

Coding Staff: | _____ |

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

Name: _____

District: _____

Street section: _____

Neighborhood committee: _____

SHANGHAI WOMEN'S HEALTH STUDY SELF-ADMINISTERED QUESTIONNAIRE

(English Translated Version)

Malignant tumors are one of the most dangerous diseases that imperils people's lives. During the past several years, tumor incidences have increased considerably in Shanghai. Nearly 25% of the population died from malignant tumors. At present, our knowledge of the things that cause cancer is far from enough. In our daily lives, we might have contact with some factors that are considered relevant to cancer. In-depth research of these factors will play a very important role in preventing and curing tumors.

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

The accuracy of the information you provide will directly affect the success of this research. If there is something you are uncertain about, please try your best to give the most accurate estimate. We assure you that all the information you provide will be absolutely confidential. In the following interview, we will ask you questions about 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:

The first type: there are some 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 it

Or: Did you ever smoke 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 |
|-------------|------------|

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

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

After you complete this questionnaire, we will send an interviewer to your home to pick it up, and she will also ask you questions about 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 of "Protecting Women and Reducing the Risk of Women's Malignant Tumors," Shanghai Cancer Institute

PART ONE GENERAL INFORMATION

A0. Name: _____

A1. Citizen ID Number: | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |

A2. Address: _____ District Street Name: _____

Street Number: _____

Home phone or neighborhood phone service number: _____

A3. The name of your current working unit (If retired, it refers to the working unit before you retired.): _____

A4. Address of your current working unit: _____ District

Street Name: _____

Street Number: _____

A5. In order to facilitate our long-term follow-up of your health status, please provide one of your relatives' or friends' (as a contact person) name, home address, phone number, works unit, etc.

=====

A6. Date filling out the form: 19 __ year __ month __ day

A7. What was your date of birth? (Do not use lunar calendar.)

19 __ year __ month __ day

A8. At what age did you begin to live permanently in urban Shanghai? (Fill in 0 if you were born in Shanghai)

Age: _____ years old

A9. Did you ever get married?

1. ... yes →

A10. When did you get married? _____ years old
(This refers to your first marriage if you have been married more than once)

A11. What is your current marital status?

1. Married 3. Separated

2. Widowed 4. Divorced

2. ... no

A12. 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

A13. In the past year, how many people in your family, including yourself, have lived together? _____ persons

A14. What was your family's annual income (including all sources) last year?

1. ... Less than 10, 000 yuan 3. ... 20, 000 to less than 30, 000 yuan

2. ... 10, 000 to less than 20, 000 yuan 4. ... 30, 000 yuan or above

A15. What was your birth weight? _____ (Fill in "Unknown" if you do not know)

A16. Were you breast fed by your mother or your wet nurse when you were a baby?

1. Yes 2. No 8. Unknown

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

A6. | _ | _ | _ | _ | _ | _ | _ |

A7. | _ | _ | _ | _ | _ | _ | _ |

A8. | _ | _ |

A9. | _ |

A10. | _ | _ |

A11. | _ |

A12. | _ |

A13. | _ | _ |

A14. | _ |

A15. | _ | _ | | _ |

A16. | _ |

PART TWO DISEASES HISTORY

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

(If the disease has been 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. ulcerativecolitis	1. ... yes 2. ... no	_____ years old
9. cholelithiasis	1. ... yes 2. ... no	_____ years old
10. diabetes	1. ... yes 2. ... no	_____ years old
11. high blood pressure	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. mastofibroma	1. ... yes 2. ... no	_____ years old
16. mammary gland cyst	1. ... yes 2. ... no	_____ years old
17. ovarion 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 it.

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 | _ |
 B3 | _ | _ | _ |
 B4 | _ | _ | _ |
 B5 | _ | _ | _ |

B2. Do you have any other chronic diseases now? (diseases that have been diagnosed by the doctor)

1. ... yes →
 2. ... no

If the answer is yes, please specify:
 B3. Disease 1: _____
 B4. Disease 2: _____
 B5. Disease 3: _____

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

- 1. ... yes →
- 2. ... no

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

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

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

B10. What kind 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 or not 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
1. others: _____ (please specify the part)	1. ... yes 2. ... no	_____ years old
2. others: _____ (please specify the part)	1. ... yes 2. ... no	_____ years old

B13. After you are bit by 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
- 4. bigger than broad bean
- 5. no red area
- 6. unknown

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

- 1. ... yes →
- 2. ... no

B15. Was the colorectal polyp removed?

1. ... yes → B16. When was the most recent removal of colorectal polyp? 19 ____ year
2. ... no

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

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 habit:

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 start to smoke 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. Have you drunk alcohol often? ("Often" means that you drank at least 3 times per week, for more than 6 months, continuously, beer, wine)

1. ... yes →

2. ... no

C7. How old were you when you started to drink alcohol often? ____ years old

C8. Do you still drink alcohol regularly?

1. ... yes →

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

C10. What kind of drink alcohol do you most often have?

(choose only one)

1. yellow millet or rice wine

2. beer

3. liquor

4. wine

C11. The amount you normally drink alcohol every time is: ____ liang (50 g)

2. ... no

↓

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

C13. Did you ever drink tea regularly? ("often" means at least 3 times per week, for more than 6 months, continuously)

1. ... yes →

2. ... no

C14. At what age did you start 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 has your family consumed per month? ____ liang (50 grams)

C18. What is the amount you drink per month: ____ liang (50 grams)

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 started to take 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 _____ liang (50 grams)
2. red ginseng _____ liang (50 grams)
3. American ginseng _____ liang (50 grams)
4. liquid ginseng _____ bottle(s)
5. Other kinds (specify):
_____ liang (50 grams)

2. ... no



C24. What is the reason for you to take ginseng?

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

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 turned off before went to bed

3. yes, left it on for all night



C27. What year did you start to use it? 19 ____ year

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

C29. Please fill in the information about how your family uses the refrigerator and TV in the following columns:

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

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

1. ... yes →

2. ... no

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

C32. How many years have you used tint? _____ 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 the “coming 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) _____

Note: Please do not write in this frame

D1 | __ | __ |

D2 | __ |

D3 | __ |

D4 | __ | __ | __ | __ |

D5 | __ |

PART FIVE EATING AND DRINKING HABIT

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

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

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

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

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

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 dwelling place. If during the past 20 years, you have ever lived in more than one street section, please tell me the two places where you lived the longest. If the house has been torn down, please still tell the street section where the house belonged. If you ever lived in places 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 to live 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 1. ... others	1. ... gas 2. ... coal cake or coal ball 6. ... others	1. ... gas 2. ... coal cake or coal ball 6. ... others
F5. What kind 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	1. ... vegetable oil 2. ... soybean oil 3. ... half vegetable oil, half soybean oil 4. ... peanut oil 6. ...others	1. ... vegetable oil 2. ... soybean oil 3. ... half vegetable oil, half soybean oil 4. ... peanut oil 6. ...others
F6. How is/was the ventilation condition of the kitchen?	1. ... good 2. ... fairly good 3. ... poor	1. ... good 2. ... fairly good 3. ... poor	1. ... good 2. ... fairly good 3. ... poor

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 the jobs you have ever had, which have lasted longer than one year, throughout your lifetime (including the jobs you had after you retired). Joining the army, going to the countryside to be engaged in farming or being a housekeeper are considered jobs, too. But waiting to be employed and being a housewife are not counted as jobs.

	(1) the most recent job	(2) the job that precedes the one on the left	(3) the job that precedes the one on the left	(4) the job that precedes the one on the left	(5) the job that precedes the one on the left	(6) the job that precedes the one on the left	note
G1a. name of the employer							
G1b. its products and the nature of the products (manufacture and management etc.)							
G2. What type of work do/did you have?							
G3a. What is/was your responsibility?							
G3b. What is/was the main product of your work?							
G4. In what year did you start? If you have never had any jobs, 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	G2-10	G2-10	G2-10	G2-10	G2-10	
	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
	G2-1	G2-1	G2-1	G2-1	G2-1	G2-1	
	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	
Please do not write in this frame	G4-1 _ _ _	G4-1 _ _ _	G4-1 _ _ _	G4-1 _ _ _	G4-1 _ _ _	G4-1 _ _ _	Gm _ _
	G5-1 _ _ _	G5-1 _ _ _	G5-1 _ _ _	G5-1 _ _ _	G5-1 _ _ _	G5-1 _ _ _	

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

1. yes
2. no

PART EIGHT FAMILIAL CANCER HISTORY

Next we would like to ask a few questions about your first degree relatives, which includes your parents, your brothers and 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 →
 3. ... no

	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 he/she was diagnosed?
first	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
Second	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
Third	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 6. ... mother	_____	__ years old
fourth	1. ... daughter 4. ... brother 2. ... son 5. ... father 3. ... sister 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 | _ | _ |

PART NINE HUSBAND'S INFORMATION

You need not fill out this part if you are not married.

If you are currently living with your husband, you could fill out this part together.

I1. Your husband's name _____

I2. His Citizen ID Number: |__|__|__|__|__|__|__|__|__|
 |__|__|__|__|__|__|__|

I3. The date of his birth? (do not use lunar calendar)

19 ____ year ____ month ____ day

I4. What is his education level?

- | | |
|--|------------------------------------|
| 1. ... Never had formal education | 5. ... Professional high education |
| 2. ... Elementary school | 6. ... College or above |
| 3. ... Junior high school | 8. ... Unknown |
| 4. ... High school, professional high school | |

I5. The name of his working unit (if he is retired, fill in the one before his retirement):

Name of the work unit: _____

His work responsibility: _____

Tel: _____

Address of his current working unit: _____ District

Street Name: _____

Street Number: _____

I6. Which job has he done the longest so far? (please specify the responsibility of his work)

I7. Has he ever been diagnosed with any of the following diseases?

(If yes, please circle "1" after the disease, and fill in the age when he had the disease; if he has never had that disease, circle "2").

Name of the disease	A. Whether or not it has been diagnosed	B. If you 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. high blood pressure	1. ... yes 2. ... no	_____ years old
12. coronary heart disease	1. ... yes 2. ... no	_____ years old
13. stroke	1. ... yes 2. ... no	_____ years old

Note: Please do not write in this frame

I3 |__|__|__|__|__|__|

I4 |__|

I5 |__|__|__|

I6 |__|__|__|

I7-1A |__| I7-1B |__|__|

I7-2A |__| I7-2B |__|__|

I7-3A |__| I7-3B |__|__|

I7-4A |__| I7-4B |__|__|

I7-5A |__| I7-5B |__|__|

I7-6A |__| I7-6B |__|__|

I7-7A |__| I7-7B |__|__|

I7-8A |__| I7-8B |__|__|

I7-9A |__| I7-9B |__|__|

I7-10A |__| I7-10B |__|__|

I7-11A |__| I7-11B |__|__|

I7-12A |__| I7-12B |__|__|

I7-13A |__| I7-13B |__|__|

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

1. ... yes →

2. ... no

8. ... unknown

I9. What kind of tumor: _____
I 10. How old was he when he was diagnosed?
_____ (years old)

I11. Has he ever had the following surgeries?

Name of the surgery:	A. whether or not you have had the surgery:	B. If you have had the surgery, how old were you when you 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

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

1. ... yes →

2. ... no

I13. At what age did he start to smoke 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

I17. Has your husband ever drunk at least 3 times per week, for more than 6 months, continuously?

1. ... yes →

2. ... no

I18. How old was he when he started to drink alcohol often? _____ years old
I19. Does he still drink alcohol often?
1. ... yes →
I20. Normally (for the most of the time in the past 12 months), about how many _____ times does he drink alcohol per week?
I21. What kind 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: _____ (50 g)
2. ... no
↓
I23. How old was he when he stopped drinking regularly? _____ years old

I8 | _ |

I9 | _ | _ | _ |

I10 | _ | _ |

I11-1A | _ |

I11-1B | _ | _ |

I11-2A | _ |

I11-2B | _ | _ |

I11-3A | _ |

I11-3B | _ | _ |

I11-4 | _ | _ | _ |

I11-4A | _ |

I11-4B | _ | _ |

I12 | _ |

I13 | _ | _ |

I14 | _ | _ |

I15 | _ |

I16 | _ | _ |

I17 | _ |

I18 | _ | _ |

I19 | _ |

I20 | _ | _ |

I21 | _ | _ |

I22 | _ | _ | . | _ |

I23 | _ | _ |

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

- 1. ... yes →
- 2. ... no

I25. How old was he when he first started to drink 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. ... red 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: _____ liang (50 grams)

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 | _ | _ |
I36 | _ | _ |
I37A | _ | _ | _ |
I37B | _ | _ | _ |
I38 | _ | _ | _ |

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

1. ... yes →

2. ... no

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

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

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

1. white ginseng _____ liang (i.e., 50 grams)
2. black ginseng _____ liang (i.e., 50 grams)
3. American ginseng _____ liang (i.e., 50 grams)
4. liquid ginseng _____ bottle(s)
5. Other kinds (specify): _____
_____ liang (i.e., 50 grams)

2. ... no
↓

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 _____)

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? _____ meals / per month

I37. His current height: _____ cm weight _____ jin (i.e., 0.5 kilogram)

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)

INTERVIEWEE'S SIGNATURE: _____