Follow-up Questionnaire for Shanghai Cohort Study

Stree	et Name:	
Year	r:	
	$(1^{st}, 2^{nd}, 3^{rd}, etc.)$ follow-up survey.	
(Thi	is 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	
	New address is:	
3.	Respondent is Self	
	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:	

Work	telephone number of that person:		
	status of subject Alive Dead Unknown	1 (to Question 6)	
5A.	Date of death: / / Months Day Year		
5B.	Place of death Hospital Home Other (Specify:) (If subject died in hospital) Name of hospital:	2 3	
5C.	Name of institution that diagnosed cause of death		
5D.	Cause of deaths:	_	_
51	D1. Did subject die from cancer? Yes	Question 5D2)	
5]	D1a. Cancer site:		_
	Subsite:	_	_
	D1b. Histology:	1 1 1	

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

5D1c1. Pathology		
Yes	1	
No	2	
Results:		
	1	
Negative	2	
Unknown	9	
5D1c2. Cytology		
Yes	1	
No	2	
Results:		
Positive	1	
Negative	2	
Unknown	9	
5D1c3. Surgery, but no patholog	gy	
	1	
No	2	
Results:		
	1	
Negative	2	
Unknown	9	
5D1c4. Bone marrow smear		
Yes	1	
No	2	
Results:		
	<u> </u>	<u> </u>
Negative	2	
	9	
5D1c5. Blood smear		
	1	<u> </u>
No	2	
Results:		
	1	
	2	1
	9	

5D1c6.	Radioisotope scanning	
	Yes 1	
	No	I I
	110	
	Results:	
		1 1
	Positive 1	
	Negative 2	
	Unknown9	
5D1c7.	CT scan	
	Yes 1	1 1
	No	I——I
	110	
	Results:	
	Positive 1	
	Negative 2	
	Unknown9	
	Olimio vii	
5D1c8.	MRI	
	Yes 1	
	No	11
	110 2	
	Results:	
	Positive 1	1 1
	Negative	I——I
	_	
	Unknown9	
5D1c9.	Ultrasonography	
	Yes	
	No	11
	110	
	Results:	
	Positive 1	
	Negative 2	,
	Unknown9	
	Olikilowii	
5D1c10	O. Other Imaging Examination (such as Doppler)	
351010	Yes	1 1
	No	II
	110	
	Results:	
	Positive 1	1 1
	Negative	
	Unknown 9	

5D1c11. X-ray		
Yes	1	
No	2	
Results:		
Positive	1	
Negative	2	
Unknown	9	
5D1c12. Alpha fetaprotein		
Yes	1	
No	2	
Results:	(mg/dL)	
Positive	1	
Negative	2	
Unknown	9	
5D1c13. Other biochemistry mean	surements	
(1)		_
Results:		
Negative	2	i -
<u>-</u>	9	
(2)		
Results:		
	1	
Negative	2	i -
Q	9	
5D1c14. Other clinical examination	ons	
(1)		
Results:		
Positive	1	_
	2	
_	9	

(2)	_
Results:	
Positive 1	<u> </u>
Negative 2	,,
Unknown 9	
5D1c15. Clinical examinations only	
Yes 1	
No	
5D1c16. Postmortem inference	
Yes 1	
No2	
5D2. Did subject die from cause other than cancer?	
Yes1	<u> </u>
No	uestion 5E)
5D2a. Cause of death:	. _ _ _
Subclass of cause:	_
5D2b. Criteria of diagnosis (circle all that are applicable).	
5D2b1. Pathology or surgery	
Yes 1	
No2	
Results:	
Positive 1	
Negative	
Unknown 9	
5D2b2. Bone marrow or blood smear	
Yes 1	
No	
Results:	
Positive 1	
Negative	
Unknown 9	

5D2b3	Radioisotope scanning	
	Yes 1	
	No	
	Results:	
	Positive 1	
	Negative 2	
	Unknown 9	
5D2b4	CT scan	
	Yes 1	
	No	
	Results:	
	Positive 1	
	Negative	
	Unknown	
5D2b5	MRI	
	Yes 1	
	No	
	Results:	
	Positive 1	
	Negative	
	Unknown	
5D2b6	Ultrasonography	
	Yes 1	
	No	
	Results:	
	Positive 1	
	Negative 2	
	Unknown	
5D2b7	Electrocardiograph	
	Yes 1	
	No	
	Results:	
	Positive 1	<u> </u>
	Negative	
	Unknown 9	

5D2b8. Oth	er Imaging Examination (such as Doppler)	
Yes	1	
No .		
Resi	ults:	
Rese	Positive 1	1 1
	Negative	
	Unknown9	
5D010 W		
5D2b9. X-ra	•	
Yes		<u> </u>
No .		
Resu	ılts:	
	Positive 1	
	Negative 2	
	Unknown 9	
	Chrifton	
5D2b10 Cm	eatinine Kinase	
		1 1
No .		
Resu	ılts:(U/L)	
	Positive 1	
	Negative 2	
	Unknown 9	
5D2b11 La	ctase Dehydrogenase	
	1	1 1
NO.	2	
D	(11/1)	
Rest	ults:(U/L)	
	Positive 1	<u> </u>
	Negative	
	Unknown 9	
5D2b12. Ot	her biochemistry measurements	
	•	
(1)		
(-) =		
Resu	ılts:	
Rest	Positive 1	1 1
	Negative	
	Unknown 9	

		(2)	
		Results:	
		Positive	
		5D2b13. Other clinical examinations	
		(1)	
		Results:	
		Positive 1 Negative 2 Unknown 9	
		(2)	
		Results:	
		Positive	
		5D2b14. Clinical examinations only	
		Yes	
		5D2b15. Postmortem inference	
		Yes	
	5E.	Date of diagnosis of disease or cause of death:	
		Month Day Year	
	5F.	Was the diagnosis made before or after subject died? Before	
6.	Was	subject ever hospitalized during the past 12 months? Yes	1 1
		No	11

7. (If ever hospitalized	7. ((If ever	hospita	lized
--------------------------	------	----------	---------	-------

1 st 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)	<u> </u>
Hemmorrhagic stroke (430-432)	<u>i_i_i_</u>
Ischemic stroke (433-435)	<u>i_i_i_</u>
Stroke, unspecified (436-438)	<u>i_i_i_</u>
Diabetes (250)	
Any other disease (specify)	
Name of hospital:	. _ _ _
Patient's medical record number:	
2 nd 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)	
Hemmorrhagic stroke (430-432)	<u> </u>
Ischemic stroke (433-435)	<u></u>
Stroke, unspecified (436-438)	
Diabetes (250)	
Any other disease (specify)	
Name of hospital:	. _ _ _
Patient's medical record number:	,,

	3 rd ho	ospitalization:	
		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)	
		Hemmorrhagic 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.		you (subject) diagnosed with cancer during the past 12 month Yes	
	8A.	Cancer site:	
		Subsite:	
	8B.	Histology:	
	8C.	Criteria of diagnosis for cancer (circle all that are applicable	e)
		8C1. Pathology	
		Yes	1
		No	2
		Results:	_
		Positive	1
		Negative	2
			9

8C2. Cytology	
Yes 1	
No 2	,
Results:	
Positive 1	
Negative	I I
Unknown 9	
8C3. Surgery, but no pathology	
Yes 1	
No 2	
Results:	
Positive 1	
Negative 2	
Unknown9	
8C4. Bone marrow smear	
Yes 1	<u> </u>
No	,
Results:	
Positive 1	
Negative 2	,
Unknown 9	1
8C5. Blood smear	
Yes 1	
No	,
Results:	
Positive 1	
Negative 2	,
Unknown 9	1
8C6. Radioisotope scanning	
Yes 1	
No	,
Results:	_
Positive 1	I 1
Negative 2	
Unknown 9	1

8C7	7. CT scan	
	Yes 1	
	No 2	
	Results:	
	Positive 1	1 1
	Negative 2	11
	Unknown 9	
	Chanown	
8C8. M	RI	
	Yes 1	1 1
	No	II
	110 2	
	Results:	
	Positive 1	1 1
	Negative	
	Unknown9	
9C0 II	lkus s an a susualbay	
	ltrasonography	1 1
	Yes	
	No 2	
	Dogultar	
	Results:	1 1
	Positive	
	Negative 2	
	Unknown9	
0010		
	Other Imaging Examination (such as Doppler)	
	Yes 1	
	No 2	
	Results:	
	Positive 1	
	Negative 2	
	Unknown9	
0011	_	
8C11. X	•	
	Yes 1	
	No 2	
	Results:	
	Positive 1	
	Negative 2	
	Unknown 9	

	1	
Resul	Its: (mg/dL) Positive 1 Negative 2 Unknown 9	<u> </u>
8C13. Other	biochemistry measurements	
(1)_		_
Resul	lts:	
	Positive	<u> </u>
(2)		_
Resul	lts:	
	Positive	<u> </u>
	clinical examinations	1 1
(1)		II
Resul	lts:	1
	Positive	<u> </u>
(2) _		_
Resul	lts:	
	Positive 1 Negative 2 Unknown 9	<u> </u>
8C15. Clinic	al examinations only Yes	_
Name of hos	nital:	1 1 1

8D.

	8E.	Patient's medical record number:	
	8F.	Date of diagnosis: / / Month Day Year	
	8G.	Treatment 8G1. Surgery Yes 1 1 1 1 No 2	_
		8G2. Chemotherapy Yes	_
		8G3. Radiotherapy Yes	_
		8G4. Chinese traditional medicine Yes	_
		8G5. Other Yes (specify)	_
9.	Did yo	Yes	_
10.	(If yes) 1 st 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: Yes1, No2, Unknown3	_

	2 nd sea	rious illness:	
		Date of diagnosis (mm/dd/yy):	
		What kind of disease (ICD-9 code): Diabetes (250)	1 1 1 1
		Any other disease (specify)	
		Name of diagnostic hospital:	
		Patient's medical record number:	
		Ever treated for this condition: Yes1, No2, Unknown	13
	3 rd ser	rious 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: Yes1, No2, Unknown	n3
11.	-	ou smoke at least one cigarette a day for 6 months or longer g the past 12 months?	
		Yes	
		No	uestion 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	; I I
			12)
		No	uestion 12)
	11C.	(If you are a former smoker), at what age did you quit smok	ing?
		Age: (year)	

		(circle all that are applicable)?		
		Health concerns, but no partic	ular reason1	
		Disease (specify) 2	
		Other family member against	smoking 3	<u> </u>
		Other reason (specify)4	<u></u>
12.	-	ou drink any alcoholic beverage at least on the or longer during the past 12 months. Yes	s? 1 	on 12B)
	12A.	(If yes) what amount of alcohol did ye for each type of alcoholic beverage?	ou consume in a week	
			(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 or longer over lifetime? Yes	1 	on 13)
	12C.	(If you are a former alcohol drinker), drinking habit?	at what age did you quit	
		Age: (year)		

		12C1. For what reasons did you quit drinking (circle all that are applicable)?	
		Health concerns, but no particular reason1	
		Disease (specify)	
		Other family member against drinking 3	
		Other reason (specify)4	
13.	-	ou drink at least one cup of tea weekly for 6 months or longer g the past 12 months?	
	adring	Yes	
		No	
	13A.	(If yes), what type of tea did you usually drink?	
		Green tea	
		Black tea	
		Jasmine tea 3	
		Oolong4	
	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	
	13C.	(If you are a former tea drinker), at what age did you quit tea drinking habit?	
		Age: (year)	

		13C1. For what reasons did y (circle all that are appl		king		
		Health concerns, but n	o particular reas	son1		
		Disease (specify)	2		
		Other family member	against drinking	g 3		
		Other reason (specify		_)4		
14.	Are y	ou ever diagnosed with high blo Yes				
		No		2 (to Que	estion 15)	
	14A. (if yes), For what reasons did subject quit drinking (circle all that are applicable)?					
		Health concerns, but no partic	ular reason	1		
		Disease (specify)	2		
		Other family member against	drinking	3		
		Other reason (specify)	4		
15.		measure your blood pressure fo andard protocol.			_	to
			1 st	2 nd	3 rd	
	Syste	olic blood pressure (mmHg)				
		tolic blood pressure (mmHg)				
	Pulse	e rate per minute				
16.	Name	e of interviewer:			_	
17.	Today	y's date: / Month Day	/ Year			
(End	of interv	view)				