Questionnaire survey and record

Province _____

County _____

Name _____

Address_____

Phone number _____

Excluded form

(a) How old are you? _____   (If age<20 or >60, then excluded)

(b) Do you have some reproductive dysfunctions or diseases (genital diseases such as cryptorchidism, inguinal hernia, varicocele, epididymitis, gonorrhea, chlamydia, and surgery for torsion of the testis) ?

　　1. Yes **(excluded)**   2. No

(c) Do you have some chronic disease, such as diabetes, kidney disease, atherosclerosis, vascular disease, genital diseases, or hypertension?

　　1. Yes **(excluded)**   2. No

(d) Do you work in factory related to Mn machining?

　　1. Yes **(excluded)**   2. No

(e) Do you word in or live near factories related to metal machining, such as lead, cadmium, zinc, copper, etc.?

　　1. Yes **(excluded)**   2. No

A. Demography characteristics

☐ for coding

A1   Birth date：_____   ☐☐☐☐☐☐

A2   Height ：_____cm   ☐☐☐

A3   Weight ：_____kg   ☐☐

A4   Education level：

   1. Illiteracy   2. Primary school   3.Junior high school

   4. Senior high school   5.junior college or higher   ☐

A5   Registered residence：1.Urban   2.Rural   ☐

A6   Occupation：

   1. Peasant   2. Factory worker   3. Commercial service worker

   4. Doctor/teacher/researcher   5. Other_____   ☐

A7   Do you have sexual intercourse?   1. Yes   2. No (**skip to A9**)   ☐

A8   Age of first sexual intercourse?_____year old   ☐☐

A9   Marriage status：

   1. Unmarried (**skip to A11**)   2. Married   ☐

A10 Age of married: _____

A11 Do you have child?   1. Yes   2. No   ☐

A12 Income：_____Yuan /person/year   ☐☐☐☐☐☐

B. Living status

B1   Birth place：1. Urban   2.Rural   ☐

B2   How long do you live here? _____year   ☐☐

B3   Did you ever have enuresis?   1. Yes   2. No   ☐

B4   Did you ever have mumps?   1. Yes   2. No   ☐

B5   Do you smoke?   1. Yes   2. No (**skip to B7**)   ☐

B6   Mean number of units smoked per day? _____   ☐☐

B7   Do you drink alcohol?   1. Yes   2. No (**skip to B10**)   ☐

B8   What kind of alcohol?   1. Beer   2. White wine   3. Red wine

   4. Other_____   ☐

B9   Mean number of alcohol per day? _____   ☐☐

B10 Do you drink coffee?   1. Yes   2. No   ☐

B11 Do you drink tea?   1. Yes   2. No   ☐

B12 Do you work at sitting position long time?   1. Yes   2. No   ☐

B13 Do you contact with pesticide often?   1. Yes   2. No   ☐

B14 Do you contact with chemical materials, such as benzene, nitrogen sulfide, often?

      1. Yes   2. No   ☐

B15 Do you use mobile phone every day?

      1. Yes   2. No（**skip to B17**）   ☐

B16 Where the mobile phone is carried?

      1. Trouser pocket   2. Bag   3. Other place   ☐

B17 Do you use computer often? 1. Yes   2. No（**finished**）   ☐

B18 How long do you use computer per every day?   _____hours   ☐

Signature of interviewer:_____

Data of examination:_____

Records of semen quality examination

C1. Data for first semen sample collection: _____ □□□□□□

C2. Abstinence interval (day): _____ □

C3. Examination time after ejaculation (minute): _____ □□

C4. Appearance: 1.Normal 2. Abnormal □

C5. Time for liquefaction (minute): □

   1. ≤20 2. 21~30 3. 31~60 4. >60

C6. Stickiness (length of drawbench): 1. ≤2cm 2. >2cm □

C7.Agglutination: 1.No 2. Have □

C8.Volume (ml): ____ □

C9. pH: _____ □

C10. Motility (100 sperm)

   (a) rapid and linear progressive motility _____ □□

   (b) sluggish linear motility _____ □□

   (c) no linear _____ □□

   (d) no motile_____ □□

C11. Density ($\times 10^6$/ml) _____ □□

C12. Total sperm count ($\times 10^6$) _____ □□

C13. Sperm viability (%) _____ □□

C14. Normal sperm forms (%) _____ □□

Signature of examination person:_____

Data of examination:_____