WOMEN'S HEALTH SURVEY FRIST OUTCOME FOLLOW-UP QUESTIONNAIRE

(English Translated Version)

S1. Name: SWQ:	Addr	ess on list: 1. correct	2. incorrect 3. moved
S2. Current Address: District:	Street:		_ Apt. no
Home phone number:			
S3. Registered address: District:	Street:		Apt. no
S4. Name of employer (if already ret	ired, the last employer before	re retirement):	
Address of employer: District:	Street:		_ Number:
Employer's phone number:			
S5. If you are going to move in near	future, please tell us your ne	ew address so we can	keep in touch with you:
Address: District:	Street:	Apt. no.:	Phone:
S6. Please name one of your relatives phone and employer.	or friends as your contact p	person and provide us	s his/her name, address,
Name:Rel	ation with you:		
Employer:	_ Address:	Phone:	
Chronic diseases, especially cardi The purpose of this survey is to collec Chang-Ning District. The information prevention. Please provide us the follo	ct information on health stat n is very important for makin	us of middle-aged ar ng health policies on	nd elderly women in the
If the study participant is already dece other reasons, please accept our conde grateful if her next of kin could tell us causes of death.	olences. We would be very		For coders to use only
Date of death:year	monthday	A03 _	
Causes of death:D	iagnosis hospital:		

Disease Have had it diagnoses hospital		1	- W	·	
1. Diabetes a. Fasting blood sugar at diagnosis (mmol/L) (/) 2. Hypertension			Date of	Diagnosis	This box is for coders to use on
a. Fasting blood sugar at diagnosis (mmol/L) (/ /) b. Blood sugar 2 hours after meal at diagnosis (mmol/L) (/ /) 2. Hypertension	Disease	Have had it	diagnoses	hospital	
(mmol/L) (/) B. Blood sugar 2 hours after meal at diagnosis (mmol/L) (/) 2. Hypertension			year month		A11 _ _ _
b. Blood sugar 2 hours after meal at diagnosis (mmol/L) (/) 2. Hypertension yes no year month 3. Acute myocardial infarction yes no year month 4. Stroke yes no year month 5. Bone fracture yes no year month 6. Cancer or tumor (A16-3 Name & site:) 7. Other diseases yes no year month 8. Other diseases yes no year month 6. A17		sis			
(mmol/L) (/) 2. Hypertension					111
3. Acute myocardial infarction		al at diagnosis			A11-b . _
4. Stroke	2. Hypertension	yes no	year month		A12 _ _ _
5. Bone fracture	3. Acute myocardial infarction	yes no	year month		A13
(A15_3 Site:) 6. Cancer or tumor (A16-3 Name & site:) 7. Other diseases (A17_3 Specify:) 8. Other diseases (A18_3 Specify:) 8. Other diseases (A18_3 Specify:) 1. Do you have any suggestions for our study? 1. Do you have any suggestions for our study? 1. Has any of your family members been diagnosed with cancer or a tumor? 1. yes 2 no 2-1 Has your husband been diagnosed with cancer or a tumor? 1. yes 2 no If yes, A4.2-2 Type of cancer: site: A4.2-3 Age at diagnosis: A4.2-4 Diagnosis hospital: A4.2-5 Date of diagnosis: year month Date of interview: Name of interviewer: Relationship of the respondent to the study participant: 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) A7	4. Stroke	yes no	year month		A14
6. Cancer or tumor (A16-3 Name & site:) 7. Other diseases (A17_3 Specify:) 8. Other diseases (A18_3 Specify:) 7. Do you have any suggestions for our study? 1. Do you have any suggestions for our study? 1. This box is for coders to use A4.1		yes no	year month		A15 _ _ _ _
(A16-3 Name & site:) 7. Other diseases (A17_3 Specify:) 8. Other diseases (A18_3 Specify:) 9. Do you have any suggestions for our study? 1. Has any of your family members been diagnosed with cancer or a tumor? 1 yes 2 no 2-1 Has your husband been diagnosed with cancer or a tumor? 1 yes 2 no 1f yes, A4.2-2 Type of cancer: site: A4.2-3 Age at diagnosis: A4.2-4 Diagnosis hospital: A4.2-5 Date of diagnosis: year month A4.2-5 Date of diagnosis: year month A4.2-5 Date of interview: A5 A6 A6 A7					
7. Other diseases (A17_3 Specify:)		yes no	year month		
Alta Alta		ves no	vear month		A17
8. Other diseases (A18_3 Specify:) yes no year month A18		yes no	year monur		
. Do you have any suggestions for our study? This box is for coders to use 1 Has any of your family members been diagnosed with cancer or a tumor? 1 yes 2 no 2-1 Has your husband been diagnosed with cancer or a tumor? 1 yes 2 no If yes, A4.2-2 Type of cancer: site: A4.2-3 Age at diagnosis: A4.2-4 Diagnosis hospital: A4.2-4 Diagnosis hospital: A4.2-5 Date of diagnosis: year month A4.2-5 Late of diagnosis: year month A4.2-5 Late of interview: A5 Late of interviewer: A6 Late of interviewer: A7 Late of interviewer: A		yes no	year month		A18 _ _
This box is for coders to use 1 Has any of your family members been diagnosed with cancer or a tumor? 1 yes 2 no 2-1 Has your husband been diagnosed with cancer or a tumor? 1 yes 2 no If yes, A4.2-2 Type of cancer: site: A4.2-3 Age at diagnosis: A4.2-4 Diagnosis hospital: A4.2-5 Date of diagnosis: year month Date of interview: Name of interviewer: Relationship of the respondent to the study participant: 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) This box is for coders to use A4.1 A4.2-1 A4.2-2 _ A4.2-3 A4.2-3 A4.2-5 _ _ A4.2-5 _ _ A6 _ _ A7 _	(A18_3 Specify:				
1 yes 2 no 2-1 Has your husband been diagnosed with cancer or a tumor? 1 yes 2 no If yes, A4.2-2 Type of cancer: site: A4.2-3 Age at diagnosis: A4.2-4 Diagnosis hospital: A4.2-5 Date of diagnosis: year month Date of interview: Name of interviewer: Relationship of the respondent to the study participant: 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) A4.2-1 A4.2-2 _ A4.2-3 _ A4.2-4 _ _ A4.2-5 _ _ _ A5 _ A6 _ A7 _					This box is for coders to use only
2-1 Has your husband been diagnosed with cancer or a tumor? 1 yes 2 no If yes, A4.2-2 Type of cancer: site: A4.2-3 Age at diagnosis: A4.2-4 Diagnosis hospital: A4.2-5 Date of diagnosis: year month Date of interview: Name of interviewer: Relationship of the respondent to the study participant: 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) A4.2-1 A4.2-2 _ A4.2-3 A4.2-5 _ _ A4.2-5 _ _ A5 _ _ A6 _ _ A7 _	.1 Has any of your family members been diagnosed with cancer or a tumor?			A4.1	
1 yes 2 no If yes, A4.2-2 Type of cancer: site: A4.2-1 A4.2-3 Age at diagnosis: A4.2-2 _ A4.2-4 Diagnosis hospital: A4.2-4 _ A4.2-5 Date of diagnosis: year month A4.2-5 _ Date of interview: A5 _ Name of interviewer: A6 _ 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) A7	1 yes 2 no				
A4.2-3 Age at diagnosis: A4.2-3 A4.2-3 A4.2-4 Diagnosis hospital: A4.2-5 Date of diagnosis: year month A4.2-5 A4.2-5 A5	· ·			A4.2-1	
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A4.2-5 Date of diagnosis: year month A4.2-5 A4.2-5 Date of interview: A5				A4.2-3	
Date of interview: Name of interviewer: Relationship of the respondent to the study participant: 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) A4.2-5				A4.2-4 _	
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Relationship of the respondent to the study participant:_ 1. self 2. husband 3. children 4. Other relatives 5. Other (specify) A7					
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1. In home visit 2. Telephone interview A8	1. self 2. husband 3. children	Other relative	es 5. Other (spec	eify)	