

All information in this questionnaire is confidential.

Health Questionnaire (2012)

Code:

Time: _____

A. General situation

A1 Name _____ A2 Telephone number _____

A3 Home address _____

A4 Gender Male=1 Female=2

A5 Date of birth _____

A6 Marital status Unmarried=1 Married=2 Remarried=3 Divorced=4 Widowed=5

A7 Educational status Literacy=1 Primary school=2 Junior middle school=3 High school=4
Junior College=5 University degree and above=6

A8 Nationality Han=1 Mongolian=2 Korean=3 Hui=4 Manchu=5 other=6

B. Economic status

B1 Annual income Yuan _____

B2 level of income High=1 Middle=2 Low=3 Poor=4

C. Medical history

	C1 Heart disease	C2 Stroke	C3 Kidney disease	C4 diabetes
(Yes=1, No=2)				
1				
2				
3				---
4				---
5				---
6		---		---
Diagnosis time				

Heart disease: Angina=1 Myocardial infarction=2 Atrial fibrillation=3 Other types of arrhythmia=4
Heart failure=5 other=6

Stroke: Cerebral hemorrhage=1 Cerebral infarction=2 Subarachnoid hemorrhage=3 TIA=4 other=5

Kidney disease: Nephritis=1 Renal insufficiency=2 Kidney stones=3 Kidney tumor=4
Autoimmune disease of the kidney=5 other=6

Diabetes: Type 1 diabetes=1 Type 2 diabetes=2

C5 Have you ever had any other disease Yes=1(), No=2 _____

D. Hypertension related conditions

Are you told by medical staff that you have high blood pressure? Yes=1, No=2(If "yes", please

D1 continue to answer the following questions, if "no", please turn to the next section)

D2 First diagnosis time Systolic pressure mmHg Diastolic pressure mmHg

D3 Are you taking antihypertensive drugs in the past two weeks? Yes=1, No=2

E. Blood lipids and blood sugar

Is there a doctor who tells you that you are suffering from diabetes? Yes=1, No=2(If "yes", please
E1 continue to answer the following questions, if "no", please turn to the next section)

E2 If you have diabetes, whether you are taking medicine for the last 2 weeks? Yes=1, No=2

Is there a doctor who tells you that you are suffering from dyslipidemia? Yes=1, No=2(If "yes",
E3 please continue to answer the following questions, if "no", please turn to the next section)

If you have dyslipidemia, whether you are curing it by diet, exercise, or medication for the last 2 E4 weeks? Yes=1, No=2

F.Smoking situation

Have you ever smoked?(at least 1 cigarettes a day, at least 6 months) Yes=1, No=2(If "yes", please F1 continue to answer the following questions, if "no", please turn to the next section)

F2 Are you still smoking? Yes=1, No=2

F3 How many cigarettes do you smoke on average daily?

F4 Have you ever given up smoking? Yes=1, No=2

If you ever quit smoking, how much time do you stop smoking?

F5 <six months=1 More than 6 months=2 More than 1 years=3 More than 2 years=4 Unclear=5

G.Drinking situation

Do you drink regularly?(Drink two or more times a week and last for more than a year)

Yes=1, No=2(If "yes", please continue to answer the following questions, if "no", please turn to the next

G1 section)

G2 Are you still drinking? Yes=1, No=2

G3 Type, frequency and amount of alcohol drinking G3.1-3.6

Type	Beer	Liquor	wine
Frequency	()Times / week	()Times / week	()Times / week
Amount	()Bottle / time	()g / time	()g / time

Have you ever quit alcohol?Yes=1, No=2(If "yes", please continue to answer the following questions, if

G5 "no", please turn to the next section)

If you ever quit alcohol, how much time do you stop drinking?

G6 <six months=1 More than 6 months=2 More than 1 years=3 More than 2 years=4 Unclear=5

H. life style

Do you exercise regularly? Yes=1, No=2(If "yes", please continue to answer the following questions, if

H1 "no", please turn to the next section)

H2The average time and frequency of your weekly exercise

What is your most common exercise style?

H3Walking =1 running =2 swimming =3 ball sports =4 Qigong =5 mountaineering =6 other =7

H4Did you take any medicine in the last 2 weeks? Yes =1 No =2

If so, what kind of drugs are taken: _____

At the end of the investigation, please check if there are any omissions and mistakes.

investigators signature: (required *)

the survey time: date (required *)