Coding Staff: |__|

SWQ: |__|__|__|__|__|__|
Name: _____
District: _____
Street: _____
Neighborhood Committee:
_____

Follow Up Questionnaire for Women Health
(July 5, 2000)

Dear residents:

Thank you for supporting our work by participating in this Prospective Cohort Study on Women's Cancer Risk Reduction and Diet.

Over the past several years, the rate of malignancies among Shanghai urban residents has risen continuously, and cancer is now the most common cause of death. In 1997 in the Changning District, one out of every three men and one out of every four women died of cancer. The death rate due to cancer increased by 2% ~ 4% over the previous year. We still lack knowledge of the causes and risks of cancer and the effective prevention methods of some common malignancies. So, we are conducting this large-scale research study of women's health. The aim of this research is to determine the major causes of the most common cancers among Shanghai women and develop effective prevention methods.

Thank you and the other volunteers devoted to improving women health for participating in this medical research that will benefit all women. It is because of your help that we kept the participation rate of this study at 97%. The relationship between chronic diseases and lifestyles tend to change over time. That is why interviewers will again ask you questions concerning foods and diet. We are also sending you material with information on how to improve your health.

To ensure you that you understand our research, get the research results on time, and receive updates about chronic disease prevention, please inform us if your address changes. Also, your comments and suggestions on our work are always welcome.

If you have questions, please call 64034901 or 64164814.

Thanks again for your support!

Research Team for Protecting Women's Health and Reducing Cancer Risks
Shanghai Cancer Research Institute

Instructions:
1. Please fill this questionnaire out in pencil.
2. Please answer all the questions.

Part I General Information

A01. Pulse: _____ times/minute   A01 |__|__|__|

A02. Systolic Blood Pressure   A02 |__|__|__|

A03. Systolic Blood Pressure   A03 |__|__|__|

A1. Name _____

A2. Date of Birth ـــــ year ـــــ month ـــــ day   A2 |__|__|__|__|__|__|

A6. Date: ___ year ___month ___ day   A6 |__|__|__|__|__|__|__|__|

A7. The time when the interview starts:
    1. Morning.
    2. Afternoon; ___minutes past ___o'clock

          A7 |__|__|__|__|__|__|

Part II Dietary History

First, please tell me something about your dietary habits in the past year. On the following form, we listed the foods residents in Shanghai eat most frequently. Please answer the questions in this order: did you eat or not; then the frequency of consuming (per week, month, or year); and lastly the amount consumed per unit of time. Please do not leave any box blank.

For example, if an interviewee answered she had beef and lamb every month, on average 5 Liang (1 Liang = 50 grams) per month, please circle "Every month 3" in the Column "Frequency of food consumption" and put "5" in the "Amount" column, as shown below:

	Frequency of food consumption					Amt. (Liang)	Coding
Beef or lamb	Every day 1	Every week 2	Every month 3 ③	Every year 4	Never	5	|__|__|__|

For foods that were rarely consumed, such as dried Xionggu mushrooms, please indicate the amount for the entire year. For example, if a family of three members consumed 2 Jin of dried Xionggu mushrooms, half of which or 10 Liang was consumed by the interviewee, the form should be filled in as follows:

	Frequency of food consumption					Amt. (Liang)	Coding
Dried Xionggu mushroom	Every day 1	Every week 2	Every month 3	Every year 4 ④	Never	10	|__|__|__|

For seasonal foods, such as vegetables or fruits, please tell us the consumption of them when they are available fresh. For example, if an interviewee consumed about 5 Liang of spinach every week when it was on the market, the 5 Liang could be eaten at a time or on several occasions, so the form should be filled out as follows:

	Frequency of food consumption					Amt. (Liang)	Coding
Spinach	Every day 1	Every week 2 ②	Every month 3	Every year 4	Never	5	|__|__|__|

We understand it is not easy to figure out the exact consumption amount of some foods, but even estimated figures that roughly reflect your diet will be of great help to our study. Again, please remember to tell us of the dietary habits of yourself rather than that of your whole family. Also, please estimate the gross weights of foods.

Thank you very much for your support!

B1. Name of the food	Frequency of food consumption					Amt. (Liang)	Coding
1. Rice	Every day 1	Every week 2	Every month 3	Every year 4	Never		B1-1 |__|__|__|
2. noodles, buns and other cooked wheat products	Every day 1	Every week 2	Every month 3	Every year 4	Never		B1-2 |__|__|__|

B2. Meat, egg, fish	Frequency of food consumption					Amt. consumed (Liang)	Coding
1. pork chops	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-1 |__|__|__|
2. pork ribs	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-2 |__|__|__|
3. pig's feet	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-3 |__|__|__|
4. fresh pork (fat)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-4 |__|__|__|
5. fresh pork (lean)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-5 |__|__|__|
6. fresh pork (fat and lean mixed)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-6 |__|__|__|
7. pig liver, cow liver, sheep liver	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-7 |__|__|__|
8. animal organ meat (heart, brain, tongue, tripe, intestine)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-8 |__|__|__|
9. beef, lamb	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-9 |__|__|__|
10. hen, duck eggs	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-10 |__|__|__|
11. chicken	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-11 |__|__|__|
12. duck, goose	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-12 |__|__|__|
13. saltwater fish (e.g., yellow croaker, hair tail)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-13 |__|__|__|
14. freshwater fish (silver carp, bream, crucian carp, etc.)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-14 |__|__|__|
15. rice field eel or river eel	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-15 |__|__|__|
16. shrimp, crab, etc.	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-16 |__|__|__|
17. conch and shellfish.	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-17 |__|__|__|
18. fresh milk	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-18 |__|__|__|
19. powdered milk	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B2-19 |__|__|__|

Next, please provide something about the consumption of desserts and bean products:

B3. Desserts, beans, and others	Frequency of food consumption					Amt. consumed (Liang)	Coding
1. all kinds of desserts	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-1 |__|__|__|
2. bread	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-2 |__|__|__|
3. candy and preserved fruits	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-3 |__|__|__|
4. soy milk, powdered soy milk	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-4 |__|__|__|
5. bean curd (tofu)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-5 |__|__|__|
6. fried bean curd, vegetarian chicken, bean curd cake and other kinds of bean products excluding fresh tofu	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-6 |__|__|__|
7. dried soybeans	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-7 |__|__|__|
8. mung beans, red beans, and other dried beans	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-8 |__|__|__|
9. soybean sprouts	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-9 |__|__|__|
10. mung bean sprouts	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-10 |__|__|__|
11. peanuts	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-11 |__|__|__|
12. black and white edible tree fungi	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-12 |__|__|__|
13. dried Xianggu mushroom	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B3-13 |__|__|__|

B4. In the past year, how many times have you had fresh vegetables of any kind per day, week, or month?

        1 ……. day

        2 ……. week _____ times   B4. |__|__|__|

        3 ……. Month

  B4_1   _____ liang/time   B4_1.|__|__|

B5. Now, please tell me about your consumption of fresh vegetables. When these foods are available, did you eat them every day, every week, every month, or every year? Or did you never eat them? How much of each did you eat if you ate any?

Vegetables and other foods	Frequency of food consumption					Amt. consumed (Liang)	Coding
1. greens, Chinese greens	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-1 |＿|＿|＿|
2. spinach	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-2 |＿|＿|＿|
3. green cabbage	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-3 |＿|＿|＿|
4. Chinese cabbage, bok choy cabbage	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-4 |＿|＿|＿|
5. cauliflower	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-5 |＿|＿|＿|
6. celery	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-6 |＿|＿|＿|
7. eggplant	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-7 |＿|＿|＿|
8. wild rice stems	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-8 |＿|＿|＿|
9. asparagus lettuce	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-9 |＿|＿|＿|
10. potato	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-10 |＿|＿|＿|
11. wax gourd	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-11 |＿|＿|＿|
12. cucumber, luffa	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-12 |＿|＿|＿|
13. fresh mushroom or Xianggu mushroom	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-13 |＿|＿|＿|
14. fresh red and green pepper	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-14 |＿|＿|＿|
15. tomato	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-15 |＿|＿|＿|
16. bamboo shoots	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-16 |＿|＿|＿|
17. lotus root	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-17 |＿|＿|＿|
18. garlic greens and garlic stalk	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-18 |＿|＿|＿|
19. garlic bulb	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-19 |＿|＿|＿|
20. onion	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-20 |＿|＿|＿|
21. Chinese chives	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-21 |＿|＿|＿|
22. shallot	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-22 |＿|＿|＿|
23. carrot	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-23 |＿|＿|＿|
24. white radish	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-24 |＿|＿|＿|
25. sweet potato	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-25 |＿|＿|＿|
26. young soya bean, fresh spilt pea, fresh broad bean	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-26 |＿|＿|＿|
27. yard long beans	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-27 |＿|＿|＿|
28. kidney beans, sword beans	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-28 |＿|＿|＿|
29.hyacinth beans / snow peas (Dutch peas)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-29 |＿|＿|＿|
30.kelp, laver	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B5-30 |＿|＿|＿|

B6. In the past year, how many times have you had fresh fruit of any kind per day, week, or month ?

      1.   Day
      2.   Week   _____ times.   B6 |__|__|__|
      3.   Month
      4.   Year

      B6_1   _____ Liang/time   B6_1|__|__|

B7. Now, please tell me about your consumption of fresh fruit. When these foods are available, did you eat them every day, every week, every month, or every year? Or did you never eat them? How much of each did you eat if you ate any?

Type of fruit	Frequency					Amt. (Liang)	Coding
1. apple	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-1 |__|__|__|
2. pear	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-2 |__|__|__|
3. tangerine, orange, grapefruit	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-3 |__|__|__|
4. banana	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-4 |__|__|__|
5. grape	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-5 |__|__|__|
6. watermelon	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-6 |__|__|__|
7. peach	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-7 |__|__|__|
8. Other fruit (e.g., strawberry, cantaloupe, etc.)	Every day 1	Every week 2	Every month 3	Every year 4	Never 5		B7-8 |__|__|__|

B8. In the past year, how much of the following did your family consume (Liang)?

    1. vegetable oil: _____(Liang)   B8-1 |__|__|__|
    2. soybean oil: _____ (Liang)   B8-2 |__|__|__|
    3. peanut oil: _____   (Liang)   B8-3 |__|__|__|
    4. lard: _____   (Liang)   B8-4 |__|__|__|
    5. brown (bleached) sugar: _____ (Liang)   B8-5 |__|__|__|
    6. salt: _____ (Liang)   B8-6 |__|__|__|

B9. In the past year, how many people were there in your family, including yourself?

        _____ persons   B9 |__|__|

B10. In the past year, how many meals per month did your family (including yourself) eat somewhere other than at home (such as in the cafeteria at work or in a restaurant)? (Do not include breakfast.)

        _____ meals   B10 |__|__|__|

B11. In the past year, how many meals a month did you eat somewhere other than at home ? (Do not include breakfast.)

        _____ meals   B11 |__|__|__|

Part III Personal Health and Lifestyle and Habits

CS1 Have you ever been diagnosed by a doctor with acute myocardial infarction?

CS1 |__|

| 1. Yes. → | CS2. How old were you when you were diagnosed? |
| 2. No. | _____ years old. |

CS2 |__|

C1. Have you ever been diagnosed by a doctor with a gastric ulcer or duodenal
    ulcer (also called alimentary ulcer)?

2. Yes. →	C2. Which type?
2. No.	1. Gastric ulcer
	2. Duodenal ulcer
	3. Unknown
	C3. How old were you when you were diagnosed?
	_____ years old.

C1 |__|
C2 |__|

C3 |__|__|

C4. Have you ever been diagnosed by a doctor with cirrhosis?

| 1. Yes. → | C5. How old were you when you were diagnosed? |
| 2. No. | |

C4 |__|
C5 |__|__|

C6. Did you ever have bone fracture?

C6 |__|

1. Yes. →	C7. Age at 1st fracture: _____years old.
2. No.	C8. Location of 1st fracture: _____
	C9. Age at last fracture: _____years old.
	C10. Location of last fracture: _____
	C11. Total times of fracture: _____ times.

C7 |__|__|
C8 |__|__|
C9 |__|__|
C10 |__|__|
C11 |__|__|

C12. Have you ever been diagnosed by a doctor with hyperthyroidism?
    1. Yes. → C13. How old were you when you were diagnosed?
                         _____ years old.
    2. No.

C12 |__|
C13 |__|__|

C14. Have you ever been diagnosed by a doctor with hypothyroidism?
    1. Yes. → C15. How old were you when you were diagnosed?
                         _____ years old.
    2. No.

C14 |__|
C15 |__|__|

C16. In the past three years, have you undergone any surgeries?

A. Name and location? B. Reason? C. Time?	C16A1 C16B1 C16C1
	|__|__| |__|__|__| |__|__|__|__|__|
1. _____ _____ ___ year ___ month	C16A2 C16B2 C16C2
2. _____ _____ ___ year ___ month	|__|__| |__|__|__| |__|__|__|__|__|

C17. In the past year, did you take the following vitamins regularly (at least three times a week for at least one month)?

Vitamins	Times per week	For how many months
1. Vitamin A + D	_____ C17-1a |__|__|	____ C17-1b |__|__|
2. Vitamin B	_____ C17-2a |__|__|	____ C17-2b |__|__|
3. Vitamin C	_____ C17-3a |__|__|	____ C17-3b |__|__|
4. Vitamin E	_____ C17-4a |__|__|	____ C17-4b |__|__|
5. Multiple vitamins	_____ C17-5a |__|__|	____ C17-5b |__|__|
6. Other vitamins (specify: _____)	_____ C17-6a |__|__|	____ C17-6b |__|__|
7. Calcium tablets	_____ C17-7a |__|__|	____ C17-7b |__|__|
8. Fish oil	_____ C17-8a |__|__|	____ C17-8b |__|__|

C18. Do you still have menstrual periods?   C18 |__|

1. Yes.

2. No. →

C19. When was your last period?	C19 |__|__| |__|__|
___year ___month.	C20 |__|
C20. Reason for the cease of periods:	
1 menopause	
2 surgery	
3 breastfeeding	
4 others	

C21. Are you a twin?

1. Yes. →

2. No.

C22. Is your twin the same sex?	C21 |__|
1. Yes.	C22 |__|
2. No.	

C23. Do you drink tea often (at least three times a week)?

1. Yes. →

2. No.

C24. In the past year, how much tea did you consume per month?	C23 |__|
_____ Liang.	C24 |__|__|.|__|

C25. In the past year, how much ginseng did you consume? _____ Liang.

C25 |__|__|.|__|

C26a. Were you exposed to secondhand smoke before you were 20 years old?
1. hours/day   C26a_1 |__|__|.|__|
2. cigarettes/day.   C26a_2 |__|__|

C26b. How many years did this situation last? ____ years   C26b |__|__|

C27a. Were you exposed to secondhand smoke after you were 20 years old?
1. hours/day   C27a_1 |__|__|.|__|
2. cigarettes/day.   C27a_2 |__|__|

C27b. How many years did this situation last? __ years   C27b |__|__|

C28. How old were you when people started smoking around you (at least one
cigarette per day for at least half a year)?
                                            _____ years old. C28 |__|__|

C29. Were there people smoking at work? If so, how many hours per day?
                                            _____ hours.   C29 |__|__|. |__|

C30. How many years did this situation last?   _____ years.   C30 |__|__|

C31. How old were you when you were first exposed to others smoking at work?
(At least one cigarette per day for at least half a year.)
                                            _____ years old. C31 |__|__|

C32. In the past two years, have you participated in physical activities frequently?
(At least once a week for at least three months continuously to be "frequent.")
1. Yes.   2. No. (go to question C36.)   C32 |__|

C33. During this time, the three activities   C34. How many hours per week?
you participated in most
frequently were:
Activity 1: _____ C33-1 |__|__| _____ hours   C34-1 |__|__|. |__|
Activity 2: _____ C33-2 |__|__| _____ hours   C34-2 |__|__|. |__|
Activity 3: _____ C33-3 |__|__| _____ hours   C34-3 |__|__|. |__|

C35. When you exercised, did you

1. Sweat every time?   2. Sweat most of the time?   C35 |__|
3. Normally did not sweat?

C36. Compared to other women of your age, the time you spent on sports activities was:

1. More than average
2. A little more than average
3. About average

4. A little less than the average
5. Less than average
6. Unknown   C36 |__|

Interviewer Postscript

D1. The overall reliability of the interview material is
    1. Very reliable.   D1 |__|
    2. Generally reliable.
    3. Unreliable.

C2. The time when the interview ends:
    1. In the morning.
    2. In the afternoon, ___ minutes past ___ o'clock.   D2 |__||__|__|__|__|

D3. Signature of interviewer: _____   D3 |__|__|

D4. Signature of the person interviewed: _____