SHANGHAI WOMEN’S HEALTH STUDY
BASELINE QUESTIONNAIRE PART-A
(ENGLISH TRANSLATION)
PART ONE
GENERAL INFORMATION

A0. Name: _________________________________________

A1. Citizen ID Number: [__ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ ]

A2. Address: _______ District Street Name: ______________ Street Number: _______
Home phone or neighborhood phone service number: ______________

A3. The name of your current working unit (If retired, this refers to the working unit before you retired.): __________________________

A4. Address of your current working unit: ______________ District Street Name: ______________ Street Number: _______________

A5. In order to facilitate our long-term follow-up of your health status, please provide the name of a relative or friend (as a contact person), along with his/her home address, phone number, work unit, etc.
____________________________________________________________

A6. Date filling out the form: 19 __ year __ month __ day

A7. What was your date of birth? (Do not use lunar calendar.)
19 __ year __ month __ day

A8. At what age did you begin to live permanently in urban Shanghai? (Fill in 0 if you were born in Shanghai) Age: ______ years old

A9. Have you ever been married?

1. … yes → A10. How old were you when you got married? ______ years old (This refers to your first marriage if you have been married more than once.)

A11. What is your current marital status?
1. … Married 3. … Separated
2. … Widowed 4. … Divorced

2. … no

A12. What is the highest level of education you have completed?
1. … Have never had formal education 5. … Vocational/Technical school
2. … Elementary school 6. … College or above
3. … Junior high school 7. … Unknown
4. … High school

A13. In the past year, how many people in your family, including yourself, lived together in the same household? ______ persons

A14. What was your family’s annual income (including all sources) last year?
1. … Less than 10, 000 yuan 3. … 20, 000 to less than 30, 000 yuan
2. … 10, 000 to less than 20, 000 yuan 4. … 30, 000 yuan or above

A15. What was your birth weight? ______ (Fill in “Unknown” if you do not know)

A16. Were you breast fed by your mother or a wet nurse when you were a baby? 1. … Yes 2. … No 8. … Unknown

Note: This frame contains boxes for the researchers to fill out. Please do not write in it.
PART TWO
DISEASE HISTORY

B1. Have you ever been diagnosed with any of the following diseases?  
(If the disease has been diagnosed by your doctor, please circle the number “1” after the disease and fill in your age at the time of your diagnosis. If you have never had that disease, circle the number “2”).

<table>
<thead>
<tr>
<th>Name of the disease</th>
<th>A. Has it been diagnosed?</th>
<th>B. If you have had the disease, how old were you when you were first diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TB</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>2. chronic bronchitis</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>3. asthma</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>4. chronic gastritis</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>5. chronic pancreatitis</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>6. chronic hepatitis</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>7. familial adenomatous polyposis of colorectum</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>8. ulcerative colitis</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>9. cholelithiasis</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>10. diabetes</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>11. high blood pressure</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>12. coronary heart disease</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>13. stroke</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>14. lobular proliferation of mammary gland</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>15. mastofibroma</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>16. mammary gland cyst</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>17. ovarion cyst</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
<tr>
<td>18. leiomyoma of uterus</td>
<td>1. ... yes 2. ... no</td>
<td>_______ years old</td>
</tr>
</tbody>
</table>

Note: This frame contains boxes for the researchers to fill out. Please do not write in it.

B1A1 | __ | B1B1 | __ | __ |
B1A2 | __ | B1B2 | __ | __ |
B1A3 | __ | B1B3 | __ | __ |
B1A4 | __ | B1B4 | __ | __ |
B1A5 | __ | B1B5 | __ | __ |
B1A6 | __ | B1B6 | __ | __ |
B1A7 | __ | B1B7 | __ | __ |
B1A8 | __ | B1B8 | __ | __ |
B1A9 | __ | B1B9 | __ | __ |
B1A10 | __ | B1B10 | __ | __ |
B1A11 | __ | B1B11 | __ | __ |
B1A12 | __ | B1B12 | __ | __ |
B1A13 | __ | B1B13 | __ | __ |
B1A14 | __ | B1B14 | __ | __ |
B1A15 | __ | B1B15 | __ | __ |
B1A16 | __ | B1B16 | __ | __ |
B1A17 | __ | B1B17 | __ | __ |
B1A18 | __ | B1B18 | __ | __ |

B2 | __ |
B3 | __ | __ | __ |
B4 | __ | __ | __ |
B5 | __ | __ | __ |

B2. Do you currently have any other chronic diseases? (diseases that have been diagnosed by a doctor)

1. ... yes → If the answer is yes, please specify:
B3. Disease 1: ____________
B4. Disease 2: ____________
B5. Disease 3: ____________
2. ... no
B6. Have you ever had a blood transfusion (not donating blood)?

1. … yes →
   B7. How old were you when you had your first blood transfusion? _____ years old

2. … no
   B8. What was the reason for the blood transfusion?
   1. … surgery 2. … trauma 3. … postpartum aphasia 4. … other

B9. Have you ever been told by a doctor that you had a tumor or cancer?

1. … yes →
   B10. What kind of tumor? ____________

2. … no
8. … unknown
   B11. How old were you when you were diagnosed? ______ (years old)

B12. Have you ever had any of the following surgeries?

<table>
<thead>
<tr>
<th>Type of surgery:</th>
<th>A. Whether you had the surgery:</th>
<th>B. If you had the surgery, how old were you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. mastectomy</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
<tr>
<td>2. hysterectomy</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
<tr>
<td>3. fallopian tube ligation</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
<tr>
<td>4. gastrectomy</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
<tr>
<td>5. cholecystectomy</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
<tr>
<td>6. ovarietomy</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
<tr>
<td>7. other: (please specify)</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
<tr>
<td>8. other: _______ (please specify)</td>
<td>1. … yes 2. … no</td>
<td>_____ years old</td>
</tr>
</tbody>
</table>

B13. When you are bitten by a mosquito, the red bite area is normally:

1. … as small as a sesame seed
2. … as small as a soybean
3. … the same size as a broad bean
4. … bigger than a broad bean
5. … no red area
6. … unknown

B14. Has a doctor ever diagnosed you with a colorectal polyp?

1. … yes →
   B15. Was the colorectal polyp removed?

2. … no
   1. … yes →
   B16. When was the most recent removal of a colorectal polyp? 19 _____ year

2. … no
PART THREE
PERSONAL HABITS AND LIFESTYLE

Now I would like to ask you a few questions about smoking habits:

C1. Have you ever smoked at least one cigarette per day, for more than 6 months, continuously?

1. … yes → C2. At what age did you start to smoke at least one cigarette per day? _____ years old
2. … no C3. When you smoke/smoked regularly, how many cigarettes do you/did you usually smoke per day? ____ cigarettes / day

C4. Do you smoke regularly now?
1. … yes
2. … no → C5. At what age did you quit smoking? _____ years old

C6. Did you ever drink alcohol regularly? (“regularly” means that you drank at least 3 times per week, for more than 6 months, continuously)

1. … yes → C7. At what age did you start to drink alcohol regularly? _____ years old
2. … no C8. Do you still drink alcohol regularly?

1. … yes → C9. For most of the time in the past 12 months, about how many times per week do you drink alcohol? _____

C10. What kind of alcoholic drink do you most often have? (choose only one)
1. … yellow millet or rice wine
2. … beer
3. … liquor
4. … wine

C11. The amount of alcohol you normally drink each time is: _____ liang (50 g)

C12. At what age did you stop drinking alcohol regularly? _____ years old

C13. Did you ever drink tea regularly? (“regularly” means at least 3 times per week, for more than 6 months, continuously)

1. … yes → C14. At what age did you start drinking tea regularly? _____ years old
2. … no C15. Do you still drink tea regularly?

1. … yes → C16. What kind of tea do you normally drink? (choose only one)

1. … green tea
2. … black tea
3. … oolong tea
4. … scented tea
5. … half green tea, half black tea
6. … half scented tea, half green tea
7. … half scented tea, half black tea
8. … others

C17. Over the past year, what is the average amount of tea that your family consumed per month? _____ liang (50 grams)

C18. What amount do you consume per month: _____ liang (50 grams)
**C19. At what age did you stop drinking tea regularly? _____ years old**

**C20. Over the past 3 years, have you taken ginseng or ginseng products at least 5 times per year?**

1. … yes →
2. … no

**C21. At what age did you start taking ginseng or ginseng products? _____ years old**

**C22. Over the past year, have you taken ginseng regularly?**

1. … yes →
2. … no

**C23. During the past year, what amount did you take?**

1. white ginseng ______liang (50 grams)
2. red ginseng ______ liang (50 grams)
3. American ginseng ______ liang (50 grams)
4. liquid ginseng ______ bottle(s)
5. Other kinds (specify): ______ liang (50 grams)

**C24. What is your reason for taking ginseng?**

1. … being weak and getting sick easily
2. … to strengthen your body to resist diseases
3. … other (specify ______)

**C25. At what age did you stop taking ginseng or ginseng products regularly? _____ years old**

**C26. Do you often use an electric heating blanket when you sleep during the wintertime?**

1. … no
2. … yes, but I normally turn it off before going to bed
3. … yes, and I leave it on all night

**C27. What year did you start to use it? 19 ___ year**

**C28. For how many winters have you used an electric heating blanket? _____**

**C29. Please fill in the information about how your family uses a refrigerator and TV in the following columns:**

<table>
<thead>
<tr>
<th>Refrigerator</th>
<th>A. What year did you start to use it? 19 ___ year</th>
<th>B. How many months out of the year you use it: (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td>A. What year did you start to use it? 19 ___ year</td>
<td>B. How many hours you watch TV each day: (hours)</td>
</tr>
</tbody>
</table>

**C30. In the past 3 years, have you ever used hair dye?**

1. … yes →
2. … no

**C31. In the past year, how many times have you used hair dye? _____ times**

**C32. For how many years have you used hair dye? _____ years**
PART FOUR
MENSTRUAL HISTORY

D1. At what age did you have your first period (menarche) (please fill in your actual age): __________ years old
   (If you have never had a period, write “96” in the blank.)

D2. Have your periods been regular? (“regular” means that you know the date of your next period)
   1. …… always
   2. …… most of the time
   3. …… rarely

D3. Do you still have periods? (not including the “coming back” periods caused by using female hormones after menopause)
   1. …… yes
   2. …… no → D4. What was the date of your last period?

D4. What was the date of your last period?
   19 ______ year ______ month

D5. The reason your periods stopped:
   1. …… menopause
   2. …… surgery (hysterectomy/ovariectomy)
   3. …… breast feeding
   4. …… other (please specify) ________
E1. Compared to five years ago, please indicate any changes in your consumption of the following foods in the past year:

<table>
<thead>
<tr>
<th>Food</th>
<th>No change</th>
<th>Slightly increased</th>
<th>Greatly increased</th>
<th>Slightly decreased</th>
<th>Greatly decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pork, lamb, or beef</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Chicken or duck</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Fish or shrimp</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Eggs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Fresh vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Fresh fruits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Please do not write in this frame

E1-1 | ___ |
E1-2 | ___ |
E1-3 | ___ |
E1-4 | ___ |
E1-5 | ___ |
E1-6 | ___ |

E2. When you eat fried or baked fish, meat, chicken, or duck, do you normally prefer that:
1. …… The entire surface of the meat is brown with a slightly burnt flavor
2. …… The surface of the meat is dark brown
3. …… The surface of the meat is light brown
4. …… The surface of the meat is not brown
5. …… Never eat those foods
8. …… Don’t know

E3. When you eat meat, do you eat the fat part?
1. …… Almost every time.
2. …… Sometimes.
3. …… Normally do not.
4. …… Never.

E4. When you eat chicken or duck, do you eat its skin?
1. …… Almost every time.
2. …… Sometimes.
3. …… Normally do not.
4. …… Never.
PART SIX
RESIDENTIAL HISTORY

We would like to ask you some questions about your current dwelling place. If during the past 20 years you have lived in more than one street section, please tell us about the three places where you lived the longest. If the house has been torn down, please still specify the street section where the house had been located. If you lived somewhere outside of urban Shanghai, please also specify.

<table>
<thead>
<tr>
<th>F1. Name of the district and street</th>
<th>(1) current residence</th>
<th>(2) previous residence</th>
<th>(3) residence before the previous one</th>
</tr>
</thead>
<tbody>
<tr>
<td>District: ____________</td>
<td>District: ____________</td>
<td>District: ____________</td>
<td></td>
</tr>
<tr>
<td>Street section: _______</td>
<td>Street section: _______</td>
<td>Street section: _______</td>
<td></td>
</tr>
<tr>
<td>F2. The year you started to live there</td>
<td>19 ___________</td>
<td>19 ___________</td>
<td>19 ___________</td>
</tr>
<tr>
<td>F3. The year you moved out</td>
<td>19 ___________</td>
<td>19 ___________</td>
<td>19 ___________</td>
</tr>
<tr>
<td>F4. What kind of fuel do/did you use to cook?</td>
<td>1. ... gas</td>
<td>1. ... gas</td>
<td>1. ... gas</td>
</tr>
<tr>
<td></td>
<td>2. ... coal cake or coal ball</td>
<td>2. ... coal cake or coal ball</td>
<td>2. ... coal cake or coal ball</td>
</tr>
<tr>
<td></td>
<td>1. ... others</td>
<td>6. ... others</td>
<td>6. ... others</td>
</tr>
<tr>
<td>F5. What kind of cooking oil do/did you use to cook?</td>
<td>1. ... vegetable oil</td>
<td>1. ... vegetable oil</td>
<td>1. ... vegetable oil</td>
</tr>
<tr>
<td></td>
<td>2. ... soybean oil</td>
<td>2. ... soybean oil</td>
<td>2. ... soybean oil</td>
</tr>
<tr>
<td></td>
<td>3. ... half vegetable oil, half soybean oil</td>
<td>3. ... half vegetable oil, half soybean oil</td>
<td>3. ... half vegetable oil, half soybean oil</td>
</tr>
<tr>
<td></td>
<td>4. ... peanut oil</td>
<td>4. ... peanut oil</td>
<td>4. ... peanut oil</td>
</tr>
<tr>
<td></td>
<td>6. ...other</td>
<td>6. ...other</td>
<td>6. ...other</td>
</tr>
<tr>
<td>F6. How is/was the ventilation condition of the kitchen?</td>
<td>1. ... good</td>
<td>1. ... good</td>
<td>1. ... good</td>
</tr>
<tr>
<td></td>
<td>2. ... fairly good</td>
<td>2. ... fairly good</td>
<td>2. ... fairly good</td>
</tr>
<tr>
<td></td>
<td>3. ... poor</td>
<td>3. ... poor</td>
<td>3. ... poor</td>
</tr>
</tbody>
</table>

Please do not write in this frame:

F1-1 | __ | __ | __ | __ | F1-2 | __ | __ | __ | __ | F1-3 | __ | __ | __ | __ |
F2-1 | __ | __ | __ | __ | F2-2 | __ | __ | __ | __ | F2-3 | __ | __ | __ | __ |
F3-1 | __ | __ | __ | __ | F3-2 | __ | __ | __ | __ | F3-3 | __ | __ | __ | __ |
F4-1 |-   | __ | __ | __ | F4-2 |-   | __ | __ | __ | F4-3 |-   | __ | __ | __ |
F5-1 |-   | __ | __ | __ | F5-2 |-   | __ | __ | __ | F5-3 |-   | __ | __ | __ |
F6-1 |-   | __ | __ | __ | F6-2 |-   | __ | __ | __ | F6-3 |-   | __ | __ | __ |
I would like to ask you some questions about the jobs you have had that have lasted longer than one year, throughout your lifetime (including jobs you had after you retired). Joining the army, farming, and being a housekeeper are considered jobs, too. But waiting to be employed or being a housewife are not counted as jobs.

<table>
<thead>
<tr>
<th>(1) Most recent job</th>
<th>(2) 2nd most recent job</th>
<th>(3) 3rd most recent job</th>
<th>(4) 4th most recent job</th>
<th>(5) 5th most recent job</th>
<th>(6) 6th most recent job</th>
<th>note</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1a. name of your employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1b. its products and the nature of the products (manufacturing, management etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>G2. What type of work do/did you do?</td>
<td></td>
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<tr>
<td>G3a. What are/were your responsibilities?</td>
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</tr>
<tr>
<td>G3b. What is/was the main product of your work?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>G4. In what year did you start? If you have never had a job, please fill in ‘00’.</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
</tr>
<tr>
<td>G5. In what year did your job end? (If you are still in this job, please fill in the current date)</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
<td>19 _____</td>
</tr>
</tbody>
</table>

Please do not write in this frame

<table>
<thead>
<tr>
<th>G2-10</th>
<th>G2-20</th>
<th>G2-30</th>
<th>G2-40</th>
<th>G2-50</th>
<th>G2-60</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>G2-1</td>
<td>G2-2</td>
<td>G2-3</td>
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<td>G2-6</td>
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<tr>
<td>G4-1</td>
<td>G4-2</td>
<td>G4-3</td>
<td>G4-4</td>
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<td>G4-6</td>
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<td>G5-1</td>
<td>G5-2</td>
<td>G5-3</td>
<td>G5-4</td>
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</tbody>
</table>

G6. In addition to the jobs mentioned above, did you have any other jobs?

1. …… yes                         G6[___]
2. …… no
Next we would like to ask you a few questions about your first degree relatives, which include your parents, your brothers and sisters, and your children. (Note: adopted brothers and sisters, adopted sons and daughters, and half-brothers/sisters are not included).

H1. How many daughters do you have? ______ daughters
H2. How many sons do you have? ______ sons
H3. How many sisters do you have? (not including yourself) _____
H4. How many brothers do you have? ______
H5. Among these first degree relatives (including your parents, sisters, brothers, and your children), has anyone ever been diagnosed with a malignancy or cancer?

1. … yes →
2. … no

<table>
<thead>
<tr>
<th></th>
<th>A. Which relative?</th>
<th>B. What type of tumor or cancer did she / he have?</th>
<th>C. At what age was he / she when diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
<td>1. … daughter</td>
<td>4. … brother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. … son</td>
<td>5. … father</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. … sister</td>
<td>6. … mother</td>
</tr>
<tr>
<td></td>
<td>Second</td>
<td>1. … daughter</td>
<td>4. … brother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. … son</td>
<td>5. … father</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. … sister</td>
<td>6. … mother</td>
</tr>
<tr>
<td></td>
<td>Third</td>
<td>1. … daughter</td>
<td>4. … brother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. … son</td>
<td>5. … father</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. … sister</td>
<td>6. … mother</td>
</tr>
<tr>
<td></td>
<td>Fourth</td>
<td>1. … daughter</td>
<td>4. … brother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. … son</td>
<td>5. … father</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. … sister</td>
<td>6. … mother</td>
</tr>
</tbody>
</table>

Note: Please do not write in this frame.

H1 | __ | __ |
H2 | __ | __ |
H3 | __ | __ |
H4 | __ | __ |
H5 | __ |
PART NINE
HUSBAND’S INFORMATION

Please skip this section if you are not married.

If you are currently living with your husband, you could fill out this part together.

1. Your husband’s name _________

2. His Citizen ID Number: ____________________________

3. His date of birth (do not use lunar calendar)
   19 _____ year _____ month _____ day

4. What is the highest level of education he completed?
   1. … Never had formal education
   2. … Elementary school
   3. … Junior high school
   4. … High school, professional high school
   5. … Vocational/Technical school
   6. … College or above
   7. … Unknown

5. The name of his working unit (if he is retired, fill in the one where he worked prior to his retirement):
   Name of the work unit: ____________________________
   His work responsibility: ______________
   Tel: ___________________
   Address of his current working unit: _____________
   District Street Name: ______________
   Street Number: _________________

6. At which job has he worked the longest? (please specify his work responsibilities) ____________________________

7. Has he ever been diagnosed with any of the following diseases?
   (If yes, please circle “1” after the disease, and fill in the age when he was diagnosed; if he never had that disease, circle “2”).

<table>
<thead>
<tr>
<th>Disease</th>
<th>A. Whether or not it has been diagnosed</th>
<th>B. If he had the disease, at what age was he diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TB</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>2. chronic bronchitis</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>3. asthma</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>4. chronic gastritis</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>5. chronic pancreatitis</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>6. chronic hepatitis</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>7. familial adenomatous polyposis of colorectum</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>8. ulcerative colitis</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>9. cholelithias</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>10. diabetes</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>11. high blood pressure</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>12. coronary heart disease</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
<tr>
<td>13. stroke</td>
<td>1. … yes</td>
<td>2. … no ______ years old</td>
</tr>
</tbody>
</table>

Note: Please do not write in this frame.

I3 | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ | __ |
I4 | __ |
I5 | __ | __ | __ |
I6 | __ | __ | __ |
I7-1A | __ | I7-1B | __ | __ |
I7-2A | __ | I7-2B | __ | __ |
I7-3A | __ | I7-3B | __ | __ |
I7-4A | __ | I7-4B | __ | __ |
I7-5A | __ | I7-5B | __ | __ |
I7-6A | __ | I7-6B | __ | __ |
I7-7A | __ | I7-7B | __ | __ |
I7-8A | __ | I7-8B | __ | __ |
I7-9A | __ | I7-9B | __ | __ |
I7-10A | __ | I7-10B | __ | __ |
I7-11A | __ | I7-11B | __ | __ |
I7-12A | __ | I7-12B | __ | __ |
I7-13A | __ | I7-13B | __ | __ |
I8. Has he ever been diagnosed with a tumor or a cancer?

1. ... yes →
2. ... no

8. ... unknown

I9. What kind of tumor? __________

I10. How old was he when he was diagnosed? __________ (years old)

I11. Has he ever had any of the following surgeries?

<table>
<thead>
<tr>
<th>Surgery:</th>
<th>A. Whether or not he has had the surgery:</th>
<th>B. If he has had the surgery, at what age did he have it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. gastrectomy</td>
<td>1. ... yes</td>
<td>2. ... no ____ years old</td>
</tr>
<tr>
<td>2. cholecystectomy</td>
<td>1. ... yes</td>
<td>2. ... no ____ years old</td>
</tr>
<tr>
<td>3. vasoligation (Sterilization operation)</td>
<td>1. ... yes</td>
<td>2. ... no ____ years old</td>
</tr>
<tr>
<td>4. Others (specify: ________)</td>
<td>1. ... yes</td>
<td>2. ... no ____ years old</td>
</tr>
</tbody>
</table>

I12. Has your husband ever smoked at least one cigarette per day, for more than 6 months, continuously?

1. ... yes →
2. ... no

I13. At what age did he start to smoke at least one cigarette per day? ____ years old

I14. When he smoked/smokes regularly, normally how many cigarettes did he smoke per day?

______ cigarettes / day

I15. Does he smoke regularly now?

1. ...... yes
2. ...... no →

I16. At what age did he stop smoking? ____ years old

I17. Did your husband ever drink alcohol at least 3 times per week, for more than 6 months, continuously?

1. ... yes →
2. ... no

I18. At what age did he start to drink alcohol regularly? ____ years old

I19. Does he still drink alcohol regularly?

1. ... yes →

I20. Normally (for most of the time in the past 12 months), about how many times per week does he drink alcohol? ______

I21. What kind of alcohol does he most often drink?

(choose only one)

1. ...... yellow millet or rice wine
2. ...... beer
3. ...... liquor
4. ...... wine

I22. The amount of alcohol he normally drinks each time is: ____ jiang (50 g)

I23. At what age did he stop drinking regularly? ____ years old
I24. Does he drink tea regularly? (at least 3 times per week, for more than 6 months, continuously)

1. … yes →

I25. At what age did he start to drink tea regularly?

_____ years old

2. … no

I26. Does he still drink tea regularly?

1. … yes →

I27. What kind of tea does he normally drink?

1. … green tea
2. … red tea
3. … oolong tea
4. … scented tea
5. … half green tea, half black tea
6. … half scented tea, half green tea
7. … half scented tea, half black tea
8. … others

2. … no

I28. What amount does he consume per month? ______ liang (50 grams)

I29. At what age did he stop drinking tea regularly?

_____ years old

I30. In the past 3 years, has he taken ginseng or ginseng products at least 5 times per year?

1. … yes →

I31. At what age did he start to take ginseng or ginseng products regularly?

_____ years old

2. … no

I32. In the past year, has he taken ginseng regularly?

1. Yes →

I33. During the past year, what was the amount he took?

1. white ginseng ______ liang (i.e., 50 grams)
2. red ginseng ______ liang (i.e., 50 grams)
3. American ginseng ______ liang (i.e., 50 grams)
4. liquid ginseng ______ bottle(s)
5. Other kinds (specify): ______ liang (i.e., 50 grams)

2. … no

I34. What was the reason for his taking ginseng?

1. … being weak and getting sick easily
2. … to strengthen his body to resist diseases
3. … other (specify ______)

I35. At what age did he stop taking ginseng or ginseng products regularly?

_____ years old

I36. In the past year, how many times has your husband had meals in the employee dining hall every month?

_________ meals / per month

I37. His current height: ______ cm

weight: ______ jin (i.e., 0.5 kilogram)

I38. Most of the time in the past year, how much time per week did your husband spend exercising? _______ minutes/week (Excluding the time spent biking/walking to work)

RESPONDENT SIGNATURE: ____________________________