

According to Article 15 of Chapter 3 of the Statistics Law of the People's Republic of China, " Private individual survey data shall not be disclosed without the consent of the individual concerned. "

## Special survey on social factors

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### Questionnaire

Respondent No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are you diabetic? 1. Yes, 2. No	
Name of respondent:	Contact Number:
Home Address: _____ Township _____ Village (neighborhood committee) _____	
Replacement	1. Yes, name of the person being replaced: _____ 2. No
Investigator's Signature:	Survey Date: _____ Year _____ moon _____ day
Signature of Quality Control Officer:	Survey Date: _____ Year _____ moon _____ day

### Survey Record Form

Process	First blood draw	Physical examination	Questionnaire	Second blood draw	Collect questionnaires	fill in feedback	system Entry
Recorder							

January 2019

Dear Residents:

Hello! Have you heard of hypertension, diabetes, malignant tumors, and coronary heart disease? They are a group of chronic diseases with long courses, difficult to cure, heavy burden, and serious impact on health and life expectancy. The causes are closely related to bad behaviors and lifestyles. In order to understand the prevalence of chronic diseases and related risk factors among residents in our county, and to provide a basis for formulating relevant intervention and control measures. We have designed this questionnaire to conduct surveys and related physical examinations on you, which will take a few minutes of your time. We will strictly keep your information confidential and will not disclose the contents of the survey to any unit or individual. If you agree, please sign below. Thank you for your support and cooperation!

sign: \_\_\_\_\_

## 1. General

A1. Name \_\_\_\_\_

A2. Gender ① Male ② Female | \_\_ |

A3. Date of birth: | \_\_ | \_\_ | \_\_ | \_\_ | year | \_\_ | \_\_ | month | \_\_ | \_\_ | day A4. Age | \_\_ | | \_\_ | years

A5. Nationality ① Han ② Minority nationality \_\_\_\_\_, please specify \_\_\_\_\_ A5.1 | \_\_ |, A5.2 \_\_\_\_\_

A6. Marital status ① Single ② Married ③ Cohabiting ④ Widowed ⑤ Divorced ⑥ Separated | \_\_ |

A7. Education level | \_\_ |

- ① No formal school education ② Not graduated from primary school ③ Primary school ④ Junior high school ⑤ Senior high school/technical secondary school/technical school ⑥ College ⑦ Undergraduate ⑧ Graduate student and above

A8. Occupation | \_\_ |

- ① Production personnel in agriculture, forestry, animal husbandry, fishery and water conservancy ② Production and transportation equipment operators and related personnel ③ Commercial and service industry personnel ④ Heads of state organs, party and mass organizations, enterprises, and public institutions ⑤ Staff and related personnel ⑥ Professional and technical personnel ⑦ Soldiers ⑧ Other workers ⑨ Students ⑩ Unemployed ⑪ houseworkers ⑫ Retired persons

A9. What was your family's total income in 2017? (**Only record one of the annual and monthly incomes**)

① | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | yuan/month ② | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | yuan/year

③ Refuse to answer ④ Don't know the specific amount of income

A10. Your current medical insurance status (**multiple choices are allowed**) | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |

① Not participating ② Basic medical insurance for urban employees ③ Urban and rural residents' medical insurance (including urban residents' medical insurance and new rural cooperative medical insurance)

④ Public medical insurance ⑤ Commercial medical insurance ⑥ I have participated, but I am not sure about the specific insurance types

## II. Knowledge of chronic diseases and medical treatment behavior

B1. Before measuring your weight this time, do you know your current weight? ① Yes, what is the specific value?

kg ② Don't know | \_\_ |

B2. Before measuring your waist circumference this time, do you know your current waist circumference? ① Yes, what is the specific value? \_\_\_\_\_ cm ② Don't know | \_\_ |

B3. Before measuring your blood pressure this time, did you know your blood pressure? | \_\_ |

① Above the normal range ② Within the normal range ③ Below the normal range ④ Measured, but not sure if it is normal ⑤ Never measured

B4. Have you ever been diagnosed with hypertension by a doctor at a township health center, community health service center, or a higher-level medical institution? | \_\_ |

① Yes (skip to B5) ② No (skip to B6)

B5. Have you taken antihypertensive drugs in the past two weeks? | \_\_ |

① Yes, and I take the medicine regularly ② Yes, but I take the medicine intermittently ③ I do not take the medicine, but the doctor recommends taking the medicine

④ Not taking medication, because the doctor recommended taking measures such as diet and exercise to control blood pressure

B6. Before measuring your blood sugar, did you know your blood sugar level? | \_\_ |

① Above the normal range ② Within the normal range ③ Below the normal range ④ Measured, but not sure if it is normal ⑤ Never measured

B7. Have you ever been diagnosed with diabetes by a doctor at a township health center, community health service center, or a higher-level medical institution? | \_\_ |

① Yes ( skip to B8) ② No (skip to B9)

B8. Which of the following measures have you taken to control your blood sugar?

B8a Oral medication | \_\_ | ① Yes ② No

B8b Insulin injection | \_\_ | ① Yes ② No

B8c Control diet | \_\_ | ① Yes ② No

B8d Increase exercise | \_\_ | ① Yes ② No

B8e Blood glucose monitoring | \_\_ | ① Yes ② No

B8f Other, please specify \_\_\_\_\_

B9. Do you know about passive smoking? ① Yes ② No | \_\_ |

B10. Which of the following conditions do you think will increase the risk of chronic diseases such as coronary heart disease, stroke, diabetes, and malignant tumors? (Multiple choices are allowed, as long as they can lead to one or more chronic diseases) | \_\_ | | \_\_ | | \_\_ | | \_\_ | | \_\_ | | \_\_ | | \_\_ | | \_\_ |

① Smoking ② Excessive drinking ③ Lack of exercise ④ Unreasonable diet ⑤ High salt diet ⑥ High blood pressure ⑦ High psychological pressure

B11. What is your opinion on "People over 35 should measure their blood pressure at least once a year" ? | \_\_ |

① Very necessary ② Not necessary ③ Test only when symptoms occur ④ I don't know

B12. Which of the following characteristics do you know that belong to the high-risk population for chronic diseases?

(Multiple choices are allowed)

| \_ | \_ | | | \_ | |

- ① People with high normal blood pressure (blood pressure level 130-139 mmHg /85-89 mmHg) ② Current smokers
- ③ Impaired fasting blood glucose (6.1 mmol/L ≤ fasting blood glucose < 7.0 mmol/L) ④ Waist circumference ≥ 90 cm for men and ≥ 85 cm for women
- ⑤ Those with marginally elevated serum total cholesterol (5.2 mmol/L ≤ serum total cholesterol < 6.2 mmol/L)

B13. Do you know what a healthy lifestyle mainly includes? (Multiple choices are allowed) | \_ | | \_ | | \_ | | \_ |

- ① Reasonable diet ② Moderate exercise ③ Quit smoking and limit alcohol ④ Psychological balance

B14. Can cancer be prevented or treated? ① Yes ② No | \_ |

B15. Prevention and control of chronic diseases \_\_\_\_\_? (multiple choices are allowed)

| \_ | \_ | | | \_ | |

- ① Government-led ② Multi-department collaboration ③ Mobilization of the whole society ④ Everyone's participation

B16. How long has it been since you last measured your blood lipids? | \_ |

- ① Within 6 months ② Within 12 months ③ Within 2 years ④ Before 2 years ⑤ Never tested ⑥ Can't remember

B17. (Answer from residents aged 40 and above) How long has it been since you last had a lung function test? | \_ |

- ① Within 6 months ② Within 12 months ③ Within 2 years ④ Before 2 years ⑤ Never tested ⑥ Can't remember

### 3. Continuing Health Conditions

C1. Overall, how do you think your health is? | \_ |

- ① Very good ② Good ③ Average ④ Poor ⑤ Very poor

C2. Do you have any of the following illnesses or health problems that **have lasted or (are expected to last) for more than 6 months** ?

(Please fill in the answer in the blank after the disease or health problem ) ① Yes ② No

C2a. Coronary heart disease		C2b. Stroke		C2c. Malignant tumor	
C2d. Chronic obstructive pulmonary disease (such as chronic bronchitis, emphysema)		C2e. Neck and waist diseases (such as cervical spondylosis, lumbar muscle strain, herniated disc )		C2f. Chronic digestive diseases (such as gastritis, gastric ulcer, liver cirrhosis)	
C2g. Bone and joint diseases (such as arthritis, fractures, etc.)		C2h. Chronic urinary system diseases (such as stones, prostatitis, chronic nephritis)		C2i. Pain	

C3. Do you have ongoing **health problems** that limit your daily activities? | \_ |

- ① No restrictions (restriction < 6 months) ② General restrictions (6 months ≤ restriction time < 12 months) ③ Severe restrictions (restriction time ≥ 12 months)

### IV. Lifestyle and Behavioral Activities

#### 1. Smoking and passive smoking

D1. Do you smoke now? (Select ② to jump to D3, select ③ to jump to D5, select ④ to jump to D6)

- ① Yes , I smoke every day ② Yes , but not every day ③ I smoked before, but not now ④ Never smoke

D2. The age when you started smoking **daily** : |\_|\_| years old

D3. How many machine-made cigarettes do you smoke on average every day (week)? (**Daily smokers answer option ① , non-daily smokers answer option ②** )

① |\_|\_|\_|sticks /day ② |\_|\_|\_|sticks /week ③ Do not smoke factory-made cigarettes

D4. Do you plan to quit smoking? |\_|

① Prepare to quit within one month ② Consider quitting within 12 months ③ Will quit, but not within 12 months

④Don' t want to quit smoking ⑤Don' t know

D5 . If you smoked in the past but don't smoke now, how long have you stopped smoking? (**Use only one unit, for example: one year and two months, choose to fill in "14" in ②** )

① |\_|\_|Year② |\_|\_| Month③ |\_|\_| Week④ |\_|\_| Day = 3 \\* GB3 = 4 \\* GB3

D6. How many days a week are you usually exposed to secondhand smoke? (**Secondhand smoke refers to the smoke exhaled by smokers and emitted from the end of cigarettes when smoking**) (Select ④ to jump to E1)

|\_|

①Every day ②4-6 days a week on average ③1-3 days a week on average ④None ⑤Don't know/can't remember

D7. Where you are usually exposed to secondhand smoke: ①Home ②Office ③Public places ④Others |\_|

**(二) Drinking habits**

E1. Have you ever drunk alcohol in the past 12 months? (**Select ② to jump to E3, select ③ to jump to F1**) |\_|

①Drank within 30 days ②Drank before 30 days ③Never drank

E2 . In the past 30 days, how many times have you drunk **more than 3 liang of strong liquor, or 4 liang of low-alcohol liquor, or 3.5 bottles of beer, or 6 cans of beer, or 9 liang of yellow wine/rice wine, or 1.8 jin of wine, or 3.5 jin of highland barley wine at one time** ? (Investigator must read out all circumstances) |\_|\_| times

E3 .How often did you drink alcohol in the past 12 months? (**Interviewer must read out the options**) |\_|

①Every day ②5-6 days/week ③3-4 days/week ④1-2 days/week ⑤1-3 days/month ⑥Less than 1 day/month

**3. Personal and family diet**

F1. Please recall how you usually ate the following foods in **the past 12 months** :

Food Types	Whether to eat (1. Yes; 2. No)	Frequency of consumption (fill in only one item)*				Average serving size
		Times/day	Times/week	Times/month	Times/year	
F1a Cereals and tubers (recorded by raw weight)		_	_	_	_ _ _	_ _ _ _  g
F1b Fresh vegetables (recorded by edible part)		_	_	_	_ _ _	_ _ _ _  g
F1c Fresh fruit (only record the weight of edible parts such as pulp and juice)		_	_	_	_ _ _	_ _ _ _  g

F1d Livestock meat (recorded by edible raw weight)		_	_	_	_     _	_     _     _
F1e Aquatic products (recorded by edible weight)		_	_	_	_     _	_     _     _
F1f eggs (excluding eggshell weight)		_	_	_	_     _	_     _     _
F1g Milk and dairy products		_	_	_	_     _	_     _     _
F1h Soybeans and nuts (recorded by edible part)		_	_	_	_     _	_     _     _

\* Frequency filling instructions: Fill in the "times/day" column for foods that are consumed once or more per day on average; fill in the "times/week" column for foods that are consumed 1-6 times per week. When the weekly consumption frequency is greater than or equal to 7, fill in the "times/day" column; fill in the "times/month" column for foods that are consumed 1-3 times per month. When the monthly consumption frequency is greater than or equal to 4, fill in the "times/week" column; fill in the "times/year" column for foods that are consumed 1-11 times per year. When the annual consumption frequency is greater than or equal to 12, fill in the "times/month" column.

F2. In the past 30 days, how many people in your family usually had breakfast at home? | \_ | \_ | People

F3. In the past 30 days, how many people in your family usually had lunch at home? | \_ | \_ | People

F4. In the past 30 days, how many people in your family usually had dinner at home? | \_ | \_ | People

F5. Please recall your family's consumption of cooking oil and condiments in the past 30 days. Please ask this question on a monthly basis per household.

	Cooking Oil	Family serving size (gram)		condiment	Family serving size (g)
F5a	Vegetable oil		F5D	soy sauce	
F5B	Animal oil		F5E	sugar	
F5c	salt		F5F	Sauces (yellow bean paste, bean paste, etc.)	
			F5G	Chicken essence, MSG, chicken powder, etc.	

#### 4. Daily life and physical activities

G1. In a typical day, your total sleep time is: | \_ | | \_ | hours | \_ | | \_ | minutes

G2. Sleep quality: ① Very good ② Good ③ Average ④ Poor ⑤ Very poor | \_ |

G3. On average, how much moderate, heavy and high-intensity activities do you perform each week (including all activities such as work, housework, transportation, and leisure activities)?

Activity intensity	Days of the week	Duration per day
G3.1 Moderate intensity (refers to activities that can cause a slight increase in breathing rate and heart rate, such as brisk walking, cycling, swimming, volleyball, etc.)	_     _   days	_     _   Hours   _     _   Minutes

G3.2 High-intensity activities (referring to activities that can cause shortness of breath or a significantly increased heart rate, such as carrying heavy objects, digging, running, football, etc.)	_     _   days	_     _   Hours   _     _   Minutes
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G4. How often do you usually participate in moderate or above intensity physical exercise (at least 30 minutes each time)?

(Select ⑤⑥⑦ to jump to G6) | \_ |

- ① Never participate ② 6-11 times/year ③ 1-3 times/month ④ 1-2 times/week  
 ⑤ 3-4 times/week ⑥ 5-6 times/week ⑦ ≥ 1 time/day

G5. What are the reasons why you do not participate in or rarely participate in physical exercise? (Multiple choices are allowed) | \_ | | \_ | | \_ | | \_ |

- ① No time ② No suitable place ③ Good health, no need to exercise ④ Unwilling to move ⑤ Others, G5.1 \_\_\_\_\_

G6. How much time do you spend sitting, leaning or lying down in a typical day? | \_ | | \_ | Hours | \_ | | \_ |  
 Minutes

(Including all static time spent sitting down to work, study, read, watch TV, use the computer, rest, etc., but excluding sleeping time)

**5. Home ventilation**

H1. Do you use air conditioning at home? | \_ | ① Yes, usually turn it on when the temperature reaches | \_ | | \_ | degrees ② No

H2. Do you use air conditioning at your workplace : | \_ | ① Yes, usually turn it on when the temperature reaches | \_ | | \_ | degrees ② No

H3. Average daily cumulative time you use the air conditioner at home and at work | \_ | ...

H4. Average time per day that you keep doors and windows closed (without air exchange) at home and at work

- ① Spring/Autumn (March-May and September-November) | \_ | | \_ | | \_ | hours | \_ | | \_ | | \_ | minutes  
 ② Summer (June-August) | \_ | | \_ | hours | \_ | | \_ | minutes  
 ③ Winter (December to February) | \_ | | \_ | hours | \_ | | \_ | minutes

**VI. Physical Measurement and Laboratory Examination**

I1. Height: | \_ | | \_ | | \_ | . | \_ | cm

I2. Weight: | \_ | | \_ | | \_ | . | \_ | Kilograms (kg)

I3. Waist circumference:

H3a. First measurement | \_ | | \_ | | \_ | . | \_ | Centimeters (cm)

H3b. Second measurement | \_ | | \_ | | \_ | . | \_ | cm

I4. Fasting blood glucose: | \_ | | \_ | . | \_ | | \_ | mmol/L

I5. Blood sugar 2 hours after meal: | \_ | | \_ | . | \_ | | \_ | mmol/L

I6. Blood Pressure:

H6.1 First time: | \_ | | \_ | | \_ | / | \_ | | \_ | | \_ | mmHg

H6.2 second time: | \_ | | \_ | | \_ | / | \_ | | \_ | | \_ | mmHg

H6.3 Third time: | \_ | \_ | \_ | / | \_ | \_ | \_ | mmHg

I7. Four blood lipid items:

H7.1 Cholesterol | \_ | \_ | . | \_ | \_ | mmol/L

H7.2 Triglycerides | \_ | \_ | . | \_ | \_ | mmol/L

H7.3 High-density lipoprotein | \_ | \_ | . | \_ | \_ | mmol/L

H7.4 Low-density lipoprotein | \_ | \_ | . | \_ | \_ | mmol/L

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**The survey ends here, thank you for your cooperation!**