

In the Name of God
Shaheed Beheshti University of Medical Sciences
Endocrine Research Center

Tehran Lipid and Glucose Prospective Study General Questionnaire

Note: Each question is specific to a special sex and age group.

A) Questions on demographic characteristics:

- 1- Family name: 2- Name: 3- Father's name:
4- Address:
5- Where do you work?(address)

6- Close relative Tel:
7- Date of interview:
8- Admission No:
9- Household No:
10- Cluster No:
11- Identification No:
12- Birth Date according to Identification document:dd/mm/yy

A) Questions on demographic characteristics:	
13- Actual birth date: dd/mm/yy	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14- Age:	<input type="text"/> <input type="text"/>
15- Sex 1- Male 2- Female	<input type="checkbox"/>
16- Marital status 1- Single 2- Married 3- Divorced 4- Widowed	<input type="checkbox"/>
17- Literacy (>6 years old) 1- Illiterate 2- Literate	<input type="checkbox"/>
18- Are you engaged in educational programs now (>6 years old)? 1-Yes 2- No	<input type="checkbox"/>
19- What is your educational Level (>6 years old)? 1- Primary School 2- 6-8 th grader 3- 9-11 th grader 4- Technician 5- Bachelor 6- Master 7- GP 8- Specialist 9- Sub specialist 10- Nehzat 11- Religious Sciences	<input type="text"/> <input type="text"/>

A) Questions on demographic characteristics:	
<p>20- What is your highest educational certificate (go to question 21)?</p> <p>1- Primary School 7- Master 2- 6-8th grade 8- General practitioner 3- 9-11th grade 9- Specialist 4- High school 10- Nehzat 5- Technician 11- Religious Sciences 6- Bachelor</p>	<input style="width: 40px; height: 20px;" type="text"/>
<p>21- What has your occupational status been during the past month (>10 years old) ?</p> <p>1- Employed 4- Housewife 2- Unemployed 5- Unemployed, having income 3- Student 6- Others</p> <p>Note: If you choose any of No. 2,3,4,5,6 go to question 24.</p>	<input style="width: 30px; height: 20px;" type="text"/>
<p>22- What is your job position (>10 years old)?</p>	<p>.....</p>
<p>23- What is your job group?</p>	<p>.....</p>
<p>24- How many years have you been residing in Tehran (as a permanent resident)?</p>	<p>.....</p>

B) Questions about past medical history:	
<p>1- Have you ever been informed about following disorders by a physician? 1- Yes 2- No 9- Don't know 1-1 Hyperlipidemia 1-2 Hyperglycemia 1-3 Hypertension 1-4 Ischemic heart disease Please explain:..... 1-5 Non-Ischemic heart disease Please explain:..... 1-6 Have you had past history of chronic diarrhoea? 1-7 Have you experienced significant weight loss during previous 6 months? 1-8 Stroke 1-9 Malignant Disorders 1-10 Have you ever had a major and important medical problem? Address it:.....</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>2- Have you ever been hospitalized so far? 1-Yes: Please explain: 2- No(go to question 4)</p>	<p><input type="checkbox"/></p>
<p>3- Have you been hospitalized during the last 3 months? 1- Yes 2- No</p>	<p><input type="checkbox"/></p>
<p>4- Is there any history of MI, stroke or sudden death, in your mother's/ sister's/ daughter's past medical history, under the age of 65? 1- Yes 2- No 3- Don't know</p>	<p><input type="checkbox"/></p>

B) Questions about past medical history:	
<p>5- Is there any history of MI, stroke or sudden death, in your father's/ brother's/ son's past medical history, under the age of 55? 1- Yes 2- No 3- Don't know</p>	<input type="checkbox"/>
<p>6- Has any of your first-degree relatives (father, mother, brother, sister, son, daughter) had diabetes mellitus? 1- Yes 2- No 3- Don't know</p>	<input type="checkbox"/>
<p>7- Have you ever taken any of following medications during the last month (Oral or injection)? 1-Yes regularly 2- No 3- Yes, irregularly 4- Don't know</p> <p>7-1) Antidiabetic drugs 7-2) Antihyperlipidemic drugs 7-3) Diuretics 7-4) β- blockers 7-5) Antihypertensive drugs 7-6) Corticosteroids 7-7) Female hormones 7-8) Male hormones 7-9) Thyroid drugs 7-10) Antithyroid drugs 7-11) Aspirin (A.S.A)</p>	<input type="checkbox"/> <input type="checkbox"/>

C) Questions on personal habits:	
1-Do you smoke cigarettes? 1- Yes, regularly 2- No (go to question 3) 3- Yes, irregularly (go to question 3)	<input type="checkbox"/>
2-On the average , how many cigarettes do you smoke per day ? 1) 1-5 2) 6-10 3) 11-15 4) 16-20 5) >20 6) insufficient data Then go to question 5	<input type="checkbox"/>
3- Have you ever smoked cigarettes in the past? 1- Yes, regularly 2- No (go to question 6) 3- Yes, irregularly (go to question 6)	<input type="checkbox"/>
4- How many years have you stopped smoking? (99- Don't know)	<input style="width: 20px; height: 20px; border: 1px solid black; border-right: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-left: none;" type="text"/>
5- How old were you when you first started to smoke regularly? (99- Don't know)	<input style="width: 20px; height: 20px; border: 1px solid black; border-right: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-left: none;" type="text"/>
6- Do you smoke pipe now? 1- Yes, regularly 2- No (go to question 9) 3- Yes, irregularly	<input type="checkbox"/>
7- How many days does a pack of pipe tobacco last? (99- Don't know)	<input style="width: 20px; height: 20px; border: 1px solid black; border-right: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-left: none;" type="text"/>

C) Questions on personal habits:	
<p>8- How old were you when you first started to smoke pipe? (99- Don't know)</p>	<input type="text"/> <input type="text"/>
<p>9- Have you ever smoked a pipe in the past? 1- Yes, regularly 2- No 3- Yes, irregularly</p>	<input type="checkbox"/>
<p>10- Do you smoke hookah (ghalian) ? 1- Yes, regularly 2- No (go to question 13) 3- Yes, irregularly</p>	<input type="checkbox"/>
<p>11- How many days does a pack of tobacco last for hookah (ghalian) ? (99- Don't know)</p>	<input type="text"/> <input type="text"/>
<p>12- How old were you when you first started to smoke hookah (ghalian) ? (99- Don't know) Then go to question 14.</p>	<input type="text"/> <input type="text"/>
<p>13- Have you ever smoked hookah (ghalian) in the past? 1- Yes, regularly 2- No 3- Yes, irregularly</p>	<input type="checkbox"/>
The following questions are asked from all age groups:	
<p>14- Is there any cigarette smoker in your house that you inhale his/ her tobacco smoke? 1- Yes 2- No</p>	<input type="checkbox"/>

C) Questions on personal habits:

The following questions are asked from persons >15 years old

20- Compared to other people in your age and sex, how would you rate your physical activity at work? 1- More active 2- About the same 3- Less active 4- Not applicable	<input type="checkbox"/>
21- Compared to other people in your age and sex how would you rate your physical activity out of work? 1- More active 2- About the same 3- Less active 4- Not applicable	<input type="checkbox"/>
22- Do you regularly engage in strenuous activities or hard physical labour? 1- Yes 2- No	<input type="checkbox"/>
23- Do you exercise or labour at least three times a week? 1- Yes 2- No	<input type="checkbox"/>

D) Questions on chest pain and claudication:

7- Can you show me where the pain was?
1- Sternum (upper or middle) 2- Sternum (lower)
3- Left anterior chest 4- Left arm
5- other
Record all areas mentioned.

.....

8- Do you feel it anywhere else?
1-Yes 2- No
If yes record additional information above.

Section B: Possible infarction

9- Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
1-Yes 2- No

Section C: Intermittent claudication
If an answer is recorded in a box no further questions need to be asked.

10- Do you get pain in either leg on walking?
1-Yes 2- No

<i>E) The following questions are asked from women only:</i>	
<p>1-Do you have normal menstrual cycles? (for cases >10years of age) 1- Yes, naturally without taking control pills (go to question 5) 2- No (go to question 13) 3- Prepubertal age (go to physical exam section) 4- Yes, but with hormone replacement pills</p>	<input type="checkbox"/>
<p>2-Are you currently taking any hormone replacement medication? 1- Estrogen 2- Progesterone 3-Both 4-None</p>	<input type="checkbox"/>
<p>3- For how long has your menstrual cycles stopped? (Cases >15 years of ages) (Month and year)</p>	<p>Year <input type="text"/> <input type="text"/></p> <p>Month <input type="text"/> <input type="text"/></p>
<p>4- What is the reason of your menstrual cycles stopping? 1- Natural menopause 2- Early-onset menopause 3- Hysterectomy without oophorectomy or unilateral oophorectomy 4- Hysterectomy + bilateral oophorectomy 5- Bilateral oophorectomy without hysterectomy 6- Other 7- Don't know</p>	<input type="checkbox"/>

E) The following questions are for married women only:

<p>5- Which contraception method have you used during the last three months? 1-LD contraceptive 2-HD contraceptive 3-Minipill 4- Triphasic pill</p>	<input type="checkbox"/>
<p>6- Are you pregnant now? 1-Yes 2-No 3-Don't know</p>	<input type="checkbox"/>
<p>7- Have you ever been pregnant? 1- Yes 2-No (go to physical exam section)</p>	<input type="checkbox"/>
<p>8- How many live born children have you had?</p>	<input type="text"/> <input type="text"/>
<p>9- Have you given birth to a baby in the past one year? 1- Yes 2-No</p>	<input type="checkbox"/>
<p>10- Have you ever had any abortion? 1- Yes 2- No (go to question 14)</p>	<input type="checkbox"/>
<p>11- How many abortions have you had?</p>	<input type="text"/>
<p>12- Do you have any history of stillbirth? 1- Yes 2- No (go to question 14)</p>	<input type="checkbox"/>

F) The following questions are for married women only:

<p>13- How many stillbirths have you ever experienced?</p>	<input type="text"/> <input type="text"/>
<p>14- Has a doctor ever told you that you had hypertension or convulsion during any of your pregnancies? 1- Yes 2- No 3- Unknown</p>	<input type="checkbox"/>
<p>15- Has a doctor ever told you that you had high blood glucose or gestational diabetes during any of your pregnancies? 1-Yes 2- No 3- Unknown</p>	<input type="checkbox"/>
<p>16- Have you ever had a baby that weighed 4.5 Kg or more? 1-Yes 2- No 3- Unknown</p>	<input type="checkbox"/>
<p>17- Are you breast-feeding now? 1-Yes 2- No 3- Unknown</p>	<input type="checkbox"/>

G) Physical Examination Summary:	
1- Pulse per minute:	<input type="text"/> <input type="text"/>
2-Sphygmomanometer's cuff size: 1-Small 2-Medium 3-Large	<input type="checkbox"/>
3- Systolic blood pressure (mmHg), first measurement:	<input type="text"/> <input type="text"/> <input type="text"/>
4-Diastolic blood pressure (mmHg), first measurement:	<input type="text"/> <input type="text"/> <input type="text"/>
5- Systolic blood pressure (mmHg), second measurement:	<input type="text"/> <input type="text"/> <input type="text"/>
6- Diastolic blood pressure (mmHg), second measurement:	<input type="text"/> <input type="text"/> <input type="text"/>
7- The time of first blood pressure measurement:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8- Room temperature (°C)	<input type="text"/> <input type="text"/>
9- Goiter 1- Yes 2- No	<input type="checkbox"/>

G) Physical Examination Summary:	
<p>10- Goiter grading 1- Grade I 2- Grade II</p>	<input type="checkbox"/>
<p>11- Thyroid nodule 1- Yes 2- No</p>	<input type="checkbox"/>
<p>12-Anthropometry 1- Height (cm) 2- Weight (kg) 3- Waist circumference (cm) 4- Hip circumference (cm) 5- Wrist circumference (cm with one decimal digit)</p>	<p>..... </p>