __ | __ | __ | __ |

D5 | __ |

PART FIVE EATING AND DRINKING HABITS

E1. Compared to five years ago, what were the changes in terms of eating the following foods in the past year:

	No change	Slightly increased	Greatly increased	Slightly decreased	Greatly decreased
1. Pork, lamb, or beef	1	2	3	4	5
2. Chicken or duck	1	2	3	4	5
3. Fish or shrimp	1	2	3	4	5
4. Eggs	1	2	3	4	5
5. Fresh vegetables	1	2	3	4	5
6. Fresh fruits	1	2	3	4	5

E2. When you eat fried or baked fish, meat, chicken, or duck, you normally prefer that:

1. The entire surface of the meat is brown with a slightly burnt flavor
2. The surface of the meat is dark brown
3. The surface of the meat is light brown
4. The surface of the meat is not brown
5. Never eat
6. Hard to say
9. Refused

E3. When you eat meat, do you eat the fat part?

1. Almost every time.
2. Sometimes.
3. Normally do not.
4. Never.
9. Refused

E4. When you eat chicken or duck, do you eat the skin?

1. Almost every time.
2. Sometimes.
3. Normally do not.
4. Never.
9. Refused

Note: Please do not write in this frame.

E1-1 | __ |

E1-2 | __ |

E1-3 | __ |

E1-4 | __ |

E1-5 | __ |

E1-6 | __ |

E2 | __ |

E3 | __ |

E4 | __ |

PART SIX RESIDENTIAL HISTORY

We would like to ask some questions about your current residency. If, during the past 20 years, you have ever lived in more than one street section, please list the two places where you resided the longest. If the house has been torn down, please list the street section where the house was located. If you ever lived outside of urban Shanghai, please also specify.

	(1) current residence	(2) previous residence	(3) residence before the previous one
F1. Name of the district and street	District: _____ Street section: _____	District: _____ Street section: _____	District: _____ Street section: _____
F2. The year you started living there	19 _____	19 _____	19 _____
F3. The year you moved out	19 _____	19 _____	19 _____
F4. What kind of fuel do/did you use to cook?	1. ... gas 2. ... coal cake or coal ball 6. ... others 8. ... unknown 9. ... refused	1. ... gas 2. ... coal cake or coal ball 6. ... others 8. ... unknown 9. ... refused	1. ... gas 2. ... coal cake or coal ball 6. ... others 8. ... unknown 9. ... refused
F5. What type of cooking oil do/did you use to cook?	1. ... vegetable oil 2. ... soybean oil 3. ... half vegetable oil, half soybean oil 4. ... peanut oil 6. ... others 8. ... unknown 9. ... refused	1. ... vegetable oil 2. ... soybean oil 3. ... half vegetable oil, half soybean oil 4. ... peanut oil 6. ... others 8. ... unknown 9. ... refused	1. ... vegetable oil 2. ... soybean oil 3. ... half vegetable oil, half soybean oil 4. ... peanut oil 6. ... others 8. ... unknown 9. ... refused
F6. How is/was the ventilation condition of the kitchen?	1. ... good 2. ... fairly good 3. ... poor 8. ... unknown 9. ... refused	1. ... good 2. ... fairly good 3. ... poor 8. ... unknown 9. ... refused	1. ... good 2. ... fairly good 3. ... poor 8. ... unknown 9. ... refused

Please do not write in this frame.	F1-1 _ _ _ _	F1-2 _ _ _ _	F1-3 _ _ _ _
	F2-1 _ _	F2-2 _ _	F2-3 _ _
	F3-1 _ _	F3-2 _ _	F3-3 _ _
	F4-1 _	F4-2 _	F4-3 _
	F5-1 _	F5-2 _	F5-3 _
	F6-1 _	F6-2 _	F6-3 _

PART SEVEN EMPLOYMENT HISTORY

I would like to ask some questions about your current and previous jobs, which lasted longer than one year, throughout your lifetime (including jobs you had after retirement). Joining the army, going to the countryside to be engaged in farming, and housekeeping are considered jobs, but awaiting employment and housewife duties are not considered jobs.

	(1) Most recent job	(2) Job that preceded the most recent job (job to the left)	(3) Job that preceded the job to the left	(4) Job that preceded the job to the left	(5) Job that preceded the job to the left	(6) Job that preceded the job to the left	Note
G1a. Name of employer							
G1b. Its products and the nature of the products (manufacture and management etc.)							
G2. What type of work do/did you do?							
G3a. What are/were your responsibilities?							
G3b. What is/was the main product of your work?							
G4. In what year did you start? If you have never had a job, please fill in 00.	19 _____	19 _____	19 _____	19 _____	19 _____	19 _____	
G5. In what year did the job end? (If you are still in this job, please fill in the current date)	19 _____	19 _____	19 _____	19 _____	19 _____	19 _____	

Job code number	G2-10	G2-20	G2-30	G2-40	G2-50	G2-60	
	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
Please do not write in this frame	G2-1	G2-2	G2-3	G2-4	G2-5	G2-6	
	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	
	G4-1 _ _	G4-2 _ _	G4-3 _ _	G4-4 _ _	G4-5 _ _	G4-6 _ _	Gm _
	G5-1 _ _	G5-2 _ _	G5-3 _ _	G5-4 _ _	G5-5 _ _	G5-6 _ _	

G6. Except the above-mentioned, did you have other jobs?

1. yes
 2. no
 8. unknown
 9. refused
- G6 | _ |

PART EIGHT FAMILY CANCER HISTORY

Next, we would like to ask a few questions about your first-degree relatives, which include your parents, brothers, sisters and your children. (Note: adopted brothers and sisters, adopted sons and daughters, and consanguineous brothers and sisters or vice versa, are not included).

- H1. How many daughters do you have? _____ daughters
 H2. How many sons do you have? _____ sons
 H3. How many sisters do you have? (you are not included)
 H4. How many brothers do you have? (you are not included)
 H5. Among these first-degree relatives (including your parents, sisters, brothers, and your children), has anybody ever been diagnosed with a malignancy or cancer?

1. ... yes →	A. Which relative? (fill in the relationship with you)	B. What type of tumor or cancer has she / he had?	C. How old was he / she when diagnosed?
2. ... no			
8...unknown	first 1. ... daughter 2. ... son 3. ... sister	4. ... brother 5. ... father 6. ... mother _____	__ years old
	Second 1. ... daughter 2. ... son 3. ... sister	4. ... brother 5. ... father 6. ... mother _____	__ years old
	Third 1. ... daughter 2. ... son 3. ... sister	4. ... brother 5. ... father 6. ... mother _____	__ years old
	fourth 1. ... daughter 2. ... son 3. ... sister	4. ... brother 5. ... father 6. ... mother _____	__ years old

Note: Please do not write in this frame.

H1 | _ | _ |
 H2 | _ | _ |
 H3 | _ | _ |
 H4 | _ | _ |

H5 | _ |

H5-1A | _ |
 H5-1B | _ | _ | _ |
 H5-1C | _ | _ |

H5-2A | _ |
 H5-2B | _ | _ | _ |
 H5-2C | _ | _ |

H5-3A | _ |
 H5-3B | _ | _ | _ |
 H5-3C | _ | _ |

H5-4A | _ |
 H5-4B | _ | _ | _ |
 H5-4C | _ | _ |

I8. Has he ever been diagnosed with a tumor or cancer?

- 1. ... yes →
- 2. ... no
- 8. ... unknown
- 9. ... refused

I9. What type of tumor: _____
 I10. How old was he when he was diagnosed?
 _____ (years old)

I8 | _ |
 I9 | _ | _ | _ |
 I10 | _ | _ |

I11. Has he ever had the following surgeries?

Name of the surgery:	A. whether or not he has had the surgery:	B. If he has had the surgery, how old was he when he had it?
1. gastrectomy	1. ... yes 2. ... no	_____ years old
2. cholecystectomy	1. ... yes 2. ... no	_____ years old
3. vasoligation (Sterilization operation)	1. ... yes 2. ... no	_____ years old
4. Others (specify: _____)	1. ... yes 2. ... no	_____ years old

I11-1A | _ |
 I11-1B | _ | _ |
 I11-2A | _ |
 I11-2B | _ | _ |
 I11-3A | _ |
 I11-3B | _ | _ |
 I11-4 | _ | _ | _ |
 I11-4A | _ |
 I11-4B | _ | _ |

I12. Has your husband ever smoked at least one cigarette per day for more than 6 continuous months?

- 1. ... yes →
- 2. ... no
- 8. ... unknown
- 9. ... refused

I13. At what age did he start smoking at least one cigarette per day? ____ years old
 I14. When he smokes regularly, normally how many cigarettes did/does he smoke per day? __ cigarettes/day
 I15. Does he smoke frequently now?
 1... yes
 2... no → I16. How old was he when he stopped smoking? _____ years old

I12 | _ |
 I13 | _ | _ |
 I14 | _ | _ |
 I15 | _ |
 I16 | _ | _ |

I17. Has your husband ever consumed alcohol at least 3 times per week for more than 6 continuous months?

- 1. ... yes →
- 2. ... no
- 8. ... unknown
- 9. ... refused

I18. How old was he when he began drinking alcohol often? _____ years old
 I19. Does he still drink alcohol often?
 1. ... yes →
 I20. Normally (most of the time in the past 12 months), about how many _____ times does he drink alcohol per week?
 I21. What type of alcohol does he most often drink?
 (choose only one)
 1. yellow millet or rice wine
 2. beer
 3. liquor
 4. wine
 I22. The amount he normally drinks alcohol every time is:
 _____ in liang (1 liang = 50 g)
 2. ... no
 ↓
 I23. How old was he when he stopped drinking regularly? _____ years old

I17 | _ |
 I18 | _ | _ |
 I19 | _ |
 I20 | _ | _ |
 I21 | _ | _ |
 I22 | _ | _ | . | _ |
 I23 | _ | _ |

I24. Does he drink tea often? (at least 3 times per week for more than 6 continuous months)

- 1. ... yes →
- 2. ... no

I25. How old was he when he began drinking tea regularly? _____ years old

I26. Does he still drink tea often?

1. ... yes →

I27. What kind of tea did/does he normally drink?

1. ...green tea 5. ... half green tea, half black tea

2. ... black tea 6. ... half scented tea, half green tea

3. ... oolong tea 7. ... half scented tea, half black tea

4. ... scented tea 8. ... others

2. ... no
↓

I28. What is the amount he drinks per month: _____ in liang

I29. How old was he when he stopped drinking tea regularly? _____ years old

I24 | _ |

I25 | _ | _ |

I26 | _ |

I27 | _ |

I28 | _ | _ | . | _ |

I29 | _ | _ |

I30 | _ |

I31 | _ | _ |

I32 | _ |

I33-1 | _ | _ | . | _ |

I33-2 | _ | _ | . | _ |

I33-3 | _ | _ | . | _ |

I33-4 | _ | _ | _ |

I33-5 | _ | _ | . | _ |

I34 | _ |

I35 | _ | _ |

I30. In the past 3 years, has he often taken ginseng or ginseng products at least 5 times per year?

- 1. ... yes →
- 2. ... no
- 8. ... unknown
- 9. ... refused

I31. How old was he when he started taking ginseng or ginseng products regularly? _____ years old

I32. In the past year, has he taken ginseng regularly?

1. ... yes →

I33. During the past year, what was the amount he took?

1. white ginseng _____ in liang

2. black ginseng _____ in liang

3. American ginseng _____ in liang

4. liquid ginseng _____ bottle(s)

5. Other kinds (specify): _____
_____ in liang

I34. What was the reason for him to take ginseng?

1. weak and get sick easily

2. strengthen your body to resist diseases

3. others (specify ____)

2. ... no
↓

I35. How old was he when he stopped taking ginseng or ginseng products frequently? _____ years old

I36. In the past year, how many times has your husband had meals in the employee's dining hall (breakfast not included)? _____ meals / per month

I36 | _ | _ |

I37. His current height: _____ cm weight _____ in jin (1 jin = 0.5 kg)

I37A | _ | _ | _ | I37B | _ | _ | _ |

I38. At most of the time in the past year, how much time did your husband spend exercising? _____ minutes? (Excluding the time spent riding a bicycle or walking to work)

I38 | _ | _ | _ |

INTERVIEWEE'S SIGNATURE: _____

Coding Staff: | _____|

SWQ- |__|__|__|__|__|__|

Name: _____

District: _____

Street: _____

Neighborhood committee: _____

**SHANGHAI WOMEN'S HEALTH STUDY
INTERVIEW QUESTIONNAIRE
BASELINE QUESTIONNAIRE-B
(ENGLISH TRANSLATED VERSION)**

Interviewer, before you start, please,

- (1) Check the self-administered questionnaire; if you find something missing, please have it filled; if there are questionable responses, check with the respondents and correct them.
 - (2) Double-check the following questions of this questionnaire: A7, B10, C18, C23, D4, G2, G3, G6, I1, I2, I6, I9, I28, and I33.
 - (3) If the answer for G6 is "yes," please use an attached sheet for the rest of the employment history.
 - (4) After the interview, please let the participant sign the self-administered questionnaire.
 - (5) After the interview, please evaluate the self-administered questionnaire:
 - 1) How well did the interviewee understand the questions?
 - 1 Very well.
 - 2 Not bad. P5-1 |__|
 - 3 Not clearly for most questions.
 - 2) The interviewee's answers are:
 - 1 Very reliable.
 - 2 Generally reliable. P5-2 |__|
 - 3 Unreliable.
 - 3) Who completed the self-administered questionnaire?
 - 1 Most questions were completed by the interviewee herself.
 - 2 Most questions were completed by the interviewee's relatives.
 - 3 Completed by the interviewer. P5-3 |__|
 - (6) Date of the interview: 19__ year__ month __ day P6 |__|__|__|__|__|__|
 - (7) The time when the interview started: 1. Morning
2. Afternoon __ hour __ minute P7-1 |__| P7-2 |__|__|__|__|
- =====

Please fill the following columns before completing the interview:

1. Has there been a blood sample? 1 yes 2 no Q1 |__|
2. Has there been a urine sample? 1 yes 2 no Q2 |__|
3. Have the blood sample and urine sample collection form been completed?
 - 1 yes
 - 2 no Q3 |__|

PLEASE DOUBLE-CHECK WHETHER THE ID NUMBERS ON THE SELF-ADMINISTERED QUESTIONNAIRE, THE INTERVIEW QUESTIONNAIRE, THE BLOOD AND URINE SAMPLE COLLECTION FORM, THE URINE COLLECTING CUP, AND THE BLOOD SAMPLE TUBE ARE IDENTICAL.

PART ONE DIETARY HISTORY

Now I would like to ask some questions about your dietary habits in the past year. I will first read to you the names of some foods. Would you please tell me if you ate those foods, and how much, in general, you ate them in the past year? We know it's hard to state the exact amount of food you eat, but the estimated amounts will give us a basic idea about your dietary intake, and the data will be of great help to us. Let me explain again, this questionnaire is about your eating and drinking habits, not of your entire family.

For example, I will ask you if you ate pork chops everyday, every week, every month, every year, or not at all. If you ate pork chops every week, you say that: "I ate pork chops every week." I will then ask you how much you normally ate in liang (1 liang = 50 g) at a given unit of time.

J1. Names of staple food	Frequency of food consumption					Amt. consumed in liang (1 liang = 50 g)	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. rice	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J1-1 _ _ _
2. noodles, steamed bread, and other wheat foodstuffs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J1-2 _ _ _

J2. Meat, egg, fish	Frequency of food consumption					Amt. consumed in liang	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. pork chops	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-1 _ _ _
2. pork ribs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-2 _ _ _
3. pig's feet	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-3 _ _ _
4. fresh pork (fat)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-4 _ _ _
5. fresh pork (lean)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-5 _ _ _
6. fresh pork (mixture)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-6 _ _ _
7. pig liver, cow liver, sheep liver	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-7 _ _ _
8. organ meat (heart, brain, tongue, tripe, intestine)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-8 _ _ _
9. beef, lamb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-9 _ _ _
10. egg, duck egg	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-10 _ _ _
11. chicken	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-11 _ _ _
12. duck, goose	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-12 _ _ _
13. saltwater fish (e.g., yellow croaker, hair tail)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-13 _ _ _
14. freshwater fish (e.g., silver carp, bream, crucian carp, etc.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-14 _ _ _
15. rice field eel or river eel	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-15 _ _ _
16. shrimp, crab, etc.	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-16 _ _ _
17. conch, etc.	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-17 _ _ _
18. fresh milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-18 _ _ _
19. powdered milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J2-19 _ _ _

J3. How did you prepare fish, pork, chicken, and duck?

Cooking method	Yes 1 No 2	Frequency of food consumption (times)							Everyday	Not known	Coding
		Every year		Every month		Every week					
		<5	6-11	1-2	3-4	1-2	3-4	5-6			
a. fried	J3A1 __	1	2	3	4	5	6	7	8	9	J3A2 __
b. stir-fried (including cooked in soy sauce after stir fried, etc.)	J3B1 __	1	2	3	4	5	6	7	8	9	J3B2 __
c. roasted	J3C1 __	1	2	3	4	5	6	7	8	9	J3C2 __

Next, I would like to ask some questions about your eating habits with regard to desserts and bean products:

J4. Desserts, beans and others	Frequency of food consumption						Amt. consumed in liang	Coding
1. all kinds of desserts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-1 __ __ __	
2. bread	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-2 __ __ __	
3. candy and preserved fruit	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-3 __ __ __	
4. soy milk, powdered soy milk (if the powdered kind is used to make the drink, the amount consumed will be the amount of the drink.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-4 __ __ __	
5. bean curd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-5 __ __ __	
6. fried bean curd, vegetarian chicken, bean curd cake and other kinds of bean products excluding fresh bean curd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-6 __ __ __	
7. dried soybeans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-7 __ __ __	
8. mung bean, red bean and other dried beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-8 __ __ __	
9. soybean sprouts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-9 __ __ __	
10. mung bean sprouts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-10 __ __ __	
11. peanuts	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-11 __ __ __	
12. black and white edible tree fungi	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-12 __ __ __	
13. dried xianggu mushroom	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J4-13 __ __ __	

J5. In the past year, approximately how many times have you eaten fresh vegetables (any kind)?

1 Day

2 Week _____ times

J5 |__|__|__|

J6. Next, I would like to ask some questions about your eating habits with regard to fresh vegetables in the past year. Please tell me, when these vegetables were available on the market, did you eat them everyday, every week, every month, every year or not at all? How much do you normally eat in liang (1 liang = 50 g)? And how many months out of the year did you eat them?

Vegetables and other foods	Frequency of food consumption					Amt. consumed in liang	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. greens, Chinese greens	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-1 _ _ _
2. spinach	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-2 _ _ _
3. green cabbage	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-3 _ _ _
4. Chinese cabbage, bak choi cabbage	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-4 _ _ _
5. cauliflower	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-5 _ _ _
6. celery	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-6 _ _ _
7. eggplant	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-7 _ _ _
8. wild rice stems	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-8 _ _ _
9. asparagus lettuce	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-9 _ _ _
10. potato	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-10 _ _ _
11. wax gourd	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-11 _ _ _
12. cucumber, luffa	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-12 _ _ _
13. fresh mushroom, fresh xianggu mushroom	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-13 _ _ _
14. fresh red and green pepper	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-14 _ _ _
15. tomato	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-15 _ _ _
16. bamboo shoots	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-16 _ _ _
17. lotus root	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-17 _ _ _
18. garlic greens and garlic stalk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-18 _ _ _
19. garlic bulb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-19 _ _ _
20. onion	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-20 _ _ _
21. Chinese chives	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-21 _ _ _
22. Shallot	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-22 _ _ _
23. carrot	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-23 _ _ _
24. white radish	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-24 _ _ _
25. sweet potato	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-25 _ _ _
26. baby soy beans, fresh peas, fresh broad beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-26 _ _ _
27. yard long bean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-27 _ _ _
28. green bean (four-season bean)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-28 _ _ _
29. hyacinth bean/snow peas	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J6-29 _ _ _

Next, I would like to ask some questions about your eating habits with regard to preserved foods. Did you eat preserved foods at all? If so, how often?

J7. Preserved foods	Yes 1 No 2 J7-1A - J7-6A	Frequency of food consumption (times)									
		Every year		Every month		Every week			Everyday	Not known	Coding J7-1B - J7-6B
		<5	6-11	1-2	3-4	1-2	3-4	5-6			
1. smoked meat/bacon	__	1	2	3	4	5	6	7	8	9	__
2. salted meat/ preserved meat	__	1	2	3	4	5	6	7	8	9	__
3. salted fish	__	1	2	3	4	5	6	7	8	9	__
4. salted egg	__	1	2	3	4	5	6	7	8	9	__
5. salted vegetables, preserved vegetables	__	1	2	3	4	5	6	7	8	9	__
6. Chinese sausage	__	1	2	3	4	5	6	7	8	9	__

J8. In the past year, how many times have you eaten fresh fruits (any kind), everyday, every week, every month or every year?

- 1 day
 2 Week _____ times J8 |__|__|__|
 3 month
 4 Year

J9. Next, please tell me, how much fruit do you eat in liang (1 liang = 50g) when it is available on the market, and how many months out of the year do you eat it?

Types of the fruit	Frequency of food consumption					Amt. consumed in liang	Coding
1. apples	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-1 __ __ __
2. pears	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-2 __ __ __
3. tangerines, oranges, grapefruits	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-3 __ __ __
4. bananas	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-4 __ __ __
5. grapes	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-5 __ __ __
6. watermelon	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-6 __ __ __
7. peaches	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-7 __ __ __
8. other fruits (e.g., strawberries, cantaloupe)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J9-8 __ __ __

J10. In the past year, how much did your family consume per month in liang (1 liang = 50 g):

1. vegetable oil: _____ J10-1 |__|__|__|
 2. soy bean oil: _____ J10-2 |__|__|__|
 3. peanut oil: _____ J10-3 |__|__|__|
 4. lard: _____ J10-4 |__|__|__|
 5. sugar: _____ J10-5 |__|__|__|

J11. In the past year, how many people have lived together in your family, including yourself? _____ persons
 J11 |__|__|

J12. In the past year, how many times have your family members (including yourself) had meals (breakfast not included) in the employee's dining hall or restaurant?
 _____ meal(s) J12 |__|__|__|

J13. In the past year, how many times have you yourself had meals (breakfast not included) in the employee's dining hall or restaurant?

_____ meal(s)

J13 |__|__|

J14. Next, I would like to ask you some questions about your eating habits 5 years ago. Please tell me if you ate each type of food everyday, every week, every month, or not at all. How much did you normally eat in liang (1 liang = 50 g)?

Type of food	Frequency of food consumption					Amt. consumed in liang	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. pork, lamb, beef	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J14-1 __ __ __
2. chicken, duckling	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J14-2 __ __ __
3. all kinds of fish and shrimp	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J14-3 __ __ __
4. fresh vegetables	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J14-4 __ __ __
5. fresh fruits	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J14-5 __ __ __

J15. In the past year, have you taken the following medicines or supplements often? In other words, have you taken them at least 3 times per week for more than two continuous months?

	1...yes 2...no J15-1A - J15-10A	If you have ever taken the medicine/supplement					Coding J15-1C - J15-10C
		How many months have you taken the medicine? J15-1B - J15-10B	During those months, how many times did you take the medicine per day or per week?				
			3 times/week	4-6 times/week	Once/day	2+times/day	
1. vitamin A	__	__ __	1	2	3	4	__
2. vitamin B	__	__ __	1	2	3	4	__
3. vitamin C	__	__ __	1	2	3	4	__
4. vitamin E	__	__ __	1	2	3	4	__
5. multiple vitamins	__	__ __	1	2	3	4	__
6. aspirin-based medicines	__	__ __	1	2	3	4	__
7. hypertension medication	__	__ __	1	2	3	4	__
8. medicines for peptic ulcers	__	__ __	1	2	3	4	__
9. calcium	__	__ __	1	2	3	4	__
10. others please specify: _____	__	__ __	1	2	3	4	__

J16. Next, I would like to ask some questions about your eating and drinking habits when you were a young girl (13-15 years old). Please tell me if you ate each type of food everyday, every week, every month, every year, or not at all. How much did you normally eat in liang (1 liang = 50 g)?

We know it's hard to state the exact amount of food you eat, but the estimated amounts will give us the basic idea about your dietary intake, and the data, will be of great help to us.

Type of food	Frequency of food consumption					Amt. consumed in liang	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. rice or cooked wheat foodstuffs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-1 _ _ _
2. fresh pork	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-2 _ _ _
3. beef, lamb	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-3 _ _ _
4. chicken, duckling	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-4 _ _ _
5. animal parts (tripe, kidney, intestine, etc.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-5 _ _ _
6. fresh eggs	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-6 _ _ _
7. all kinds of fresh fish (including shrimp, crab, eel, etc.)	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-7 _ _ _
8. all kinds of preserved meat and fish	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-8 _ _ _
9. salted egg	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-9 _ _ _
10. fresh milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-10 _ _ _
11. powdered milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-11 _ _ _
12. baby soy beans, fresh peas, fresh broad bean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-12 _ _ _
13. dried soybean	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-13 _ _ _
14. other dried beans	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-14 _ _ _
15. bean curd, multi-layer bean curd, "vegetarian chicken"	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-15 _ _ _
16. soy milk	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-16 _ _ _
17. all kinds of fresh vegetables	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-17 _ _ _
18. all kinds of fresh fruits	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-18 _ _ _
19. salted vegetables, preserved vegetables	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		J16-19 _ _ _

PART TWO PREGNANCY AND CHILDBIRTH HISTORY

K1. How many times have you been pregnant? (Including live births, stillbirths, miscarriages, abortions, salpingocyesis or other ectopic pregnancies. If you are currently pregnant, include this as well.)

Have been pregnant for _____ times.

K1 |__|__|

Have never been pregnant 96 (go to question K3)

K2. Next, I would like to ask some questions about all your pregnancies. Please tell me in order the year and the outcome when each pregnancy ended.

Pregnancy result	Coding
Live birth	1
Abortion	2
Miscarriage	3
Stillbirth	4
Salpingocyesis or other ectopic pregnancies	5
Currently pregnant	6
Others	7

A The time when pregnancy ended (year/month) K2-1A ... K2-12A	B The result of pregnancy (specify coding) K2-1B ... K2-12B	C Number of weeks of pregnancy K2-1C K2-12C	D If you breast fed the baby, how many months you nursed (if not, fill in number 96) K2-1D ... K2-12D
1. __ __ year __ __ month	__	__ __	__ __
2. __ __ year __ __ month	__	__ __	__ __
3. __ __ year __ __ month	__	__ __	__ __
4. __ __ year __ __ month	__	__ __	__ __
5. __ __ year __ __ month	__	__ __	__ __
6. __ __ year __ __ month	__	__ __	__ __
7. __ __ year __ __ month	__	__ __	__ __
8. __ __ year __ __ month	__	__ __	__ __
9. __ __ year __ __ month	__	__ __	__ __
10. __ __ year __ __ month	__	__ __	__ __
11. __ __ year __ __ month	__	__ __	__ __
12. __ __ year __ __ month	__	__ __	__ __

Note: If you are currently pregnant, or you are breastfeeding, please fill in how many months you have been pregnant (column C) or how many months you have been breastfeeding (column D)

K3. If you have never been pregnant, specify the reason:

1 never married

4 husband's infertile

2 have never planned to have a baby

6 other reasons

K3 |__|

3 you're infertile

8 reasons unknown

K4. Have you ever used an intrauterine device (IUD)?

K4 |__|

1 yes →

K5. The year when the intrauterine device was put in is 19__ (year)

K5 |__|__|

K6. The year when the intrauterine device was taken out is 19__ (year)

K6 |__|__|

If, intrauterine device has never been taken out, fill in 00

2 no

K7. Have you ever taken oral contraceptives?

K7 | __ |

1 yes →

K8. How old were you when you first took oral contraceptives? __ (years old)

K8 | __ | __ |

K9. How old were you when you took oral contraceptives the last time? __ (years old)

K9 | __ | __ |

K10. How long have you been taking oral contraceptives? __ (year 1)

K10 | __ | __ | __ |

(month ... 2)

2 no

K11. Have you ever received a contraceptive shot?

K11 | __ |

1 yes →

K12. When was the first time you received a contraceptive shot?: __ (years old)

K12 | __ | __ |

K13. When was the last time you received a contraceptive shot?: __ (years old)

K13 | __ | __ |

K14. How long have you been receiving contraceptive shots? __ (years 1)

K14 | __ | __ | __ |

(months2)

2 no

K15. Have you ever used female hormones to treat climacteric melancholia, sterility, mulleriosis, acne, etc.? (oral contraceptives not included)

1 yes

2 no (skip to K19)

K15 | __ |

K16. How old were you when you first took the above-mentioned medicines?

__ (years old)

K16 | __ | __ |

K17. How long did you take the above-mentioned medicines before menopause?

__ (year 1)

(month ... 2)

K17 | __ | __ | __ |

K18. How long have you taken the above-mentioned medicines after menopause?

__ (year 1)

(month ... 2)

K18 | __ | __ | __ |

K19. Have you ever taken Chinese herbal medicines to alleviate menopausal symptoms?

K19 | __ |

1 yes → K20. How many years have you taken Chinese herbal medicines? __ (years)

2 no

K20 | __ | __ |

L11. Between the ages of 13 and 19, did you ever participate in the following sports tournaments (not including chess, card games, or model airplane competitions)?

1. Represented your class in school sports tournaments; represented your workshop or department in sports tournaments of your factory or organization.
1. Yes 2. No L11-1 | __ |
2. Represented your school, factory, or organization in sports tournaments of the city or county.
1. Yes 2. No L11-2 | __ |
3. Represented your county, city, province, or country in sports tournaments.
1. Yes 2. No L11-3 | __ |

L12. Between the ages of 13 and 19, were you on a sports team of your school, factory, or organization? L12 | __ |

1. yes. →

If the answer is "yes," what are types of sports:

- | | |
|----------|-----------------|
| 1) _____ | L12-1 __ __ |
| 2) _____ | L12-2 __ __ |

2. no.

L13. Over the past year, about how many stairs have you climbed everyday? (the way upstairs and downstairs is counted once)
_____ stairs. L13 | __ | __ |

L14. If you are still working, normally how do you get to work everyday? (If you are no longer working, please skip to L15)

1. On foot: _____ minutes L14-1 | __ | __ | __ |
2. Riding bicycle: _____ minutes L14-2 | __ | __ | __ |
3. Riding motorcycle or other vehicles: _____ minutes L14-3 | __ | __ | __ |
4. Taking a bus: _____ minutes L14-4 | __ | __ | __ |

L15. In the past year, you walked about _____ minutes everyday, aside from the walk to work L15-1 | __ | __ | __ |

You rode your bicycle about _____ minutes everyday L15-2 | __ | __ | __ |

L16. In the past year, the housework (including going to the grocery store, cooking, laundry, cleaning, taking care of your children, etc.) have been:

1. mostly done by you
2. half done by you L16 | __ |
3. less than half or none done by you

L17. How much time did you normally spend on housework? _____ hour(s) L17 | __ | __ |

PART FOUR WATER DRINKING

Next, I would like to ask some questions about your water drinking habits:

L18. What types of water do you currently drink everyday:

- 1..... running water
 - 2..... running water, but use a faucet filter (what brand: _____)
 - 3..... bottled pure water (what brand: _____)
 - 4..... bottled distilled water (what brand: _____)
 - 5..... water through the household purifier
 - 6..... others (please specify: _____)
- L18 | __ |

L19. In the past 10 years, have you ever consumed the following types of water?

1. Water directly from the tap.

1. yes → how many years over the past 10 years: _____
 2. no
- L19-1a | __ |
L 19-1b | __ | __ |.|__|

2. Running water, but with a faucet filter.

1. yes → how many years over the past 10 years: _____
 2. no
- L19-2a | __ |
L 19-2b | __ | __ |.|__|

3. Bottled pure water.

1. yes → how many years over the past 10 years: _____
 2. no
- L19-3a | __ |
L 19-3b | __ | __ |.|__|

4. Bottled distilled water.

1. yes → how many years over the past 10 years: _____
 2. no
- L19-4a | __ |
L 19-4b | __ | __ |.|__|

5. Water through the household purifier.

1. yes → how many years over the past 10 years: _____
 2. no
- L19-5a | __ |
L 19-5b | __ | __ |.|__|

6. Others.

1. yes → how many years over the past 10 years: _____
 2. no
- L19-6a | __ |
L 19-6b | __ | __ |.|__|

PART FIVE PHYSICAL DEVELOPMENT AND BODY MEASUREMENT

Next, I would like to ask some questions about your weight and height.

Compared to your peers between the ages of 15 and 20,

Period	M1. Your height was?	M2. Your weight was?
		1. Shorter than others. 2. A little shorter than others. 3. Average. 4. A little taller than others. 5. Taller than others. 8. Unknown.
At the age of 15 years old.	M1-1 __	M2-1 __
At the age of 20 years old.	M1-2 __	M2-2 __

M3. Your height was _____ cm when you were 20 years old M3 |__|__|__|

M4. Your weight was _____ in jin (1 jin = 0.5 kg) when you were 20 years old M4 |__|__|__|

M5. Your weight was _____ in jin when you were 50 years old (If you are younger than 50 years old, go to question M6) M5 |__|__|__|

M6. Your regular weight now is _____ in jin M6 |__|__|__|

This part is to measure the height, weight, waistline and hipline of interviewees. To ensure the accuracy of the measurements, interviewees are required to wear only one layer of clothes. If this is refused, estimate the actual values and record the clothes the interviewees wore in the remark columns.

Measured body site	M7. The first measurement M7-1 ... M7-5	M8. The second measurement M8-1 ... M8-5	Tolerance limit	M9. The third measurement M9-1 ... M9-5	Remarks
1. height (cm)	__ __ __ __ . __	__ __ __ __ . __	1 cm	__ __ __ __ . __	
2. weight (kilogram)	__ __ __ __ . __	__ __ __ __ . __	1 kg	__ __ __ __ . __	
3. waistline (cm)	__ __ __ __ . __	__ __ __ __ . __	1 cm	__ __ __ __ . __	
4. hipline (cm)	__ __ __ __ . __	__ __ __ __ . __	1 cm	__ __ __ __ . __	
5. height at the sitting position (cm)	__ __ __ __ . __	__ __ __ __ . __	1 cm	__ __ __ __ . __	

Remarks: If the difference between the first two measurements exceeds the tolerance difference, please take a third measurement.

