

**Follow-up Questionnaire for Shanghai Cohort Study**

Street Name: \_\_\_\_\_

Year: \_\_\_\_\_

\_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.) follow-up survey.

(This follow-up survey covers the period of the previous 12 months)

1. Subject's ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Last known address: \_\_\_\_\_

Home telephone #: \_\_\_\_\_

Place of work: \_\_\_\_\_

Office telephone #: \_\_\_\_\_

2. Present address is

Same as above ..... 1

Moved, still in Shanghai Urban area ..... 2

Moved out of Shanghai Urban Area ..... 3

New address is: \_\_\_\_\_

3. Respondent is

Self ..... 1

Other ..... 2

Relation to subject: \_\_\_\_\_

4. If subject could not be found at the last known address, please find the following information:

Name of the person should be contacted: \_\_\_\_\_

Relation to subject: \_\_\_\_\_

Address of that person: \_\_\_\_\_



5D1c. Criteria of diagnosis (circle all that are applicable).

5D1c1. Pathology

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c2. Cytology

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c3. Surgery, but no pathology

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c4. Bone marrow smear

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c5. Blood smear

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c6. Radioisotope scanning

Yes ..... 1  
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

5D1c7. CT scan

Yes ..... 1  
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

5D1c8. MRI

Yes ..... 1  
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

5D1c9. Ultrasonography

Yes ..... 1  
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

5D1c10. Other Imaging Examination (such as Doppler)

Yes ..... 1  
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

5D1c11. X-ray

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c12. Alpha fetoprotein

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_ (mg/dL)

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c13. Other biochemistry measurements

(1) \_\_\_\_\_

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

(2) \_\_\_\_\_

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D1c14. Other clinical examinations

(1) \_\_\_\_\_

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

(2) \_\_\_\_\_ |\_\_|

Results: \_\_\_\_\_

Positive ..... 1 |\_\_|  
Negative ..... 2  
Unknown ..... 9

5D1c15. Clinical examinations only

Yes ..... 1 |\_\_|  
No ..... 2

5D1c16. Postmortem inference

Yes ..... 1 |\_\_|  
No ..... 2

5D2. Did subject die from cause other than cancer?

Yes ..... 1 |\_\_|  
No ..... 2 (to Question 5E)

5D2a. Cause of death: \_\_\_\_\_ |\_\_|

Subclass of cause: \_\_\_\_\_ |\_\_|

5D2b. Criteria of diagnosis (circle all that are applicable).

5D2b1. Pathology or surgery

Yes ..... 1 |\_\_|  
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1 |\_\_|  
Negative ..... 2  
Unknown ..... 9

5D2b2. Bone marrow or blood smear

Yes ..... 1 |\_\_|  
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1 |\_\_|  
Negative ..... 2  
Unknown ..... 9

5D2b3. Radioisotope scanning

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b4. CT scan

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b5. MRI

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b6. Ultrasonography

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b7. Electrocardiograph

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b8. Other Imaging Examination (such as Doppler)  
Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b9. X-ray  
Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b10. Creatinine Kinase  
Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_(U/L)  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b11. Lactase Dehydrogenase  
Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_(U/L)  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

5D2b12. Other biochemistry measurements  
(1) \_\_\_\_\_

Results: \_\_\_\_\_  
Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

(2) \_\_\_\_\_ |\_\_|

Results: \_\_\_\_\_  
Positive ..... 1 |\_\_|  
Negative ..... 2  
Unknown ..... 9

5D2b13. Other clinical examinations

(1) \_\_\_\_\_ |\_\_|

Results: \_\_\_\_\_  
Positive ..... 1 |\_\_|  
Negative ..... 2  
Unknown ..... 9

(2) \_\_\_\_\_ |\_\_|

Results: \_\_\_\_\_  
Positive ..... 1 |\_\_|  
Negative ..... 2  
Unknown ..... 9

5D2b14. Clinical examinations only

Yes ..... 1 |\_\_|  
No ..... 2

5D2b15. Postmortem inference

Yes ..... 1 |\_\_|  
No ..... 2

5E. Date of diagnosis of disease or cause of death:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

5F. Was the diagnosis made before or after subject died?

Before ..... 1 |\_\_|  
After ..... 2

6. Was subject ever hospitalized during the past 12 months?

Yes ..... 1 |\_\_|  
No ..... 2 (to Question 8)

7. (If ever hospitalized)

1<sup>st</sup> hospitalization:

Date of admission (mm/dd/yy): \_\_\_\_\_ |\_\_|\_|\_| |\_\_|\_|\_|

Date of discharge (mm/dd/yy): \_\_\_\_\_ |\_\_|\_|\_| |\_\_|\_|\_|

Cause of admission (ICD-9 code):

Acute myocardial infarction (410) |\_\_|\_|\_|

Angina or other coronary hear disease (411-414) |\_\_|\_|\_|

Hemorrhagic stroke (430-432) |\_\_|\_|\_|

Ischemic stroke (433-435) |\_\_|\_|\_|

Stroke, unspecified (436-438) |\_\_|\_|\_|

Diabetes (250) |\_\_|\_|\_|

Any other disease (specify \_\_\_\_\_) |\_\_|\_|\_|

Name of hospital: \_\_\_\_\_ |\_\_|\_|\_|

Patient's medical record number: \_\_\_\_\_

2<sup>nd</sup> hospitalization:

Date of admission (mm/dd/yy): \_\_\_\_\_ |\_\_|\_|\_| |\_\_|\_|\_|

Date of discharge (mm/dd/yy): \_\_\_\_\_ |\_\_|\_|\_| |\_\_|\_|\_|

Cause of admission (ICD-9 code):

Acute myocardial infarction (410) |\_\_|\_|\_|

Angina or other coronary hear disease (411-414) |\_\_|\_|\_|

Hemorrhagic stroke (430-432) |\_\_|\_|\_|

Ischemic stroke (433-435) |\_\_|\_|\_|

Stroke, unspecified (436-438) |\_\_|\_|\_|

Diabetes (250) |\_\_|\_|\_|

Any other disease (specify \_\_\_\_\_) |\_\_|\_|\_|

Name of hospital: \_\_\_\_\_ |\_\_|\_|\_|

Patient's medical record number: \_\_\_\_\_

3<sup>rd</sup> hospitalization:

Date of admission (mm/dd/yy): \_\_\_\_\_ |\_\_|\_|\_|||\_|\_|\_|\_|\_|\_|\_|

Date of discharge (mm/dd/yy): \_\_\_\_\_ |\_\_|\_|\_|||\_|\_|\_|\_|\_|\_|\_|

Cause of admission (ICD-9 code):

Acute myocardial infarction (410) |\_\_|\_|\_|\_|

Angina or other coronary hear disease (411-414) |\_\_|\_|\_|\_|

Hemorrhagic stroke (430-432) |\_\_|\_|\_|\_|

Ischemic stroke (433-435) |\_\_|\_|\_|\_|

Stroke, unspecified (436-438) |\_\_|\_|\_|\_|

Diabetes (250) |\_\_|\_|\_|\_|

Any other disease (specify \_\_\_\_\_) |\_\_|\_|\_|\_|

Name of hospital: \_\_\_\_\_ |\_\_|\_|\_|\_|

Patient's medical record number: \_\_\_\_\_

8. Was you (subject) diagnosed with cancer during the past 12 months?

Yes ..... 1 |\_\_|\_|

No ..... 2 (to Question 9)

(If diagnosed with cancer)

8A. Cancer site: \_\_\_\_\_ |\_\_|\_|\_|\_|

Subsite: \_\_\_\_\_ |\_\_|\_|\_|

8B. Histology: \_\_\_\_\_ |\_\_|\_|\_|\_|\_|

8C. Criteria of diagnosis for cancer (circle all that are applicable)

8C1. Pathology

Yes ..... 1 |\_\_|\_|

No ..... 2

Results: \_\_\_\_\_

Positive ..... 1 |\_\_|\_|

Negative ..... 2

Unknown ..... 9

8C2. Cytology

Yes ..... 1

No ..... 2

Results: \_\_\_\_\_

Positive ..... 1

Negative ..... 2

Unknown ..... 9

8C3. Surgery, but no pathology

Yes ..... 1

No ..... 2

Results: \_\_\_\_\_

Positive ..... 1

Negative ..... 2

Unknown ..... 9

8C4. Bone marrow smear

Yes ..... 1

No ..... 2

Results: \_\_\_\_\_

Positive ..... 1

Negative ..... 2

Unknown ..... 9

8C5. Blood smear

Yes ..... 1

No ..... 2

Results: \_\_\_\_\_

Positive ..... 1

Negative ..... 2

Unknown ..... 9

8C6. Radioisotope scanning

Yes ..... 1

No ..... 2

Results: \_\_\_\_\_

Positive ..... 1

Negative ..... 2

Unknown ..... 9

8C7. CT scan

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

8C8. MRI

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

8C9. Ultrasonography

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

8C10. Other Imaging Examination (such as Doppler)

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

8C11. X-ray

Yes ..... 1   
No ..... 2

Results: \_\_\_\_\_

Positive ..... 1   
Negative ..... 2  
Unknown ..... 9

8C12. Alpha feta-protein

Yes ..... 1  
No ..... 2

|\_|

Results: \_\_\_\_\_(mg/dL)

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

|\_|

8C13. Other biochemistry measurements

(1) \_\_\_\_\_

|\_|\_|

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

|\_|

(2) \_\_\_\_\_

|\_|\_|

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

|\_|

8C14. Other clinical examinations

(1) \_\_\_\_\_

|\_|\_|

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

|\_|

(2) \_\_\_\_\_

|\_|\_|

Results: \_\_\_\_\_

Positive ..... 1  
Negative ..... 2  
Unknown ..... 9

|\_|

8C15. Clinical examinations only

Yes ..... 1  
No ..... 2

|\_|

8D. Name of hospital: \_\_\_\_\_

|\_|\_|\_|



2<sup>nd</sup> serious illness:

Date of diagnosis (mm/dd/yy): \_\_\_\_\_ |\_\_|\_\_||\_\_|\_\_| |\_\_|\_\_|

What kind of disease (ICD-9 code):

Diabetes (250) |\_\_|\_\_|\_\_|

Any other disease (specify \_\_\_\_\_) |\_\_|\_\_|\_\_|

Name of diagnostic hospital: \_\_\_\_\_ |\_\_|\_\_|\_\_|

Patient's medical record number: \_\_\_\_\_

Ever treated for this condition: Yes ----1, No----2, Unknown---3 |\_\_|

3<sup>rd</sup> serious illness:

Date of diagnosis (mm/dd/yy): \_\_\_\_\_ |\_\_|\_\_||\_\_|\_\_| |\_\_|\_\_|

What kind of disease (ICD-9 code):

Diabetes (250) |\_\_|\_\_|\_\_|

Any other disease (specify \_\_\_\_\_) |\_\_|\_\_|\_\_|

Name of diagnostic hospital: \_\_\_\_\_ |\_\_|\_\_|\_\_|

Patient's medical record number: \_\_\_\_\_

Ever treated for this condition: Yes ----1, No----2, Unknown---3 |\_\_|

11. Did you smoke at least one cigarette a day for 6 months or longer during the past 12 months?

Yes ..... 1  
|\_\_|

No ..... 2 (to Question 11B)

11A. (If yes) how many cigarettes did you smoke in a day?

Number of cigarettes per day: \_\_\_\_\_ |\_\_|\_\_|\_\_|

11B. (If no), did you ever smoke at least one cigarette a day for 6 months or longer over lifetime?

Yes ..... 1 |\_\_|

No ..... 2 (to Question 12)

11C. (If you are a former smoker), at what age did you quit smoking?

Age: \_\_\_\_\_ (year) |\_\_|\_\_|

11C1. For what reasons did you quit smoking  
(circle all that are applicable)?

- Health concerns, but no particular reason .....1
- Disease (specify \_\_\_\_\_) ..... 2
- Other family member against smoking ..... 3
- Other reason (specify \_\_\_\_\_) .....4

12. Did you drink any alcoholic beverage at least once a week for  
6 months or longer during the past 12 months?

- Yes ..... 1
- No ..... 2 (to Question 12B)

12A. (If yes) what amount of alcohol did you consume in a week  
for each type of alcoholic beverage?

(One Liang = 50 grams)

- Beer: \_\_\_\_\_ (Liang/week)
- Yellow wine (Chinese wine): \_\_\_\_\_ (Liang/week)
- Grape wine (Western wine): \_\_\_\_\_ (Liang/week)
- Hard liquor: \_\_\_\_\_ (Liang/week)

12B. (If no) did you ever drink at least one drink a week for 6 months  
or longer over lifetime?

- Yes ..... 1
- No ..... 2 (to Question 13)

12C. (If you are a former alcohol drinker), at what age did you quit  
drinking habit?

Age: \_\_\_\_\_ (year)

- 12C1. For what reasons did you quit drinking  
(circle all that are applicable)?
- Health concerns, but no particular reason .....1
- Disease (specify \_\_\_\_\_) ..... 2
- Other family member against drinking ..... 3
- Other reason (specify \_\_\_\_\_) .....4

13. Did you drink at least one cup of tea weekly for 6 months or longer during the past 12 months?
- Yes ..... 1
- No ..... 2 (to Question 13B)

- 13A. (If yes), what type of tea did you usually drink?
- Green tea..... 1
- Black tea..... 2
- Jasmine tea ..... 3
- Oolong..... 4

- 13B. What amount of dry tea leaves did you consume in a month?
- \_\_\_\_\_ Liang (=50 grams)/month

- 13B. (If no), did you ever drink tea on a weekly basis for 6 months or longer over lifetime?
- Yes ..... 1
- No ..... 2 (to Question 14)

- 13C. (If you are a former tea drinker), at what age did you quit tea drinking habit?
- Age: \_\_\_\_\_ (year)

13C1. For what reasons did you quit tea drinking  
(circle all that are applicable)?

- Health concerns, but no particular reason .....1
- Disease (specify \_\_\_\_\_) ..... 2
- Other family member against drinking ..... 3
- Other reason (specify \_\_\_\_\_) .....4

14. Are you ever diagnosed with high blood pressure by a physician?  
 Yes ..... 1   
 No ..... 2 (to Question 15)

14A. (if yes), For what reasons did subject quit drinking  
(circle all that are applicable)?

- Health concerns, but no particular reason ..... 1
- Disease (specify \_\_\_\_\_) ..... 2
- Other family member against drinking ..... 3
- Other reason (specify \_\_\_\_\_) ..... 4

15. I will measure your blood pressure for 3 times with 5 minutes intervals according to the standard protocol.

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Systolic blood pressure (mmHg)			
Diastolic blood pressure (mmHg)			
Pulse rate per minute			

16. Name of interviewer: \_\_\_\_\_

17. Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

(End of interview)