

WOMEN'S HEALTH SURVEY FRIST OUTCOME FOLLOW-UP QUESTIONNAIRE

(English Translated Version)

S1. Name: _____ SWQ: _____ Address 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 retired, the last employer before 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 new address so we can keep in touch with you:

Address: District: _____ Street: _____ Apt. no.: _____ Phone: _____

S6. Please name one of your relatives or friends as your contact person and provide us his/her name, address, phone and employer.

Name: _____ Relation with you: _____

Employer: _____ Address: _____ Phone: _____

Chronic diseases, especially cardiovascular diseases and malignancies, cast major health threats to humans. The purpose of this survey is to collect information on health status of middle-aged and elderly women in the Chang-Ning District. The information is very important for making health policies on disease treatments and prevention. Please provide us the following information. Many thanks.

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

Date of death: _____ year _____ month _____ day

Causes of death: _____ Diagnosis hospital: _____

This box is for coders to use only

A01 |_____| |_____| |_____|

A02 |_____|

A03 |_____|

1. Since we conducted the baseline survey, have you ever been diagnosed by a doctor to have following diseases?

Disease	Have had it	Date of diagnoses	Diagnosis hospital	<u>This box is for coders to use only</u>
1. Diabetes a. Fasting blood sugar at diagnosis (mmol/L) (/) b. Blood sugar 2 hours after meal at diagnosis (mmol/L) (/)	yes no	year month		A11 A11-a A11-b
2. Hypertension	yes no	year month		A12
3. Acute myocardial infarction	yes no	year month		A13
4. Stroke	yes no	year month		A14
5. Bone fracture (A15_3 Site:)	yes no	year month		A15
6. Cancer or tumor (A16-3 Name & site:)	yes no	year month		A16
7. Other diseases (A17_3 Specify:)	yes no	year month		A17
8. Other diseases (A18_3 Specify:)	yes no	year month		A18

A2. Do you have any suggestions for our study? _____

A4.1 Has any of your family members been diagnosed with cancer or a tumor?

1 yes 2 no

A4.2-1 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 _____

A5. Date of interview: _____

A6. Name of interviewer: _____

A7. Relationship of the respondent to the study participant: _

1. self 2. husband 3. children 4. Other relatives 5. Other (specify) _____

A8. Interview was completed by:

1. In home visit 2. Telephone interview

<u>This box is for coders to use only</u>
A4.1
A4.2-1
A4.2-2
A4.2-3
A4.2-4
A4.2-5
A5
A6
A7
A8