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Social Environment and Biomarkers of Aging Study (SEBAS) in Taiwan, 2000 and 2006

Health Examination Form, SEBAS 2006

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2006 Social Factor and Biomarker Study on Older Adults' Health
12 Hour Urine and Blood Sample Collection Questionnaire

(Place respondent's basic information label here)

Staff Name: _____ Interview Date: _____Year _____Month _____Day

12-hour urine collection

1. [**FILLED IN BY INTERVIEWER, NO NEED TO ASK SUBJECT**] Time when urine sample was delivered to hospital:

   Date: _____Year ____ Month ____Day

   Time: ____ Hour ____ Minute [**USE THE 24-HOUR CLOCK**]

2. When was the last time you voided in the toilet yesterday? That is, when did you void for the last time before you started to save urine?
   Time: ____Hour ____ Minute [**USE THE 24-HOUR CLOCK**]

3. When was the last time that you collected urine, that is, the last time you poured the urine into the collection container?
   Time: ____Hour ____ Minute [**USE THE 24-HOUR CLOCK**]

4. During the collection time (from last night _____o'clock to this morning _____ o'clock), did you pour the urine into the collection container immediately each time after you voided?
   □1. Yes [**SKIP TO QUESTION 5]** □0. No [**CONTINUE TO QUESTION 4a**]

   4a. Please specify: _____
   _____

5. During the collection time (from last night _____o'clock to this morning _____o'clock), did you ever forget to pour the urine into the collection container, voided directly in the toilet, or spilled the urine by accident?
   □1. Yes [**CONTINUE TO QUESTION 5a**] □0. No [**SKIP TO QUESTION 6**]

   5a. Under what situation? How many times did it happen? [**MULTIPLE CHOICES**]
   □a Voided directly into toilet, forgot to save urine in collection container: → ___times
   □b Spilled the urine accidentally → ___times
   □c Other (please specify) _____ → ___time

6. During the collection period (from last night _____o'clock to this morning _____o'clock), did you take any medicine?

□1. Yes [**CONTINUE TO QUESTION 6a**] □0. No [**CONTINUE TO QUESTION 7**]

6a. What kind(s) of medicine? Or medicine for what disease?
(1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____

7. Is the urine specimen good for analysis? [**FILL IN BY INTERVIEWER; DO NOT NEED TO ASK SUBJECT**]

□1. Yes □0. No [**CONTINUE TO QUESTIONS 7a AND 7b**]

7a. Reason: □1. Total volume is not enough (below 300 cc)
□2. Other: _____

7b. Solutions: □1. Make an appointment to recollect on ___ month ___ day
□2. Give up
□3. Other: _____

Blood Drawing

8. When did you eat last?

□1. Yesterday □2. Today
Time: _____Hour _____ Minute [**USE THE 24-HOUR CLOCK**]

9. Are you currently taking any anticoagulants or other medicine that can cause you to bleed excessively?

□1. Yes [**CONTINUE TO QUESTION 9a**] □0. No [**SKIP TO QUESTION 10**]

9a. Please specify: _____

10. Is the respondent healthy enough for blood-drawing? [**FILLED IN BY INTERVIEWER, OR CHECK WITH DOCTOR IF NECESSARY**]

□1. Yes □0. No

10a. Solutions: □1. Give up
□2. Other: _____

Perceived Stress Scale

[TO BE ADMINISTERED BY BHP PERSONNEL DURING THE HOSPITAL VISIT; THESE QUESTIONS SHOULD **NOT** BE ASKED OF PROXY RESPONDENTS]

1. **In the last month**, how often have you been upset because of something that happened unexpectedly? *[Literal translation of the Chinese equivalent: "Within the last one month, do you often feel you have been upset because of something that happened unexpectedly?]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

2. **In the last month**, how often have you felt that you were unable to control the important things in your life? *[Literal translation of the Chinese equivalent: "Within the last one month, do you frequently feel that some important things in your life go beyond what you can control?]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

3. **In the last month**, how often have you felt nervous and "stressed"?

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

4. **In the last month**, how often have you felt confident about your ability to handle your personal problems? *[Literal translation of the Chinese: "Within the last one month, as to your ability to handle your personal problems, do you often feel confident?"]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

5. **In the last month**, how often have you felt that things were going your way? *[Literal translation of the Chinese: "Within the last one month, do you frequently feel that everything goes smoothly following to your wishes."]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

6. **In the last month**, how often have you found that you could not cope with all the things that you had to do? *[Literal translation of the Chinese: "Within the last one month, do you often feel that you cannot handle all the things that you had to do?"]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

7. **In the last month**, how often have you been able to control irritations in your life? *[Literal translation of the Chinese: Within the last one month, as to the small things that easily make people angry in everyday life, do you often feel that you are able to control them?"]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

8. **In the last month**, how often have you felt that you were on top of things?

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

9. **In the last month**, how often have you been angered because of things that were outside of your control? *[Literal translation of the Chinese: Within the past one month, do you often feel angered because of things you cannot control?"]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

10. **In the last month**, how often have you felt difficulties were piling up so high that you could not overcome them? *[Literal translation of the Chinese: "Within the last one month, do you often feel that the difficulties are so many that you cannot overcome them?"]*

0 Never 1 Almost never 2 Sometimes 3 Often 4 Always

Note: In the *Chinese translation, the top two response categories were changed from "often" (in original English version: "fairly often") and "always" (in original English version: "very often") in order to better distinguish between these two categories (in Chinese).*

(NOTE: IN SOME CASES THE R COULD NOT DECIDE AMONG THE CHOICES. THE INTERVIEWER NOTED SUCH CASES AND THEY ARE CODED AS “COULD NOT DECIDE” IN THE PUBLIC USE DATA)

2006 Social Factor and Biomarker Study of Older Adults' Health

Health Examination Record

Date of examination: ROC ___ Year ___ Month ___ Day

Interviewer number: _____ Interviewer name: _____

SECTION 1 (TO BE COMPLETED BY STUDY STAFF)	
A. Basic Information	(**PLACE RESPONDENT'S BASIC INFORMATION LABEL HERE**)
B. Disease History	□a. High blood pressure □b. Kidney disease □c. Gum disease □d. Heart disease □e. Diabetes □f. Lung disease □g. Hepatitis B □h. Digestive system ulcer □i. High cholesterol □j. Stroke □k. Prostate cancer □l. Enlarged prostate □m. Others: _____
C. Long-term on Medication	□0. No □1. Yes Explain: _____
D. Family Disease History	□a. High blood pressure □b. Liver cancer □c. Tuberculosis □d. Cardiovascular disease □e. Diabetes □f. Breast cancer □g. Cervical cancer □h. Enlarged prostate □i. High cholesterol □j. Stroke □k. Prostate cancer □l. Others: _____
E. Health Behaviors	1. In the past 6 months, did you smoke? If so, how much? □0. No □1. On rare occasions when friends give cigarettes or when attend social gathering □2. One pack a day (or less) □3. More than one pack a day 2. In the past 6 months did you drink alcohol? If so, how often? □0. No □1. sometimes or when attended a social gathering □2. frequently 3. In the past 6 months did you chew betel nut? If so, how often? □0. No □1. sometimes or when attended a social gathering □2. frequently 4. In the last 6 months, did you exercise (at least 20 minutes)? If so, how often? □0. No □1. Sometimes □2. 3-5 times per week 5. Do you drive a car (or ride a motorcycle)? □a. drive a car □b. ride a motorcycle □c. neither **[If neither, skip to question 6]** 5.1. How often do you use a safety seatbelt or a safety helmet? □0. no □1. sometimes □2. every time 5.2. After you have alcohol at a social gathering, will you: □1. drive yourself home □2. get a ride home □3. not applicable 6. Do you have the habit of brushing your teeth in the morning and at night? □0. Hardly ever brush □2. Brush once in the morning and once at night □1. Only once in the morning □3. Once in the morning, once at night, and after each meal 7. **[Females only]** Did you have a cervical smear test this year? □0. no □1. yes 8. Do you drink milk every day? □0. no □1. yes 9. Do you eat at least 3 dishes of vegetables and 2 fruits every day? □0. no □1. yes

F. Measurements	Height: _____cm Weight: _____kg Ideal Weight: _____kg Waist:_____cm Hips:_____cm Blood Pressure: (1) _____/_____mmHg (2) _____/_____mmHg (3) _____/_____mmHg
G. Accept/ Decline Abdominal Ultrasound?	**Accepts** abdominal ultrasound [must not eat anything from midnight until ultrasound is completed] **Declines** abdominal ultrasound [can eat breakfast after blood draw] → [**IF DECLINED]** Ate breakfast before physician exam: Yes No **[IN SECTION 2, PART I, PLACE A CHECK MARK IN THE BOX LABELED "Participant declined ultrasound"]**
SECTION 2 (TO BE COMPLETED BY PHYSICIAN)	
H. Physical Examination	Pulse: _____beats/minute Is it regular? □1. Yes □0. No VISION Without corrective lenses OD (Right): _____OS (Left):_____ With corrective lenses OD (Right): _____OS (Left):_____ EAR, NOSE, THROAT and ORAL CAVITY □ No obvious abnormalities □ Abnormalities: □ Hearing Aid □ Dental Caries □ Calculus or Periodontosis □ Oral Mucosal Disease □ Others NECK Lymph gland swollen: □1. yes □0. no Thyroid gland swollen: □1. yes □0. no Chest: □0. No obvious abnormality □1. Abnormality:_____ Heart auscultation: □0. No obvious abnormality □1. Abnormality:_____ Left breast: □0. No obvious abnormality □1. Abnormality:_____ Right breast: □0. No obvious abnormality □1. Abnormality:_____ Abdomen: □0. No obvious abnormality □1. Abnormality:_____ Rectal Examination: □0. No obvious abnormality □1. Abnormality:_____ Extremities: □0. No obvious abnormality □1. Abnormality:_____ Other abnormality:_____
I. Abdominal Ultrasound Participant declined ultrasound	Liver: □0. No obvious abnormality □1. Abnormality Pancreas: □0. No obvious abnormality □1. Abnormality Gallbladder: □0. No obvious abnormality □1. Abnormality Kidneys: □0. No obvious abnormality □1. Abnormality Results of examination:
J. Health Counseling	□1. Abstain from addiction: → (□a. tobacco □b. alcohol □c. betel nut) □2. Accident prevention □3. Oral health □4. Weight control □5. Diet and nutrition □6. Cervical smear □7. Others:_____
K. Physician's Assessment	Regarding the patient's current state of health, do you feel it is excellent, good, average, not so good, or poor? □1 Excellent □2 Good □3 Average □4 Not so good □5 Poor

SECTION 3 (TO BE COMPLETED BY HOSPITAL STAFF AFTER RECEIVING LAB RESULTS)	
L. Laboratory Examination	Urinalysis: pH: _____ Protein: _____mg/dl Glucose: _____g/dl Occult Blood: _____ Appearance: _____ Red blood cell: _____number/HPF White blood cell: _____number/HPF Epithelial cell: _____number/HPF Cast: _____number/HPF Bacteria: _____number/HPF (Blood check: please see attachment)
SECTION 4 (TO BE COMPLETED BY PHYSICIAN AFTER REVIEWING ALL RESULTS)	
M. Results and Suggestions	Physical examination: Abdominal ultrasound: Laboratory examination: Urinalysis: □ further examination suggested Procedures: Blood check: □ further examination suggested Procedures: Liver function: □ further examination suggested Procedures: Blood glucose: □ further examination suggested Procedures: Blood lipid: □ further examination suggested Procedures: Kidney function: □ further examination suggested Procedures: Uric acid: □ further examination suggested Procedures:

Name of examining hospital: Examining physician:

Information hotline: Date of report:

If you have any questions concerning your health examination results, please call our information hotline and we will have someone to answer your questions.