

Coding Staff: | _____ |

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

Name: _____

District: _____

Street: _____

Neighborhood committee: _____

SHANGHAI WOMEN'S HEALTH STUDY
INTERVIEW QUESTIONNAIRE
(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:

∈ How well did the interviewee understand the questions?

1 Very well.

2 Not bad.

3 Not clearly for most questions.

P5-1 |__|

∉ The interviewee's answers are:

1 Very reliable.

2 Generally reliable.

3 Unreliable.

P5-2 |__|

∠ Who completed the self-administered questionnaire?

1 Most of the questions were completed by the interviewee herself.

2 Most of the 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 __ minutes past __ o'clock

P7-1 |__| P7-2 |__|__|__|__|

=====

Please fill the following columns before you complete 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 forms been completed?

1 yes

2 no

Q3 |__|

*** PLEASE DOUBLE-CHECK WHETHER THE ID NUMBERS ON THE SELF-ADMINISTERED QUESTIONNAIRE, THE INTERVIEW QUESTIONNAIRE, THE BLOOD SAMPLE AND THE URINE SAMPLE FORMS, THE URINE COLLECTING CUP AND 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 the 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.

Next, I will read to you the names of some foods. 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 tell that: "I ate pork chops every week." I will then ask you how much you normally ate at a given unit of time.

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

J2. Meat, egg, fish	Frequency of food consumption					Amt. consumed (50 g)	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. pork chops	1	2	3	4	5		J2-1 _ _ _
2. pork ribs	1	2	3	4	5		J2-2 _ _ _
3. pig's feet	1	2	3	4	5		J2-3 _ _ _
4. fresh pork (fat)	1	2	3	4	5		J2-4 _ _ _
5. fresh pork (lean)	1	2	3	4	5		J2-5 _ _ _
6. fresh pork (mixture)	1	2	3	4	5		J2-6 _ _ _
7. pig liver, cow liver, sheep liver	1	2	3	4	5		J2-7 _ _ _
8. animal parts (heart, brain, tongue, tripe, intestine)	1	2	3	4	5		J2-8 _ _ _
9. beef, lamb	1	2	3	4	5		J2-9 _ _ _
10. egg, duck egg	1	2	3	4	5		J2-10 _ _ _
11. chicken	1	2	3	4	5		J2-11 _ _ _
12. duck, goose	1	2	3	4	5		J2-12 _ _ _
13. salt water fish (e.g., yellow croaker, hair tail)	1	2	3	4	5		J2-13 _ _ _
14. fresh water fish (e.g., silver carp, bream, crucian carp, etc.)	1	2	3	4	5		J2-14 _ _ _
15. rice field eel or river eel	1	2	3	4	5		J2-15 _ _ _
16. shrimp, crab, etc.	1	2	3	4	5		J2-16 _ _ _
17. conch, etc.	1	2	3	4	5		J2-17 _ _ _
18. fresh milk	1	2	3	4	5		J2-18 _ _ _
19. powdered milk	1	2	3	4	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 (50 g)	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? And how many months out of the year did you eat them?

Vegetables and other foods	Frequency of food consumption					Amt. consumed (50 g)	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
1. greens, Chinese greens	1	2	3	4	5		J6-1 _ _ _
2. spinach	1	2	3	4	5		J6-2 _ _ _
3. green cabbage	1	2	3	4	5		J6-3 _ _ _
4. Chinese cabbage, bak choi cabbage	1	2	3	4	5		J6-4 _ _ _
5. cauliflower	1	2	3	4	5		J6-5 _ _ _
6. celery	1	2	3	4	5		J6-6 _ _ _
7. eggplant	1	2	3	4	5		J6-7 _ _ _
8. wild rice stems	1	2	3	4	5		J6-8 _ _ _
9. asparagus lettuce	1	2	3	4	5		J6-9 _ _ _
10. potato	1	2	3	4	5		J6-10 _ _ _
11. wax gourd	1	2	3	4	5		J6-11 _ _ _
12. cucumber, luffa	1	2	3	4	5		J6-12 _ _ _
13. fresh mushroom, fresh xianggu mushroom	1	2	3	4	5		J6-13 _ _ _
14. fresh red and green pepper	1	2	3	4	5		J6-14 _ _ _
15. tomato	1	2	3	4	5		J6-15 _ _ _
16. bamboo shoots	1	2	3	4	5		J6-16 _ _ _
17. lotus root	1	2	3	4	5		J6-17 _ _ _
18. garlic and garlic shoots	1	2	3	4	5		J6-18 _ _ _
19. head of garlic	1	2	3	4	5		J6-19 _ _ _
20. onion	1	2	3	4	5		J6-20 _ _ _

J6. Vegetables and other foods	Frequency of food consumption					Amt. consumed (50 g)	Coding
	Everyday 1	Every week 2	Every Month 3	Every Year 4	Not at all 5		
21. Chinese chives	1	2	3	4	5		J6-21 _ _ _
22. green onion	1	2	3	4	5		J6-22 _ _ _
23. carrot	1	2	3	4	5		J6-23 _ _ _
24. white turnip	1	2	3	4	5		J6-24 _ _ _
25. sweet potato	1	2	3	4	5		J6-25 _ _ _
26. baby soy beans, fresh peas, fresh broad beans	1	2	3	4	5		J6-26 _ _ _
27. yard long bean	1	2	3	4	5		J6-27 _ _ _
28. green bean (four-season bean)	1	2	3	4	5		J6-28 _ _ _
29. hyacinth bean/snow peas (Dutch pea)	1	2	3	4	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)									Coding J7-1B J7-6B
		Every year		Every month		Every week			Everyday	Not known	
		<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, or every month?

1 day

2 Week _____ times

3 month

J8 |__|__|__|

J9. Next please tell me, how much fruit do you eat 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 (50 g)	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 (50 g):

1. vegetable oil: _____ (50 g)

2. soy bean oil: _____ (50 g)

3. peanut oil: _____ (50 g)

4. lard: _____ (50 g)

5. brown (bleached) sugar: _____ (50 g)

J10-1 |__|__|__|

J10-2 |__|__|__|

J10-3 |__|__|__|

J10-4 |__|__|__|

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 halls?

_____ meal(s)

J12 |__|__|__|

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

Type of food	Frequency of food consumption					Amt. consumed (50 g)	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 often? In other words, have you taken them at least 3 times per week for more than two months continuously.

	1...yes 2...no J15-1A.. J16-10A	If you have ever taken the medicine					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. Low blood pressure medication	__	__ __	1	2	3	4	__
8. medicines for treating peptic ulcers	__	__ __	1	2	3	4	__
9. others please specify: ___	__	__ __	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?

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 (50 g)	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, finless eel, eel)	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 pregnant right now, included 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/month 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	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 breast feeding, please fill in how many months you have been pregnant (column C) or how many months you have been breast feeding (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

3 you're infertile

8 reasons unknown

K3 |__|

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

K4 |__|

K5 |__|__|

K6 |__|__|

1 yes →

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

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

Intrauterine device has never been taken out (00)

2 no

PART THREE PHYSICAL ACTIVITIES

L1. Over the past five years, have you participated in any exercise regularly? ("regularly" means at least once a week, for more than 3 months, continuously)

1. yes 2. No (skip to question L6) L1 |__|

L2. Please tell me of 3 exercise you most often participated in during this period. L3. How many hours did you spend each week? (If it is less than 1 hour, fill in <1) L4. How many years have you participated in each of the activities?

(L2-1...L2-3)

(L3-1...L3-3)

(L4-1...L4-3)

Activity 1. ____|__|__| ____ hour(s) |__|__|__| ____ (year) |__|
Activity 2. ____|__|__| ____ hour(s) |__|__|__| ____ (year) |__|
Activity 3. ____|__|__| ____ hour(s) |__|__|__| ____ (year) |__|

L5. When you exercise, did you:

- 1. sweat every time
 - 2. sweat most of the time
 - 3. normally do not sweat
- L5 |__|

L6. Compared to other women of your age, the time you spent on exercise was:

- 1. far more than average
 - 2. a little more than average
 - 3. about average
 - 4. a little less than average
 - 5. less than average
 - 8. unknown
- L6 |__|

L7. Between the ages of 13 and 19, did you often participate in exercise (at least once a week, for more than 3 months continuously)? (If you attended a middle school, it refers to the period when you were in middle school)

- 1. Yes
 - 2. No (skip to question L10)
- L7 |__|

L8. Between the ages of 13 and 19, how many years did you exercise often? (If it was less than 1 year, please fill in <1) ____ year(s) L8 |__|

L9. Between the ages of 13 and 19, how many hours per week did you spend on exercise when you exercised regularly? _____ hour(s) L9 |__|__|__|

L10. Between the ages of 13 and 19, compared to other girls of your age, the time you spent on exercise was:

- 1. far more than average
 - 2. a little more than average
 - 3. about average
 - 4. a little less than average
 - 5. less than average
 - 8. unknown
- L10 |__|

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 the school sports tournaments; represented your workshop or department in the sports tournaments of your factory or your organization.

1. Yes 2. No L11-1 | __ |

2. Represented your school, factory, or organization in the 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 in a sports team of your school, factory, or organization?

L12 | __ |

1. yes. →

If the answer is "yes," the sport event was:

First event _____ L12-1 | __ | __ |

Second event _____ 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 go 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 drunk 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, your height was? Your weight was?

Period	M1. Height	M2. Weight
	1. Shorter than others. 2. A little shorter than others. 3. Average. 4. A little taller than others. 5. Taller than others. 8. Unknown.	1. Heavier than others. 2. A little heavier than others. 3. Average. 4. A little thinner than others. 5. Thinner 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 _____ jin (i.e., 0.5 kilogram) when you were 20 years old M4 |__|__|__|

M5. Your weight was _____ jin (i.e., 0.5 kilogram) when you were 50 years old (If you are younger than 50 years old, ask question M6) M5 |__|__|__|

M6. Your regular weight now is _____ jin (i.e., 0.5 kilogram) M6 |__|__|__|

This part is to measure the height, weight, waistline and hipline of the interviewees. To ensure the accuracy of the measurements, the 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.

INTERVIEWER POSTSCRIPT

N1. The reliability of all the interview material:

- 1. Very reliable
- 2. Generally reliable N1 | __ |
- 3. Unreliable

N2. The time when the interview ended:

- 1. morning
- 2. afternoon __ minutes past __ o'clock
N2-1 | __ | N2-2 | __ | __ | __ | __ |

* PLEASE DOUBLE-CHECK THE SELF-ADMINISTERED FORM, THE QUESTIONNAIRE, THE BLOOD SAMPLE FORM, THE URINE SAMPLE FORM, THE URINE COLLECTING CUP AND BLOOD TAKING TUBE; MAKE SURE THE ID NUMBERS ON EACH OF THEM ARE CORRESPONDING.

N3. Signature of the interviewer: _____ N3 | __ | __ |

N4. Signature of the interviewee: _____