

# THE SINGAPORE COHORT STUDY FOLLOW-UP I

National University of Singapore  
Faculty of Medicine

University of Southern California  
School of Medicine

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FILL IN TODAY'S  
DATE

MONTH	DAY	YEAR
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INTERVIEWER'S  
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INTERVIEW  
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# ACTIVE SMOKING

**1. HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFETIME?**

从出生到现在，你有没有抽过100根以上的香烟？

- No (go to Question 11)  
 Yes

**2. AT WHAT AGE DID YOU HAVE YOUR FIRST CIGARETTE?**

你几岁时抽第一根香烟？

\_\_\_\_\_ YEARS OLD

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**3. HAVE YOU SMOKED AT LEAST ONE CIGARETTE IN THE PAST 30 DAYS?** 你在过去三十天内，有否抽过香烟？

No ↓↓ (go to Questions 4, 5, 6, 7)

Yes ↓↓ (go to Questions 8, 9, 10)

**4. WHEN YOU WERE SMOKING, HOW MANY DAYS PER WEEK DID YOU USUALLY SMOKE?**

以前你抽烟时，通常一星期抽烟多少天？

- Daily  
 4-6 days a week  
 2-3 days a week  
 Once a week  
 Less than once a week

**8. HOW MANY DAYS PER WEEK DO YOU USUALLY SMOKE?**

你通常一星期抽烟多少天？

- Daily  
 4-6 days a week  
 2-3 days a week  
 Once a week  
 Less than once a week

**5. AT WHAT AGE DID YOU START TO SMOKE AT THIS FREQUENCY?**

你几岁开始是以这样的次数抽烟？

\_\_\_\_\_ YEARS OLD

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**9. AT WHAT AGE DID YOU START TO SMOKE AT THIS FREQUENCY?**

你几岁开始是以这样的次数抽烟？

\_\_\_\_\_ YEARS OLD

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**6. ON DAYS THAT YOU SMOKED, ABOUT HOW MANY CIGARETTES WOULD YOU USUALLY SMOKE PER DAY?**

\_\_\_\_\_ CIGARETTES PER DAY  
 (1 PACK = 20 CIGARETTES)

当你抽烟那天，通常一天抽多少根香烟？

CIGARETTES PER DAY	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**10. ON DAYS THAT YOU SMOKED, ABOUT HOW MANY CIGARETTES WOULD YOU USUALLY SMOKE PER DAY?**

\_\_\_\_\_ CIGARETTES PER DAY  
 (1 PACK = 20 CIGARETTES)

当你抽烟那天，通常一天抽多少根香烟？

CIGARETTES PER DAY	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

**7. HOW LONG HAS IT BEEN SINCE YOU QUIT SMOKING?**

从你戒烟到现在，总共有多少年？

\_\_\_\_\_ YEARS

YEAR(S)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

If within last 12 months, mark "0"  
 如果答案是在过去十二个月内，则填“0”

# PASSIVE SMOKING

11. FROM YOUR BIRTH TO AGE 18, DID ANYONE LIVING IN YOUR HOME SMOKE CIGARETTES AT HOME ON A DAILY BASIS FOR SIX MONTHS OR LONGER?

从你出生到十八岁，曾否有同住的人每天在家抽烟至少有六个月的时间？

- No (go to Question 12)  
 Yes



(a) WHO SMOKED DAILY AT HOME?  
(MARK ALL THAT APPLY)

是谁在家每天抽烟？

- Father  
 Mother  
 Grandparent(s)  
 Sibling(s)  
 Other person(s)

(b) FROM YOUR BIRTH TO AGE 18, FOR HOW MANY YEARS DID AT LEAST ONE PERSON LIVING IN YOUR HOME SMOKE DAILY AT HOME?

从你出生到十八岁，总共有多少年你是同每天在家抽烟的人住同住？

- 1 year or less  
 2 - 5 years  
 6 - 11 years  
 12 + years

12. SINCE YOU WERE 18 YEARS OLD, HAS THERE EVER BEEN ANYONE LIVING IN YOUR HOME WHO SMOKED CIGARETTES AT HOME ON A DAILY BASIS FOR SIX MONTHS OR LONGER?

从你十八岁以后，曾否有同住的人每天在家抽烟至少有六个月的时间？

- No (go to Question 13)  
 Yes



(a) WHO SMOKED DAILY AT HOME?  
(MARK ALL THAT APPLY)

是谁在家每天抽烟？

- Spouse  
 Parent(s) and/or in-law(s)  
 One or more of your children  
 Other person(s)

(b) SINCE YOU WERE 18 YEARS OLD, FOR HOW MANY YEARS HAS AT LEAST ONE PERSON LIVING IN YOUR HOME SMOKED DAILY AT HOME?

从你十八岁以后，总共有多少年至少有一人在家每天抽烟？

- 1 year or less  
 2 - 4 years  
 5 - 14 years  
 15 - 24 years  
 25 + years

13. DOES ANYONE WHO CURRENTLY LIVES IN YOUR HOME SMOKE AT HOME ON A DAILY BASIS?

现在你家中，有没有同住的人，每天在家抽烟？

- No (go to Question 14)  
 Yes



(a) WHO CURRENTLY SMOKES DAILY IN YOUR HOME? (MARK ALL THAT APPLY)

目前是谁在你家里每天抽烟？

- Spouse  
 Parent(s) and/or in-law(s)  
 One or more of your children  
 Other person(s)

**14. HAVE YOU EVER HAD A JOB IN WHICH, ON A DAILY BASIS, YOU WERE CLOSE ENOUGH TO CIGARETTE SMOKE THAT YOU COULD SMELL THE SMOKE?**

你曾否在工作期间，有同事每天抽烟，而你又嗅到香烟味？

- No (go to Question 16)  
 Yes



**(a) FOR HOW MANY YEARS WERE YOU EXPOSED TO CIGARETTE SMOKE LIKE THIS AT WORK?**

总共有多少年你在工作时，如此的嗅到香烟味？

- < 1 year  
 2 - 4 years  
 5 - 9 years  
 10 - 19 years  
 20 + years

**(b) ON AVERAGE, FOR HOW MANY HOURS PER DAY WERE YOU EXPOSED TO CIGARETTE SMOKE LIKE THIS AT WORK?**

平均每天有几个小时，你在工作时，如此的嗅到香烟味？

- < 1 hour  
 1 - 3 hours  
 4 + hours

**15. ARE YOU CURRENTLY EXPOSED TO CIGARETTE SMOKE AT WORK ON A DAILY BASIS?**

你现在是否在工作期间，有同事每天抽烟，而你又嗅到香烟味？

- No  
 Yes

## ALCOHOL DRINKING

**16. NOW I WOULD LIKE TO ASK ABOUT YOUR ALCOHOL DRINKING DURING THE PAST 12 MONTHS. I WOULD LIKE YOU TO TELL ME HOW FREQUENTLY YOU DRINK ALCOHOL AND HOW MUCH YOU DRINK EACH TIME.**

现在我想了解一下在过去十二个月内，你的喝酒习惯。我想知道你喝酒的次数和份量。

ALCOHOLIC BEVERAGES	AVERAGE USE DURING LAST YEAR								SUBJECT'S USUAL SERVING SIZE
	Never or hardly ever	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 or more times a day	
Beer 啤酒	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 small bottle (375 ml) or less <input type="radio"/> 2 small bottles or 1 large bottle (750 ml) <input type="radio"/> 2 large bottles <input type="radio"/> 3 large bottles or more
Rice wine 米酒	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 wine cup (30 ml) or less <input type="radio"/> 2 wine cups <input type="radio"/> 3 wine cups <input type="radio"/> 4 wine cups or more
Grape wine 葡萄酒	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 wine glass (118 ml) or less <input type="radio"/> 2 wine glasses <input type="radio"/> 3 wine glasses <input type="radio"/> 4 wine glasses or more
Hard liquor 烈酒	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>CHOOSE ONE</b> <input type="radio"/> 1 drink (30 ml) or less <input type="radio"/> 2 drinks <input type="radio"/> 3 drinks <input type="radio"/> 4 drinks or more

# MEDICAL HISTORY

17. I AM GOING TO READ TO YOU A LIST OF MEDICAL CONDITIONS. PLEASE TELL ME IF YOU HAVE BEEN TOLD BY A DOCTOR TO HAVE ANY OF THESE CONDITIONS. PLEASE ALSO TELL ME THE AGE AT WHICH YOU WERE FIRST DIAGNOSED WITH THIS CONDITION.

我将会念出一些疾病的名称, 请你告诉我, 曾否有医生告诉过你有下列任何一种疾病, 请你也告诉我, 你在几岁的时候, 医生第一次告诉你有这种疾病。

High Blood Pressure 高血压	Heart attack or angina (chest pain or exertion that is relieved by medication) 心脏病或心绞痛(胸口疼痛, 需要药物来消除)	Stroke 中风	Diabetes (high blood sugar) 糖尿病 (高血糖)	Rheumatoid arthritis 类风湿性关节炎	Other arthritis 其他关节炎
<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>
① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨

Gout 痛风	Ulcer (Stomach or duodenal) 胃溃疡或 十二指肠溃疡	Polyps of intestines 肠息肉	Hip fracture 髋部骨折	Other bone fracture 其他骨折	Glaucoma 青光眼	Cataract 白内障
<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>
① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨	① ① ① ① ② ② ③ ③ ④ ④ ⑤ ⑤ ⑥ ⑥ ⑦ ⑦ ⑧ ⑧ ⑨ ⑨

Parkinson's disease 帕金森病	Allergic rhinitis 过敏性鼻炎	Sinusitis 鼻窦炎	Hay fever 花粉热	Eczema 湿疹	Cholecystectomy 胆囊切除手术	Enlarged prostate (men only) 前列腺肥大
<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>	<b>If Yes, Age</b>
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# HISTORY OF RESPIRATORY DISEASES

## COUGH

18. DO YOU USUALLY COUGH WHEN YOU GET UP IN THE MORNING? (Exclude clearing of the throat)

你早上起来的时候，通常有否咳嗽？（清喉不包括在内）

- No  
 Yes

19. DO YOU USUALLY COUGH AT ALL DURING THE REST OF THE DAY OR AT NIGHT?

你在其他时候，包括晚上，通常有否咳嗽？

- No  
 Yes

20. DO YOU USUALLY COUGH FOR 3 MONTHS OR MORE DURING THE YEAR?

在一年内，你通常有没有咳嗽至少三个月的时间？

- No  
 Yes  
(If yes to Question 18, 19 or 20)



21. FOR HOW MANY YEARS HAVE YOU HAD THIS COUGH?

你这样的咳嗽已经有多少年？

- < 1 year  
 1 - 2 years  
 3 - 5 years  
 6 - 9 years  
 10 + years

## SPUTUM / PHLEGM

22. DO YOU USUALLY BRING UP PHLEGM FROM YOUR CHEST WHEN YOU GET UP IN THE MORNING?

(Exclude phlegm from the nose, count phlegm swallowed)

你早上起来的时候，通常有没有从肺咳出痰来？

- No  
 Yes

23. DO YOU USUALLY BRING UP PHLEGM FROM YOUR CHEST DURING THE REST OF THE DAY OR AT NIGHT?

你在其他时候，包括晚上，通常有没有从肺咳出痰来？

- No  
 Yes

24. DO YOU USUALLY BRING UP PHLEGM FROM YOUR CHEST ON MOST DAYS FOR THREE MONTHS OR MORE DURING THE YEAR?

在一年内，你通常有没有至少三个月的时间，从肺咳出痰来？

- No  
 Yes  
(If yes to Question 22, 23 or 24)



25. FOR HOW MANY YEARS HAVE YOU HAD TROUBLE WITH PHLEGM?

你这个痰的问题，已经有多少年？

- < 1 year  
 1 - 2 years  
 3 - 5 years  
 6 - 9 years  
 10 + years

# HISTORY OF RESPIRATORY DISEASES

## ASTHMA

26. HAVE YOU EVER BEEN TOLD BY A DOCTOR THAT YOU HAD ASTHMA?

曾否有医生告诉过你患有哮喘?

- No (go to Question 27)  
 Yes



(a) AT ABOUT WHAT AGE DID YOUR ASTHMA START?

你几岁开始有哮喘?

\_\_\_\_\_ YEARS OLD

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

(b) HAVE YOU HAD AN ATTACK OF ASTHMA AT ANY TIME IN THE PAST 12 MONTHS?

在过去十二个月里, 你的哮喘有没有发作过?

- No  
 Yes (go to Question 27)

(c) HOW OLD WERE YOU (APPROXIMATELY) WHEN YOU HAD YOUR LAST ASTHMA ATTACK?

你最后一次哮喘发作的时候, 你几岁?

\_\_\_\_\_ YEARS OLD

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

27. ARE YOU TROUBLED BY SHORTNESS OF BREATH WHEN HURRYING ON LEVEL GROUND (FOR 1-2 MINS) OR GOING UP ONE FLIGHT OF STAIRS AT YOUR NORMAL PACE?

当你在平地快步走路约 1 - 2 分钟或以平时的速度上一段楼梯时, 会否感到喘不过气来?

- No  
 Yes

# BLOOD TRANSFUSION

28. HAVE YOU EVER HAD A BLOOD TRANSFUSION IN YOUR LIFETIME?

你从出生到现在, 曾否接受过别人的血?

- No (go to Question 31)  
 Yes

29. HOW MANY TIMES HAVE YOU HAD A BLOOD TRANSFUSION?

你接受别人的血总共有多少次?

\_\_\_\_\_ TIMES.

TIMES	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

30. AT WHAT AGE DID YOU HAVE YOUR FIRST BLOOD TRANSFUSION?

你第一次接受别人的血是几岁?

\_\_\_\_\_ YEARS OLD.

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9



## MEDICATION USE

### 31. I WOULD LIKE TO ASK YOU ABOUT ANTIBIOTIC USE OVER THE PAST 3 YEARS.

我想知道你过去三年内服用抗生素的情形。

#### HOW MANY TIMES A YEAR, ON AVERAGE, DID YOU TAKE A COURSE OF ANTIBIOTIC TO TREAT AN INFECTION?

你曾否用抗生素来治疗感染病？如有，在一年内你平均服用多少次？

- Less than once a year  
 1 - 2 times a year  
 3 - 6 times a year  
 More than 6 times a year

### 32. NOW I WOULD LIKE TO KNOW IF YOU HAD EVER TAKEN ANALGESICS REGULARLY. BY THAT, I MEAN 2 OR MORE TIMES PER WEEK FOR ONE MONTH OR LONGER.

我想知道你曾否经常服用止痛药。所谓经常，就是每星期至少两次，这样的服用次数至少一个月以上。

- No (go to Question 33)  
 Yes



I AM GOING TO READ TO YOU 3 CATEGORIES OF OVER-THE-COUNTER AND PRESCRIPTION PAIN MEDICATIONS. I WOULD LIKE TO KNOW IF YOU WERE EVER A REGULAR USER OF THESE MEDICATIONS. PLEASE ALSO TELL ME THE TOTAL NUMBER OF YEARS YOU HAVE BEEN TAKING THESE DRUGS ON A REGULAR BASIS AND THE AVERAGE NUMBER OF PILLS YOU TAKE EVERY DAY DURING THAT TIME.

我将会读出三类不同的止痛药，这些止痛药可以是医生开方或自己可以买到的，跟着我想知道你经常服用任何一种止痛药，总共有多少年？服用期间，每天平均服用多少粒药丸？

TYPE OF PILLS (ANALGESICS)	CURRENTLY TAKING PILLS? (ANALGESICS)	IF YES, HOW MANY YEARS HAVE YOU EVER TAKEN THEM?	ON AVERAGE, HOW MANY PILLS PER DAY?
<b>a. Acetaminophen 斑纳杜</b> Such as Panadol, Panamol, Dhamol, Biogesic and Panadeine	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10 - 19 years <input type="radio"/> 20+ years	<input type="radio"/> Less than 1 pill per day <input type="radio"/> 1 - 2 pills per day <input type="radio"/> 3+ pills per day
<b>b. Aspirin 阿斯匹林类</b> Such as Disprin, Alka-Seltzer, Anacin, Bufferin and Bayer Aspirin	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10 - 19 years <input type="radio"/> 20+ years	<input type="radio"/> Less than 1 pill per day <input type="radio"/> 1 - 2 pills per day <input type="radio"/> 3+ pills per day
<b>c. Non-aspirin NSAID</b> 非阿斯匹林止痛或消炎药 Such as Voltaren, Cataflam, Synflex, Oruvail and Ponstan	<input type="radio"/> No <input type="radio"/> Yes, but not at this time <input type="radio"/> Yes, currently	<input type="radio"/> 1 year or less <input type="radio"/> 2 - 4 years <input type="radio"/> 5 - 9 years <input type="radio"/> 10 - 19 years <input type="radio"/> 20+ years	<input type="radio"/> Less than 1 pill per day <input type="radio"/> 1 - 2 pills per day <input type="radio"/> 3+ pills per day

## JOB HISTORY

### 33. IN WHICH OCCUPATIONAL CATEGORY HAVE YOU WORKED THE LONGEST? (MARK ONLY ONE)

下列哪一种是你做得最长久的工作？（只限一个答案）

- Manager or administrator 经理或行政人员  
 Professional 专业人士  
 Technician or associate professional 技术人员或有关的专业  
 Clerical worker 文员  
 Service or sales worker 服务业或售货员  
 Agricultural or fishery worker 农业或渔业员工  
 Production craftsman or related trade worker 手工艺制作人或相关贸易员工  
 Plant / machine operator or assembler 机械设备/机械操作员或装配员  
 Cleaner, labourer or related worker 清洁工人，劳工或有关行业工人  
 Never worked 从来没有工作

# CURRENT WEIGHT AND HEIGHT

34. HOW MUCH DO YOU CURRENTLY WEIGH?

你现在的体重是多少?

KILOGRAMS		
0	0	0
1	1	1
2	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

OR

POUNDS		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
	6	6
	7	7
	8	8
	9	9

35. HOW TALL ARE YOU?

你有多高?

CENTIMETERS		
0	0	0
1	1	1
2	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

OR

FEET	INCHES
0	0
1	1
2	
3	
4	
5	
6	
	7
	8
	9

# CURRENT MENOPAUSAL STATUS (WOMEN ONLY)

36. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL PERIOD?

你几岁开始有月经?

\_\_\_\_\_ YEARS OLD.

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

37. HAVE YOUR MENSTRUAL PERIODS STOPPED PERMANENTLY?

你的月经已完全停了吗?

- No (go to Question 42)  
 Yes

39. WHAT WAS THE REASON?

什么原因?

- Natural menopause 自然停经  
 Removal of the uterus and both ovaries 割除子宫和卵巢  
 Removal of the uterus only 只割除子宫, 没有割除卵巢  
 Radiotherapy 放射性治疗  
 Medication 药物治疗

40. DID YOU EVER TAKE ESTROGENS (FEMALE HORMONES) BY PILLS, OR INJECTIONS FOR ONE MONTH OR LONGER BECAUSE OF MENOPAUSE?

你有没有因为更年期而服用女性荷尔蒙药片或荷尔蒙注射达一个月或更长的时间?

- No  
 Yes, only in the past  
 Yes, currently

41. DID YOU EVER TAKE PROGESTERONE (SUCH AS PROVERA) ALONG WITH ESTROGENS BECAUSE OF MENOPAUSE?

你有没有因为更年期, 除了服用女性荷尔蒙药片也服用黄体酮?

- No  
 Yes, only in the past  
 Yes, currently

38. WHAT WAS YOUR AGE (YEARS) WHEN YOUR MENSTRUAL PERIODS STOPPED PERMANENTLY?

你几岁停经?

\_\_\_\_\_ YEARS OLD.

AGE (YEARS)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

# CATARACT and AMD SCREENING

42. PLEASE COVER YOUR LEFT EYE. CAN YOU CLEARLY READ THE NUMBERS ON YOUR TELEPHONE?  
请遮住你的左眼，你能否清楚地看到电话上的号码？

- No
- Yes

43. NOW PLEASE COVER YOUR RIGHT EYE. CAN YOU CLEARLY READ THE NUMBERS ON YOUR TELEPHONE?  
请遮住你的右眼，你能否清楚地看到电话上的号码？

- No
- Yes

## END OF INTERVIEW

INTERVIEW  
ENDED

HOUR		MIN		
①	①	①	①	<input type="radio"/> AM
①	①	①	①	
②	②	②	②	<input type="radio"/> PM
③	③	③	③	
④	④	④	④	
⑤	⑤	⑤	⑤	
⑥	⑥	⑥	⑥	
⑦	⑦	⑦	⑦	
⑧	⑧	⑧	⑧	
⑨	⑨	⑨	⑨	

