

Questionnaire of women health

No 1 _____

No 2 _____

I. Basic information

1. Name _____, Location _____
Birthdate: _____, Age _____, Telephone _____
- 1.1 Living environment (1)Urban (2)Suburban (3)Rural
- 1.2 Registered residence (1)Urban (2)Rural
2. Occupation:(1)Farmer,(2)Worker,(3)Teacher, (4)Civil service, (5)Individual traders,(6)Driver,(7)Services,(8)Staff,(9)Housewife, (10) Health care, (11) Student (12) Other _____
- 3.Education level: _____ Education Year
- 3.1 Highest level of education: (1)Primary or below (2)Junior high school (3)Senior middle or vocational high school (4)University (5)Post-graduate
4. Height _____meters (with two decimal points 1.62); Weight _____Kg(with one decimal points, 52.5)
- 4.1 Waistline _____meters, Hipcircumference _____meters
5. Number of family members _____, Personal annual income _____, Family annual income _____
- 5.1 How is your family economic status? 1=Very good 2=Good 3=Common 4=Poor 5=Very poor
- 5.2 How is your family social status? 1=Very good 2=Good 3=Common 4=Poor 5=Very poor
- 6 Marital status
- 6.1 Marital status:(1)Single; (2)Married and living together; (3)Married but separated >3 months; (4)Divorced; (5) Windowed (6) Married after divorce (7) Unmarried cohabitation (8) Other _____
- 6.2 Parity _____; Pregnancy _____; Miscarriages _____, if yes, age at 1st miscarriage _____
- 6.3 Times of full term produce _____ 88=not suitable
- 6.4 Age at 1st pregnancy at term _____ 88= not suitable
- 6.5 Children? _____ 88= not suitable
- 6.5.1 Boys _____个, 88= not suitable
- 6.5.2 Girls _____个, 88= not suitable
- 6.5.3 Full term?:(1)Yes, (2)No 88= not suitable
- 6.5.4 Breast feeding? (1)Yes, (2)No; 88= not suitable
- 6.5.5 If yes ,breastfeeding duration _____months 88= not suitable
- 6.6 Use of contraceptive drugs? (1)Yes (2) No 88= not suitable
- 6.6.1 If yes, use duration _____years 88= not suitable
7. Physiological state
- 7.1 Age at menarche _____; Menstrual pattern, regular? (1)Yes, (2)No
- 7.2 Menstrual period _____days, Intermenstrual period _____days
- 7.3 Dysmenorrhea: (1)Yes, (2)No;
- 7.4 Postmenopausal? (1)Yes, (2)No; If yes, age at menopause _____
If yes, use of hormone replacement (1)Yes, (2)No; 88=not suitable
If postmenopausal, weight gain? (1)Yes, (2)No, If yes, how many _____

II. Disease and family history

(1) Disease history

- 8.1 Ever diagnosed as breast cancer? If yes, when yy/mm, where A/B/C degree hospital
- 8.2 Ever diagnosed as benign breast tumor? If yes, when yy/mm, where A/B/C degree hospital
- 8.3 Ever diagnosed as breast hyperplasia? If yes, when yy/mm, where A/B/C degree hospital

- 8.4 Ever diagnosed as nipple discharge? If yes, when yy/mm, where A/B/C degree hospital
- 8.5 Ever diagnosed as accessory breast? If yes, when yy/mm, where A/B/C degree hospital
- 8.6 Ever diagnosed as retracted nipple? If yes, when yy/mm, where A/B/C degree hospital
- 8.7 Ever diagnosed as other gynecological neoplasms ?
- 8.7.1 Cervical cancer: (1)Yes,(2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.7.2 Ovarian cancer: (1)Yes,(2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.7.3 Ovarian cyst: (1)Yes, (2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.8 Ever diagnosed as other chronic disease?
- 8.8.1 Diabetes mellitus: (1)Yes, (2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.8.2 Hypertension: (1)Yes, (2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.8.3 Coronary heart disease: (1)Yes, (2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.8.4 Other malignancies: (1)Yes, (2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.8.5 Nephritis: (1)Yes, (2) No; If yes, when yy/mm, where A/B/C degree hospital
- 8.8.6 Mental disorders: (1)Yes, (2) No; If yes, when yy/mm, where A/B/C degree hospital

(2) Breast cancer family history

- 9.1 First-degree relatives (father, mother, son, daughter, brothers and sisters) ever diagnosed as breast cancer?
(1)Yes ,(2)No ; If yes, Who _____, How many _____
- 9.2 Second-degree relatives (uncle, aunt, grandparents,) ever diagnosed as breast cancer?
(1)Yes ,(2)No ; If yes, Who _____, How many _____
- 9.3 Third-degree relatives (cousins) ever diagnosed as breast cancer?
(1)Yes ,(2)No ; If yes, Who _____, How many _____

III. Living habits

10 Smoking

- 10.1 Do you smoke? (1)Never (2)Occasionally (3) often
- 10.2 Age at first smoking _____, How many years of smoking_____ (Duration excluded, when quit smoking)。
- 10.3 When smoking, how many cigarretes per day _____
- 10.4 If you don't smoke, Do people around smoke? (1)Yes, (2)No

11 Drinking

- 11.1 Do you drink? (1)Never (2)Occasionally (3) often
- 11.2 If yes, how many years
- 11.3 Age at first drink?
- 11.4 Have you got drunk? (1)Never(2)1-2 times(3) 3-5 times(4) 6-9 times(5)10times or over
- 11.5 Type of drinking (1) white spirit;(2)beer;(3)red wine;(4)white wine (5)other
- 11.6 Average drinking volume? _____,how many times do you drink every month? _____

12 Diet: 1=Nearly everyday (5-7d every week) , 2= 3-4d every week, 3= 1-2d every week, 4=almost never

- | | | | | |
|--|---|---|---|---|
| 12.1 Bean product (bean curd, bean milk) | 1 | 2 | 3 | 4 |
| 12.2 Fresh beans (green soyabeans, broad bean) | 1 | 2 | 3 | 4 |
| 12.3 Red meat (pork, mutton, beef) | 1 | 2 | 3 | 4 |
| 12.4 Dairy products: | 1 | 2 | 3 | 4 |

12.5 Corn products	1	2	3	4
12.6 Carrot	1	2	3	4
12.7 Fried foods (fried meat, fried pasta)	1	2	3	4
12.8 Colored vegetables or fruit	1	2	3	4
12.9 Garlic	1	2	3	4
12.10 Ham	1	2	3	4
12.11 Pickled food (brined vegetable, salted egg, salted meat)	1	2	3	4
13.Tea? (1)Yes (2)No If yes, what kind of tea (1)green tea (2)black tea (3)other_____				
14 Coffee? (1)Yes (2)No				

15 Sleep

15.1 How many hours do you sleep? Since when yy mm				
15.2 Always have trouble sleeping? (1)Yes (2)No				
15.3 Always have nightmares? (1)Yes, (2)No Since when yy mm				
15.4 Do you have early-wake? (1)Yes (2)No Since when yy mm				
15.5 Do you ever sleep late? (1)Yes (2)No Since when yy mm				
15.6 Are you satisfied with your sleep? ①very satisfied ②satisfied ③dissatisfied ④very dissatisfied				

16 Sports activities

16.1 Do you do exercises? (1)Never (2)Occasionally (3)Often				
16.2 How often do you do exercises? (1)< 3 times every week (2)≥ 3 times every week				
16.3 Your Current amount of exercise? (1) < 30 minutes every day (2) ≥ 30 minutes every day				

17. Personality

17.1 Are you introvert? (1) Yes (2)Ordinary (3)No				
17.2 Are you full of passion? (1) Yes (2)Ordinary (3)No				
17.3 Are you impatient? (1) Yes (2)Ordinary (3)No				

18 Life satisfactory degree 1=Very satisfied 2=Satisfied 3=Common 4=Dissatisfied 5=Very dissatisfied 88=Not suitable

18.1 Current life	1	2	3	4	5	88
18.2 Current income	1	2	3	4	5	88
18. Current physical status	1	2	3	4	5	88
18.4 Current housing conditions:	1	2	3	4	5	88
18.5 Current marital status	1	2	3	4	5	88
18.6 Current medical conditions	1	2	3	4	5	88
18.7 Current neighborhood	1	2	3	4	5	88
18.8 Life of six months ago	1	2	3	4	5	88
18.9 Life of 1 year ago	1	2	3	4	5	88
18.10 Life of 5 years ago	1	2	3	4	5	88
18.11 Life of 1 year later	1	2	3	4	5	88
18.12 Life of 5 years later	1	2	3	4	5	88

IV. Medications or use of chemical drugs

19.1 Antidepressant drug (1)No (2)Yes; If yes, Since when yy mm				
19.2 Antihistamine drug (1)No (2)Yes; If yes, Since when yy mm				
19.3 Diuretic (1)No (2)Yes; If yes, Since when yy mm				
19.4 Antiemetic drugs (1)No (2)Yes; If yes, Since when yy mm				
19.5 Antihypertensive drugs (1)No (2)Yes; If yes, Since when yy mm				

19.6 Sleeping pills	(1)No	(2)Yes;	If yes, Since when	yy	mm
19.7 Estrogenic drug:	(1)No	(2)Yes;	If yes, Since when	yy	mm
19.8 Hair dye	(1)No	(2)Yes;	If yes, Since when	yy	mm

V. Other

- 20.1 Do you usually concern for breast care? (1)Never (2) Occasionally (3) often
- 20.2 Do you know breast self-examine? (1)Yes (2)No
- 20.3 Have you ever examined your own breast? (1)Yes (2)No
- 20.4 Do you regularly go to special hospital for breast examinations ? (1)Yes (2)No
- 20.5 Do you know breast cancer? (1)Yes (2)No
- 20.6 Do you think screening is helpful for early detection of breast cancer? (1)Yes (2)No
- 20.7 Do you think the early detection of breast cancer can improve survival? (1)Yes (2)No
- 20.8 Have you ever done breast screening? (1)Yes (2)No
- Have you ever received the clinical touch (1)Yes (2)No
 - Have you ever done X-ray examination? (1)Yes (2)No
 - Have you ever done breast ultrasound? (1)Yes (2)No
- 20.9 knowledge about breast symptoms
- Do you think the local discomfort of breast is a signal of breast cancer occurrence?
(1)Yes (2) No (3)Don' t know
 - Do you think the lump in your breast is a signal of breast cancer occurrence ?
(1)Yes (2) No (3)Don' t know
 - Do you think the axillary nodes is a signal of breast cancer occurrence ?
(1)Yes (2) No (3)Don' t know
 - Do you think the nipple retraction is a signal of breast cancer occurrence ?
(1)Yes (2) No (3)Don' t know
 - Do you think the nipple discharge liquid is a signal of breast cancer occurrence ?
(1)Yes (2) No (3)Don' t know
- 20.10 Related factors of breast cancer
- Do you think age at menarche before 12 may cause breast cancer?
(1)Yes (2) No (3)Don' t know
 - Do you think no parity or late childbirth may cause breast cancer?
(1)Yes (2) No (3)Don' t know
 - Do you think menopause at a late age may cause breast cancer?
(1)Yes (2) No (3)Don' t know
 - Do you think long time drinking may cause breast cancer?
(1)Yes (2) No (3)Don' t know
 - Do you think high-fat diets may cause breast cancer?
(1)Yes (2) No (3)Don' t know
 - Do you think Long-term use of estrogen drugs may cause breast cancer?
(1)Yes (2) No (3)Don' t know

g. Do you think people who have a family history of breast cancer is more likely to have breast cancer?
(1)Yes (2) No (3)Don' t know