COHORT II QUESTIONNAIRE

NAME:

SEX:

ADDRESS:

TELEPHONE NUMBER:

YELLOW FORM – GENERAL MEDICAL BACKGROUND QUESTIONS

Please answer the following questions concerning your past medical history and present health status.

1. Have you ever been diagnosed with any of the following diseases? Please circle all that apply

1. None
2. stroke 3. myocardial infarction 4. hypertension 5. diabetes mellitus 6. hyperlipidemia 7. gout 8. asthma 9. allergy 10. kidney disease 11. chronic hepatitis or liver cirrhosis 12. peptic ulcer 13. biliary stone 14. stomach cancer 15. lung cancer 16. colorectal cancer 17. liver cancer 18. breast cancer 19. uterine cancer 20. other kinds of cancer (_____)

2. Have you experienced any of these symptoms within the past year?

● abrupt chest pain lasting for more than 10 seconds	1. No	2. Yes
● arrhythmia	1. No	2. Yes
● sudden feeling of thickness of the tongue	1. No	2. Yes
● numb hands and feet	1. No	2. Yes
● intermittent claudication	1. No	2. Yes

3. Have your parents had any of the following diseases?

1. stroke 2. diabetes mellitus 3. heart disease, 4. cancer (site:)

Have your siblings had any of the following diseases?

1. stroke 2. diabetes mellitus 3. heart disease, 4. cancer (site:)

4. Have you ever received a blood transfusion?

1. No	2. Yes

5. Are you currently taking any medications prescribed by your physician?

1. No	2. Yes

If yes, please check any of the following drugs you are currently taking:

1. Drugs for hypertension, 2. Drugs for decreasing blood lipid level, 3. Drugs for diabetes mellitus, 4. Drugs for gout, 5. Drugs for angina pectoris, 6. Unknown drugs, 7. Other drugs (_____)

6. How often do you take vitamin supplements?

1. Almost never
2. 1 to 4 days per week
3. 3. Nearly every day

Please check which kinds of vitamins you take.

1. Vitamin B compound	2. Vitamin C	3. Vitamin E	4. Vitamin A
5. Multi-vitamins	6. Other ( )		

7. Have you undergone a medical examination or screening test within the past year?

1. No	2. Yes

8. Have you had your blood pressure taken within the past year?

1. No	2. Yes

If yes, how would you describe your blood pressure?

1. High	2. Not high	3. Don't know

Please record your most recent blood pressure measurement.

Systolic:				mmHg
Diastolic:				mmHg
0. Don't remember				

9. Have you ever had your serum total cholesterol measured?

1. No	2. Yes

If yes, how would you describe your most recent blood cholesterol level?

1. High, 2. Not high
3. Don't know

Please provide your most recent serum total cholesterol value.

			mg/dl	0. Don't remember

10. What are your height and body weight?

Height ___ cm Weight ___ kg

11. What was your body weight when you were 20 years old?

	kg	0. Don't remember

12. How often do you participate in sports or physical exercise?

0. Almost never	1. 1-3 days a month	2. 1-2 days a week	3. 3-4 days a week	5. Almost every day

PURPLE FORM – SMOKING AND DRINKING QUESTIONS

Please answer the following questions concerning smoking and alcohol drinking.

1. Do you currently smoke cigarettes?

1. No	2. Yes

If yes,

how many cigarettes a day do you smoke ? | | | | Cigarettes /day

how old were you when you began smoking? | | | years old

If you no longer smoke, but smoked before,

how old were you when you quit smoking? | | | years old

how many cigarettes per day did you smoke? | | | | Cigarettes /day

how old were you when you began smoking? | | | years old

2. When you were a primary school or a middle school student, was there anyone who smoked in your family?

1. No	2. Yes

3. How often are you exposed to passive smoking outside the house?

1. Almost never	2. 1-3 days a month	3. 1-4 days a week	4. Almost every day

4. Do you drink alcoholic beverages?

1. No	2. I did but have stopped	3. Yes

How often do you drink Japanese sake, shochu, awamori, beer, whisky, brandy, or wine? (If you have stopped drinking, please write down how often you drank before stopping).

1. Almost never	2. 1-3 days a month	3. 1-4 days a week	4. Almost every day

On average, how much of the following do you drink every day:

Japanese sake ☐☐ go Shochu ☐☐ go Awamori ☐☐ go

Beer (large) ☐☐ bottles Beer (medium -500ml) ☐☐ bottles Beer (small -350ml) ☐☐ bottles Wine ☐☐ glasses

Whisky, brandy, or vodka ☐☐ cups

(If you have stopped drinking, please write down how often you drank before stopping)

- How many days per month do you drink at social events? ☐☐ days
- In sum, what kind of beverages and how much of each kind do you drink at social events?

Japanese sake ☐☐ go Shochu ☐☐ go Awamori ☐☐ go

Beer (large) ☐☐ bottles Beer (medium -500ml) ☐☐ bottles Beer (small -350ml) ☐☐ bottles Wine ☐☐ glasses

Whisky, brandy, or vodka ☐☐ cups

(If you have stopped drinking, please write down how often you drank before stopping)

- Do you drink strong alcoholic drinks such as whiskey, brandy, and awamori?

1. No	2. Occasionally	3. Often

- Do you smoke more cigarettes than usual while drinking alcohol?

1. Do not smoke while drinking	2. Smoke as usual	3. More than usual

5. Do you blush soon after drinking alcohol?

1. Yes	2. No	3. Not sure

6. Does any part of your body except your face become red soon after drinking alcohol?

1. Yes	2. No	3. Not sure

7. Do you feel any throbbing of blood vessels in the brain or develop a headache soon after drinking alcohol?

1. Yes	2. No	3. Not sure

8. Does your heart beat faster than usual soon after drinking alcohol?

1. Yes	2. No	3. Not sure

GREEN FORM – BASELINE
DIETARY QUESTIONS

Please answer the following questions concerning your usual food intake.

1. How do you like the following kinds of food? Please check.

Preferences/Dislikes	Like very much	Like a little	Dislike
Food rich in oil	1	2	3
Very salty foods	1	2	3
Very sweet foods	1	2	3
Sour food	1	2	3
Sweets, such as desserts	1	2	3
Hot foods and drinks	1	2	3

2. Which kind of cooking method do you use most often use when you cook the following foods? Please check one of the following methods.

	Raw	Boil	Grill	Deep-fry	Saute
Meats	1	2	3	4	5
Fish and shellfish	1	2	3	4	5
Green vegetables	1	2	3	4	5
Carrots	1	2	3	4	5

3. How often do you have the following kinds of foods? Please check.

Frequency	Almost never	1-2 days /week	3-4 days /week	Almost every day
Fried food	1	2	3	4
Mayonnaise	1	2	3	4
Dressing	1	2	3	4
Ketchup	1	2	3	4

4. On average, how many bowls (normal size) of rice do you have per day?

   1. Almost never have rice
   2. Approximately ☐☐ bowls a day

5. How often do you have miso soup?

Almost never	1-2 days /week	3-4 days /week	Almost every day

   If almost every day, how many cups on average do you have a day? ☐☐ cups

6. Please describe your usual dietary habits. Check how many times you usually eat each food item. When your intake varies by season, write the number of times this month.

Frequency	Almost never	Seldom	1-2 days /week	3-4 days /week	Almost every day
Chicken	1	2	3	4	5
Beef	1	2	3	4	5
Pork	1	2	3	4	5
Ham, sausage, bacon	1	2	3	4	5
Liver	1	2	3	4	5
Fresh fish (sashimi, boiled fish, grilled fish	1	2	3	4	5
Dried fish, dried salted salmon	1	2	3	4	5
Minced fish products	1	2	3	4	5
Canned fish	1	2	3	4	5
Pickled fish	1	2	3	4	5
Whitebait	1	2	3	4	5
Seaweed (kelp, wakame, etc)	1	2	3	4	5
Green vegetables	1	2	3	4	5
Carrots	1	2	3	4	5
Tomato	1	2	3	4	5
Potato	1	2	3	4	5
Bean curd	1	2	3	4	5
Natto	1	2	3	4	5
Tsukemono, nozawana	1	2	3	4	5
Other kinds of tsukemono	1	2	3	4	5
Apples	1	2	3	4	5
Oranges	1	2	3	4	5
Egg	1	2	3	4	5
Milk	1	2	3	4	5
Cheese	1	2	3	4	5
Yogurt	1	2	3	4	5
Butter	1	2	3	4	5
Margarine	1	2	3	4	5
Bread	1	2	3	4	5
Noodles (except instant noodles)	1	2	3	4	5
Instant noodles	1	2	3	4	5
Dessert	1	2	3	4	5
Japanese dessert	1	2	3	4	5

Portion size: How would you describe your average portion size of the following foods? Please look at the following photo examples of food. If the amount is about half that of the example, please choose 'less than the example'; if more than one and a half times the example, please choose 'more than the example'.

	Less than the example	Similar to the example	More than the example
Chicken	1	2	3
Beef	1	2	3
Pork	1	2	3
Liver	1	2	3
Fish	1	2	3
Dried Fish	1	2	3
Whitebait	1	2	3
Spinach	1	2	3
Carrot	1	2	3
Tomato	1	2	3
Potato	1	2	3
Bean Curd	1	2	3
Natto	1	2	3
Apple	1	2	3
Orange	1	2	3
Egg	1	2	3
Milk	1	2	3
Butter or margarine	1	2	3

7. Please choose the three kinds of fish you most often eat.

1. horse mackerel 2. sardines 3. mackerel 4. pacific saury 5. herring 6. sea bream 7. flat fish 8. cod and pollack 9. barracuda 10. atka mackerel 11. tuna 12. yellowtail 13. cultured yellowtail 14. skipjack and frigate mackerel 15.salmon 16. masu 17. conger eel 18. octopus 19. squid and cuttlefish 20. crabs 21. prawns, lobsters and shrimps 22. carp 23. smelt 24. eel 25. Other ( )

8. Do you eat parts of fish or meat burned by cooking?

1. Do not eat	2. Eat

9. Are you careful about your salt intake?

1. No	2. Yes

10. Are you careful about your cholesterol intake such as from egg or meat?

1. No	2. Yes

11. Are you careful about your intake of animal fat such as from butter or bacon?

1. No	2. Yes

12. Do you eat a lot of green and yellow vegetables?

1. No	2. Yes

13. How would you describe the size of your dinner?

1. Do not overeat	2. Eat until full	3. Overeat

14. Do you pay attention to nutritional balance in your diet?

1. Yes, I pay attention	2. I rarely pay attention	3. I do not pay attention

15. Please check the frequency of your average consumption of the following beverages

Frequency	Almost never	1-2 days/ week	3-4 days/ week	Almost daily		
				Cups/glasses/cans/bottles		
				1-2/day	3-4/day	≥5/day
Japanese tea (green tea)	0	1	2	3	4	5
Chinese tea (oolong tea)	0	1	2	3	4	5
Black tea	0	1	2	3	4	5
Coffee	0	1	2	3	4	5
Cola, carbonated soft drinks	0	1	2	3	4	5
100% fruit juice	0	1	2	3	4	5
Vegetable juice	0	1	2	3	4	5

16. Are you able to sleep soon after drinking coffee?

1. No	2. Yes

17. Do you take sugar in coffee or black tea?

1. No	2. Yes

BLUE FORM – PERSONAL BACKGROUND QUESTIONS

Please answer the following questions concerning your personal life.

1. What is your date of birth?

   Showa (Japanese calendar) ☐☐ (year) ☐☐ (month) ☐☐ (day)

2. Where were you born?

   ☐ Prefecture ☐ City, town or village

   Foreign country ☐

3. Where did you reside for the longest period before you were 20 years old?

   ☐ Prefecture ☐ City, town or village

4. How many years have you lived at your present address?
   Please include the time you were at this address even if at another address for part of the year. ☐☐ years

5. Please describe your usual area of activity?

   1. Not outside my own yard
   2. Around my home
   3. Far from home

6. What is your current job? Please choose from among those in parentheses. If you hold more than one job, or change jobs according to season, please check all that apply.

   10 Agriculture (11 rice 12 vegetables 13 fruit 14 horticulture 15 other)
   20 Forestry ( )
   30 Fishery (31 ocean fishing 32 shore fishing 33 farming 34 other)
   40 Business/company worker (41 administration and management, 42 office worker, 43 outside office, e.g., construction and factory worker, 44 service, 45 other)
   50 Private/self-employed (51 Shop owner 52 Restaurant owner 53 Owner of construction company 54 Clerical worker (self-employed) 55 Other)
   60 Professional, e.g., doctor, lawyer, researcher ( )
   70 House wife 80 No job 90 Other

   For how many years have you held this job? ☐☐ years

7. If you are retired and do not have a job now, please provide your previous job. ☐☐ Description: ☐

8. On average, how many hours do you work daily? (including housework) | | | hours

9. How busy are you day-to-day?

1. Not busy	2. Normal	3. Busy

10. How long on average do you engage in the following activities each day?

Physical labor or sports	1. None 2. Less than 1 hour 3. More than 1 hour
Sitting	1. Less than 3 hours 2. 3-8 hours 3. More than 8 hours
Standing or walking	1. Less than 1 hour 2. 1-3 hours 3. More than 3 hours

11. How many hours do you usually sleep? | | | hours

12. Is your daily life similar day-to-day?

1. Yes, repetitious	2. No, not repetitious

13. How many times do you have breakfast each week?

1. Hardly ever	2. 1-2 times a week	3. 3-4 times a week	4. Almost every day

14. Do you often feel fatigued?

1. Never	2. Sometimes	3. Always

15. At present, with whom do you live? Circle all that apply

1. Husband/wife 2. Children 3. Parents
4. Other 5. Living alone

16. Is there anybody who makes you feel relaxed when you talk with them?

1. No	2. Yes

17. How many friends do you talk to at least once a week?

1. Nobody	2. 1-3 people	3. More than 4 people

18. Is there anybody who approves of and supports you in your endeavors?

1. No	2. Yes

19. Do you have any close friends to consult with about your personal problems?

1. No	2. Yes

20. How would you describe your personality?
Please choose the most appropriate item for each category.

1. Hasty and impatient	2. Average	3. Calm and peaceful
1. Quick tempered	2. Average	3. Mild
1. Active	2. Average	3. Passive
1. Eager to excel in everything	2. Average	3. Carefree and at ease about everything
1. Fastidious and fussy	2. Average	3. Rough and ready, easygoing

21. When it is cold, do you use an electric blanket?

1. No	2. Yes

22. Do you use an electric carpet?

1. No	2. Yes

23. How often do you take a bath?

1. Less than 1 time a week	2. 2-3 times a week	3. Almost every day

24. What is the temperature of the water in which you usually bathe?

1. Tepid	2. Average	3. Hot

25. Do you dye your hair?

1. No	2. Yes

26. Do you have a bowel movement every day?

1. More than 2 times a day	2. 1 time a day	3. 2-3 times a week

27. How would you describe the consistency of your feces?

1. diarrhea 2. soft feces 3. ordinary 4. hard feces 5. diarrhea and constipation alternatively

28. Do you think there is much stress in your daily life?

1. A little	2. Average	3. A lot

29. Do you have any hobbies?

1. No	2. Yes	3. Yes, many

30. Do you think your life is enjoyable?

1. No	2. Yes	3. Hard to say

This is the last page for males. The next page is for females only.

PINK FORM – FEMALE SPECIFIC QUESTIONS

Women, please answer the following questions.

1. How old were you when you first started menstruating? [ ][ ] years old

2. Do you still menstruate? | 1. Yes | 2. Natural menopause | 3. Artificial menopause |

   If you no longer menstruate, how old were you when menopause began? [ ][ ] years old

3. How would you describe the regularity of your menstrual cycle? (before menopause if applicable) | 1. Irregular | 2. Regular |

   How long is your average cycle length? [ ][ ] days

4. Have you ever taken hormone therapy for dysmenorrhea, contraception or for menopausal problems? | 1. No | 2. Yes |

   Are you currently taking hormones? | 1. No | 2. Yes |

5. In total, how many pregnancies have you had? [ ][ ] times

   At what age was your first pregnancy? [ ][ ] years old

6. In total, how many deliveries have you had (including stillbirths) [ ][ ] times

   At what age was your first delivery? [ ][ ] years old

   Did you breastfeed your children? | 1. No | 2. Yes |

7. Have you ever been told by a doctor that you have had any of the following diseases? Check all that apply.

   | 1. None |

   2. mastopathy 3. mastitis
   4. mammary gland tumor 5. Endometriosis 6. fibroids of the uterus
   7. ovarian cyst 8. others (_____)

This is the end of our survey. Thank you very much for taking the time to fill out this questionnaire. Please take a moment to fill in any questions you may have skipped.

Date:

Heisei (Japanese calendar) ☐☐ (year) ☐☐ (month) ☐☐ (day)

Who provided the above information?

1. Myself	2. Representative (please specify)

Finally, if you have any questions, please write them in the box below.