

THE SINGAPORE CHINESE HEALTH STUDY FOLLOW-UP II

National University of Singapore

University of Minnesota, USA

NAME

ADDRESS

TEL. NO.

(Fix Label Here)

SERIAL NUMBER
(IN MAIN STUDY)

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SUBJECT'S
IC NUMBER

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FILL IN TODAY'S
DATE

MONTH	DAY	YEAR
<input type="radio"/> JAN	0 0 2	0 0 0
<input type="radio"/> FEB	1 1	1 1 1
<input type="radio"/> MAR	2 2	2 2 2
<input type="radio"/> APR	3 3	3 3 3
<input type="radio"/> MAY	4	4 4 4
<input type="radio"/> JUN	5	5 5 5
<input type="radio"/> JUL	6	6 6 6
<input type="radio"/> AUG	7	7 7 7
<input type="radio"/> SEP	8	8 8 8
<input type="radio"/> OCT	9	9 9 9
<input type="radio"/> NOV		
<input type="radio"/> DEC		

INTERVIEWER'S
CODE

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

INTERVIEW
STARTED

HOUR	MIN	
0 0 0 0		<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		

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 (skip to Q6)

☐ Yes

2. DO YOU NOW SMOKE?

你现在抽香烟吗？

☐ Daily

☐ Some days

OR

☐ Not at all

3. WHEN DID YOU LAST HAVE A CIGARETTE?

你最后一次抽香烟是什么时候？

☐ Within the past 30 days

☐ Within the past 12 months, but not within the past 30 days

☐ 2 years ago

☐ 3 years

☐ 4 years

☐ 5 years

☐ 6 years

☐ 7-9 years

☐ 10 years or more - skip to Q5

4. ABOUT HOW MANY CIGARETTES DO YOU (OR DID YOU) USUALLY SMOKE PER DAY? (IF YOU HAVE STOPPED SMOKING TELL US HOW MUCH YOU SMOKED MOST RECENTLY. IF YOU DO NOT SMOKE DAILY, TELL US HOW MANY YOU SMOKE ON DAYS THAT YOU SMOKE).

你通常一天抽多少根香烟(如果你已停止抽香烟，那么停止之前，一天里抽多少根香烟？如果你不是每天抽，那么抽烟的那天抽多少根香烟)？

☐ 6 or less

☐ 7-12

☐ 13-18

☐ 19-22

☐ 23-32

☐ 33-42

☐ 43 or more

5. PLEASE TELL ME IF YOU HAVE BEEN TOLD BY A DOCTOR TO HAVE CHRONIC OBSTRUCTIVE LUNG DISEASE (COPD)/SMOKERS LUNGS. PLEASE ALSO TELL ME THE AGE AT WHICH YOU WERE FIRST DIAGNOSED WITH THIS CONDITION.

请告诉我有没有医生告诉你，你有慢性阻塞性肺部疾病/因吸烟而造成肺损坏。如果有的话，第一次被诊断出是几岁？

☐ No

☐ Yes

If Yes, Age	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

PASSIVE SMOKING

6. NOT COUNTING YOURSELF, HOW MANY PEOPLE IN YOUR HOUSEHOLD SMOKE REGULARLY IN THE PAST 12 MONTHS? (REGULARLY MEANS ON MOST DAYS OR NIGHTS)?

在过去十二个月里，不包括你在内，你的家里有多少人经常抽香烟(经常的意思是多数的白天或者晚上)?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4+

7. ABOUT HOW MANY HOURS PER DAY ARE YOU EXPOSED TO OTHER PEOPLE'S TOBACCO SMOKE AT HOME, IN WORKPLACE AND IN SOCIAL SETTINGS IN THE PAST 12 MONTHS?

在过去十二个月内，你在家、工作和社交场所里，一天有多少小时会嗅到其他人的香烟味?

_____ Hrs

Hours per day	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3
	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9

ALCOHOL DRINKING

8. 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，你喝酒的习惯。也就是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"/>	CHOOSE ONE <input type="radio"/> 1 small bottle (375 ml) or less <input type="radio"/> 2 small bottles or 1 large bottle (750ml) <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"/>	CHOOSE ONE <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"/>	CHOOSE ONE <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"/>	CHOOSE ONE <input type="radio"/> 1 drink (30ml) or less <input type="radio"/> 2 drinks <input type="radio"/> 3 drinks <input type="radio"/> 4 drinks or more

TEA/COFFEE DRINKING

9. NOW I WOULD LIKE TO ASK ABOUT YOUR TEA/COFFEE DRINKING DURING THE PAST 12 MONTHS. I WOULD LIKE YOU TO TELL ME HOW FREQUENTLY YOU DRINK TEA/COFFEE AND HOW MUCH YOU DRINK EACH TIME.

现在我想了解一下在过去十二个月内，你喝茶/咖啡的习惯。也就是我想知道你喝的次数和份量。

	AVERAGE USE DURING LAST YEAR								
BLACK/RED TEA	Never or hardly ever	1 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 to 3 times a day	4 to 5 times a day	6 or more times a day
Chinese red tea or Ceylon tea or English black tea, 1 glass or 3 in 1 tea or 2 in 1 tea, 1 cup 一杯中国红茶或锡兰茶或西洋红茶， 或一杯三合一茶或二合一茶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(IF SUBJECT ANSWERED THAT HE/SHE DRANK ANY TEA AT LEAST ONCE A WEEK, ASK THE FOLLOWING QUESTION. OTHERWISE SKIP TO THE NEXT QUESTION.)

(如果受访者回答每星期至少喝一次茶，那么就接着问下面的问题。否则跳到下一题。)

HOW MANY YEARS HAVE YOU HAD THIS HABIT OF DRINKING BLACK/RED TEA REGULARLY?

你定期喝红茶的习惯有多少年？

_____ Years

Years	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

	AVERAGE USE DURING LAST YEAR								
GREEN TEA	Never or hardly ever	1 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 to 3 times a day	4 to 5 times a day	6 or more times a day
Green tea such as jasmine and dragon well or Woolong tea such as tie kuan yin, 1 glass 绿茶，如一杯茉莉花茶和龙井茶 或乌龙茶比如铁观音	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(IF SUBJECT ANSWERED THAT HE/SHE DRANK ANY TEA AT LEAST ONCE A WEEK, ASK THE FOLLOWING QUESTION. OTHERWISE SKIP TO THE NEXT QUESTION.)

(如果受访者回答每星期至少喝一次茶，那么就接着问下面的问题。否则跳到下一题。)

HOW MANY YEARS HAVE YOU HAD THIS HABIT OF DRINKING GREEN TEA REGULARLY?

你定期喝绿茶的习惯有多少年？

_____ Years

Years	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

	AVERAGE USE DURING LAST YEAR								
COFFEE	Never or hardly ever	1 to 3 times a month	Once a week	2 to 3 times a week	4 to 6 times a week	Once a day	2 to 3 times a day	4 to 5 times a day	6 or more times a day
Coffee, 1 cup, instant or freshly brewed, 3 in 1 coffee or 2 in 1 coffee 一杯咖啡， 包括咖啡精或泡制咖啡， 一杯三合一咖啡或二合一咖啡	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(IF SUBJECT ANSWERED THAT HE/SHE DRANK ANY COFFEE AT LEAST ONCE A WEEK, ASK THE FOLLOWING QUESTION. OTHERWISE SKIP TO THE NEXT QUESTION.)

(如果受访者回答每星期至少喝一次咖啡，那么就接着问下面的问题。否则跳到下一题。)

HOW MANY YEARS HAVE YOU HAD THIS HABIT OF DRINKING COFFEE REGULARLY?

你定期喝咖啡的习惯有多少年？

_____ Years

Years	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

HISTORY OF RESPIRATORY DISEASES

COUGH

10. DO YOU USUALLY COUGH WHEN YOU GET UP IN THE MORNING? (EXCLUDE CLEARING OF THE THROAT)

你早上起来的时候， 通常有咳嗽吗(清喉不包括在内)?

☐ No ☐ Yes

11. 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， 通常有咳嗽吗？

☐ No ☐ Yes

12. 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 10, 11 or 12)



13. AT ABOUT WHAT AGE DID THIS COUGH START?

你几岁开始有咳嗽的？

Age _____ years

Age (Years)	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

SPUTUM/PHLEGM

14. 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

15. 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

16. 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 14, 15 or 16)



17. AT ABOUT WHAT AGE DID THIS PHLEGM START?

你几岁开始有咳痰的？

Age _____ years

Age (Years)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

ASTHMA

18. 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 (skip to Q19)

☐ Yes



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

你几岁开始有哮喘？

Age _____ years

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

- (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是几岁？

Age _____ years

Age (Years)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

19. HAVE YOU HAD BREATHLESSNESS IN THE PAST 12 MONTHS?

在过去十二个月里，你有没有气短的时候？

☐ No ☐ Yes

20. IN THE PAST 12 MONTHS, HAVE YOU HAD WHEEZING?

在过去十二个月里，你曾否有过喘鸣？

☐ No ☐ Yes

21. IN THE PAST 12 MONTHS, HAVE YOU USED ANY MEDICATION FOR YOUR BREATHING (INCLUDE MEDICATIONS FOR ASTHMA, WHEEZING, OR BREATHLESSNESS BUT *DO NOT* INCLUDE MEDICATIONS FOR NASAL CONGESTION)?

在过去十二个月里，你有没有因为呼吸问题而使用药物(包括治疗哮喘、喘鸣和气短的药物，但不包括治疗鼻塞的药物)?

☐ No (skip to Q22) ☐ Yes

(a) IF YES, WHICH TYPES OF MEDICATIONS HAVE YOU USED FOR YOUR BREATHING IN THE PAST 12 MONTHS (MARK ALL THAT APPLY)

如果有，那么在过去十二个月内，你曾因呼吸问题而使用哪一种药物？

- ☐ Inhaled medications (the ones that you breathe through your mouth) 喷进口里的药物
- ☐ Nebulized medications (with "machine") 喷雾剂
- ☐ Pills or tablets 药丸或药片
- ☐ Liquids 药水
- ☐ Chinese medications 中药
- ☐ Injections 打针

(b) WHEN DID YOU LAST USE ANY MEDICATIONS FOR YOUR BREATHING?

你最后一次因为呼吸问题而使用药物是什么时候？

- ☐ Within the past week 在过去的一个星期内
- ☐ Within the past month but not within the past week 在过去的一个月内，但不包括过去的一个星期
- ☐ Within the past 12 months but not in the past month 在过去的十二个月内，但不包括过去的一个月

22. 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，会否感到气短？

- ☐ No
- ☐ Yes
- ☐ I do not know because I am unable to walk due to a condition other than shortness of breath

23. IN THE PAST 12 MONTHS, HAVE YOU HAD A VACCINATION FOR INFLUENZA?

在过去的十二个月内，你是否接受过流行性感冒疫苗的注射？

☐ No ☐ Yes

MEDICATION USE

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

我了解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?

在一年内你平均服用多少次抗生素来治疗感染性疾病？

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

CURRENT WORK STATUS

25. ARE YOU CURRENTLY / HAVE YOU (TICK ONE BOX ONLY)

你目前是

- ☐ Never worked 从来没有做工 (Go to Q28)
☐ Working - full time 全职工作
☐ Working - part-time 兼职工作
☐ Have stopped working. If so, how old were you when you last worked?
已经没有做工。那么, 你没有做工时是几岁?

Age _____ years

Age (Years)	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

26. WHEN DID YOU START WORKING AT YOUR CURRENT (OR MOST RECENT) JOB?

你几岁开始做目前的(或最后的那份)工作?

Age _____ years

Age (Years)	
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

Does your current (or most recent) job involve any of the following tasks on a daily basis?

你目前的(或最后的那份)工作有没有每天做以下任何一种工作?

- | | | |
|--------------------------|---------------------------|---|
| <input type="radio"/> No | <input type="radio"/> Yes | Clerical work 文员工作 |
| <input type="radio"/> No | <input type="radio"/> Yes | Cooking – domestic setting 烹饪 – 住家环境 |
| <input type="radio"/> No | <input type="radio"/> Yes | Cooking – food hawker, restaurant or other commercial kitchen 烹饪 – 小贩中心、餐馆或商用厨房 |
| <input type="radio"/> No | <input type="radio"/> Yes | Cleaning – domestic setting 清洁 – 住家环境 |
| <input type="radio"/> No | <input type="radio"/> Yes | Cleaning – business or industrial setting 清洁 – 商业或工业 |
| <input type="radio"/> No | <input type="radio"/> Yes | Driving 驾车 |
| <input type="radio"/> No | <input type="radio"/> Yes | Applying pesticides 灭虫 |
| <input type="radio"/> No | <input type="radio"/> Yes | Welding 烧焊 |
| <input type="radio"/> No | <input type="radio"/> Yes | Sewing, tailoring 裁缝 |
| <input type="radio"/> No | <input type="radio"/> Yes | Machining 机械制造 |
| <input type="radio"/> No | <input type="radio"/> Yes | Machine repair 修理机器 |
| <input type="radio"/> No | <input type="radio"/> Yes | Construction work 建筑工作 |
| <input type="radio"/> No | <input type="radio"/> Yes | Painting 油漆 |
| <input type="radio"/> No | <input type="radio"/> Yes | Carpentry 木工 |
| <input type="radio"/> No | <input type="radio"/> Yes | Child care 托儿所 |
| <input type="radio"/> No | <input type="radio"/> Yes | Contact with patients in a health care setting 医疗环境里接触病人 |

27. ON YOUR CURRENT OR MOST RECENT JOB, WERE YOU (ARE YOU) EXPOSED ON A REGULAR BASIS TO:

你目前的工作或最后的那份工作有没有接触到以下的物质?

- | | | |
|--------------------------|---------------------------|--|
| <input type="radio"/> No | <input type="radio"/> Yes | Any dusts 任何灰尘 |
| <input type="radio"/> No | <input type="radio"/> Yes | Cotton dust 棉花尘 |
| <input type="radio"/> No | <input type="radio"/> Yes | Fumes, vapors or gases 烟、蒸气或气体 |
| <input type="radio"/> No | <input type="radio"/> Yes | Pesticides 杀虫剂 |
| <input type="radio"/> No | <input type="radio"/> Yes | Chemical solvents 化学溶剂 |
| <input type="radio"/> No | <input type="radio"/> Yes | Smoke from cooking 油烟 |
| <input type="radio"/> No | <input type="radio"/> Yes | Other smoke 其他烟雾 |
| <input type="radio"/> No | <input type="radio"/> Yes | Vehicle exhaust 车辆废气 |
| <input type="radio"/> No | <input type="radio"/> Yes | Cleaning solutions 清洁剂 |
| <input type="radio"/> No | <input type="radio"/> Yes | Cutting, cooling or lubricating oils 润滑剂 |

ENVIRONMENT

28. HOW OFTEN DO YOU SLEEP WITH THE WINDOWS OPEN AT NIGHT?

你有多少晚睡觉时窗户是开着的?

- ☐ Never
- ☐ Once per week or less
- ☐ 2 - 3 nights per week
- ☐ 4 - 6 nights per week
- ☐ Every night

29. WHEN YOU ARE AT HOME DURING THE DAY, HOW MUCH OF THE DAY DO YOU HAVE THE WINDOWS OPEN?

当你在家时, 有多长时间你的窗户是开着的?

- ☐ Never
- ☐ A little of the time
- ☐ About half of the time
- ☐ Most of the time
- ☐ All of the time

30. ON WHAT FLOOR IS YOUR FLAT?

你的家在几楼?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 or higher

31. DURING THE LAST YEAR, HOW OFTEN ARE YOU EXPOSED TO SMOKE FROM STIR FRYING OR DEEP FRYING FOOD IN YOUR KITCHEN?

在过去的一年里, 你有多少次会因为炒或炸食物, 而在厨房闻到油烟?

- ☐ Never
- ☐ About once per week or a little less
- ☐ 2 - 3 times per week
- ☐ 4 - 6 times per week
- ☐ Once per day
- ☐ More than once per day

32. HOW OFTEN DO YOU STIR FRY OR DEEP FRY MEAT (INCLUDING FISH) IN YOUR HOME?

你有多少次在家炒或炸肉类(所有的肉类包括鱼肉在内)?

- ☐ Never or less than once per month
- ☐ About once per week or a little less
- ☐ 2 - 3 times per week
- ☐ 4 - 6 times per week
- ☐ Once per day
- ☐ More than once per day

PHYSICAL ACTIVITY

33. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS **IN A DAY** DID YOU SLEEP (INCLUDE NAPS)?

在过去的一年里，你平均一天睡多少小时(包括午睡)?

☐ ≤4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+ hours

34. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY HOURS **IN A DAY** DID YOU SPEND IN THE FOLLOWING SITTING ACTIVITIES ?

在过去的一年里，你平均在一天内花多少时间?

SITTING ACTIVITIES	Never	<1 hour	1-<2 h	2-<3 h	3-<4 h	4-<5 h	5-<6 h	6 or more h
Sitting in car or bus or MRT 坐车、坐巴士或坐地铁	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at work 坐着工作	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting watch TV 坐着看电视	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sitting activities such as reading, playing cards, sewing, etc 其他坐着的活动,如阅读、打牌、车衣等等	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY MINUTES OR HOURS **IN A DAY** DID YOU SPEND IN THE FOLLOWING ACTIVITIES?

在过去的一年里，你平均在一天内有多少分钟或者多少小时做以下的活动?

ACTIVITIES	Never	<15 min	15-<30 min	30-<60 min	1-<2 h	2-<3 h	3-<4 h	4 or more h
Walking (including walking to/in workplace, during working hours, to shops and as exercise) 走路(走去做工、工作时、购物和类似的运动)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taiji or Qigong 太极或气功	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stretching exercise 伸展运动	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light housework (dusting, sweeping, vacuuming, mopping, ironing, dishwashing, cooking/food preparation, laundry, car washing) 较轻的家务(抹灰尘、扫地、吸尘、抹地、烫衣服、洗碗、做饭/预备食物、洗衣服和洗车)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. ON THE AVERAGE, DURING THE LAST YEAR, HOW MANY MINUTES OR HOURS *IN A WEEK* DID YOU SPEND IN THE FOLLOWING ACTIVITIES?

在过去的一年里，你平均在一个星期内会有多少分钟或者多少小时做以下的活动？

ACTIVITIES	Never	<15 min	15-<30 min	30-<60 min	1-<2 h	2-<3 h	3-<4 h	4 or more h
All other athletic sport activities (swimming, gym, cycling, golf, badminton, dancing, fishing, table tennis, etc) 其他的体育活动(游泳、体操、骑脚车、打高尔夫球、打羽毛球、跳舞、打乒乓球和钓鱼等)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy housework (scrubbing floors and walls) 较重的家务(擦洗地和墙)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vigorous work such as moving heavy furniture, loading or unloading trucks, shoveling, or equivalent manual labor 吃力的工作，如搬移重家私、运货或卸货、铲泥或相等的劳力工作	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CURRENT WEIGHT AND HEIGHT

37. HOW MUCH DO YOU CURRENTLY WEIGH?

你现在的体重是多少？

KILOGRAMS

0

1

2

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

OR

POUNDS

0

1

2

3

4

5

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

38. HOW TALL ARE YOU?

你有多高？

CENTIMETERS

0

1

2

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

OR

FEET

0

1

2

3

4

5

6

0

1

2

3

4

5

6

7

8

9

0

1

2

3

4

5

6

7

8

9

11

CURRENT MENOPAUSAL STATUS (WOMEN ONLY)

39. DID YOU EVER TAKE ESTROGENS (FEMALE HORMONES) BY PILLS, SKIN PATCH 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、贴荷尔蒙胶布或者注射荷尔蒙长达一个月或更长的时间?

- ☐ No
☐ Yes, only in the past
☐ Yes, currently

Name of drug: _____

40. DID YOU EVER TAKE PROGESTERONE 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

Name of drug: _____

IF NO TO Q39 AND NO TO Q40,



41. HAVE YOUR MENSTRUAL PERIODS STOPPED PERMANENTLY?

你的月经已完全停了吗?

- ☐ No (GO TO Q48 IN NEXT SECTION)
☐ Yes

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

你几岁停经?

Age _____ years

Age (Years)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

43. WHAT WAS THE REASON?

什么原因?

- ☐ Natural menopause 自然收经
☐ Removal of the uterus and both ovaries 割除子宫和卵巢
☐ Removal of the uterus only 只割除子宫
☐ Radiotherapy 放射性治疗
☐ Medication 药物治疗

GO TO Q48 IN NEXT SECTION

IF YES TO Q39 OR YES TO Q40,



44. HAVE YOUR MENSTRUAL PERIODS STOPPED BEFORE YOU STARTED YOUR HORMONE THERAPY?

在服用荷尔蒙之前，你的月经已停了吗?

- ☐ No (GO TO Q47)
☐ Yes

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

你几岁停经?

Age _____ years

Age (Years)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

46. WHAT WAS THE REASON?

什么原因?

- ☐ Natural menopause 自然收经
☐ Removal of the uterus and both ovaries 割除子宫和卵巢
☐ Removal of the uterus only 只割除子宫
☐ Radiotherapy 放射性治疗
☐ Medication 药物治疗

GO TO Q48 IN NEXT SECTION

47. WHAT WAS YOUR AGE (YEARS) WHEN YOU STARTED YOUR HORMONE THERAPY?

你几岁开始服用荷尔蒙的?

Age _____ years

Age (Years)	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

GO TO Q48 IN NEXT SECTION

MEDICAL HISTORY

48. 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 on exertion that is relieved by medication) 心脏病或心绞痛(胸口疼痛，需要药物来消除)	Coronary artery bypass graft or angioplasty 冠状动脉绕道术或血管成形术	Stroke 中风	Diabetes (high blood sugar) 糖尿病 (高血糖)
<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
If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age
0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

Hypercholesterolaemia /Hyperlipidaemia (high blood lipids) 高胆固醇症 高脂血症(高血脂)	Arthritis 关节炎	Gout 痛风	Ulcer (Stomach or duodenal) 溃疡 (胃或十二指肠)	Polyps of Intestines 肠息肉	Hip fracture 髋部骨折
<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
If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age
0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

Other bone fracture 其他骨折	Glaucoma 青光眼	Cataract 白内障	Parkinson's Disease 帕金森病	Gallstone 胆结石	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
If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age	If Yes, Age
0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9	0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9

49. WE WOULD LIKE TO KNOW IF ANY OF YOUR PARENTS, CHILDREN OR SIBLINGS (INCLUDE FULL AND HALF SIBLINGS) WAS EVER DIAGNOSED WITH CANCER OF THE NASOPHARYNX BY A PHYSICIAN.

我们想知道您的双亲、子女或兄弟姐妹(包括同父同母和同父异母、同母异父)之中，曾否有人被医生诊断出有鼻咽癌。

- ☐ No

☐ Yes
- None 没有
- ☐ No

☐ Yes
- Mother 母亲
- ☐ No

☐ Yes
- Father 父亲
- ☐ No

☐ Yes
- Son 儿子
- ☐ No

☐ Yes
- Daughter 女儿
- ☐ No

☐ Yes
- Full sister 同父同母姐妹
- ☐ No

☐ Yes
- Full brother 同父同母兄弟
- ☐ No

☐ Yes
- Half sister 同父异母、同母异父姐妹
- ☐ No

☐ Yes
- Half brother 同父异母、同母异父兄弟

END OF INTERVIEW

INTERVIEW
ENDED

HOUR		MIN		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="radio"/> AM
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	
<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="radio"/> PM
<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	
<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	
<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	
<input type="text" value="6"/>		<input type="text" value="6"/>		
<input type="text" value="7"/>		<input type="text" value="7"/>		
<input type="text" value="8"/>		<input type="text" value="8"/>		
<input type="text" value="9"/>		<input type="text" value="9"/>		