



National key research and development plan "Precision medicine
research" key special northwest region natural population queue
research

Study on cohort construction and health follow-up of natural
multiethnic population in Xinjiang

Subject Questionnaire



Physical examination number:

Baseline Questionnaire

Name:		Sex: ①Male ②Female
Age:	— — years	Date: __ Year __ month __ day
The survey process		
NO.	content	Sign√ when finished
1	Registration form, informed consent	<input type="checkbox"/>
2	Collection of blood specimens	<input type="checkbox"/>
3	Measure Blood pressure	<input type="checkbox"/>
4	Measure height, waist circumference	<input type="checkbox"/>
5	Measure weight, body fat	<input type="checkbox"/>
6	Consultation investigation	<input type="checkbox"/>
7	Table check	<input type="checkbox"/>
Medical examination items		
1.1 Height (cm) — — — . — 1.2 Waist (cm) — — — . — 1.3 Heart rate (Times/min) — — — 1.4 Blood pressure (mmHg) Systolic pressure Diastolic pressure First time — — — . — — — — . — Second time — — — . — — — — . —		1.5 Weight (kg) — — — . — 1.6 Body fat composition Body fat rate (%) — — — . — Body fat (kg) — — — . — Muscle mass (kg) — — — . —

1.General information (Please tick $\sqrt{\quad}$ on the appropriate box \bigcirc , Please fill in the information in the \square as require)

1.1 Physical examination number: (See cover)

1.2 The name of your organization: _____

1.3 Sex: (See cover) ☐ Male ☐ Female

1.4 Date of birth: □□□□ year□□month□□day

1.5 ID number:

1.5.1 Medicare number:

1.6 Home Address: Xinjiang Uygur Autonomous Region (City/Autonomous Prefecture)
 _____Streets/towns _____Neighborhood committee/village

1.7 Cell phone number:

1.7.1 Important contact phone number:

1.8 Your national

☐ Han
 ☐ Hui
☐ Uyghur
 ☐ Kazak
☐ Other (**1.8a**)

1.9 What is the highest education you have received?

☐ Had no formal schooling ☐ Junior college
☐ Primary school ☐ College
☐ Junior high school ☐ Graduate or above
☐ High schools (including technical/technical schools)

1.10 What was your family's total income (including all sources) last year?

☐ <2,500 yuan
 ☐ 35,000-49,900 yuan
☐ 2,500-4,999 yuan
 ☐ 50,000-74,900 yuan
☐ 5,000-9,999 yuan
 ☐ 75,000-999,000 yuan
☐ 10,000-19,900 yuan
 ☐ 100,000-199,000 yuan
☐ 20,000-34,900 yuan
 ☐ ≥200,000 yuan

2. Tea and coffee consumption (Please tick $\sqrt{\quad}$ on the appropriate box \bigcirc , Please fill in the information in the \square as require)

2.1 How often have you had tea in the past year?

- ☐ never or almost never drink
- ☐ only on special occasions (such as holidays) drink occasionally
- ☐ drink only on special season of a year (Such as busy farming or summer)
- ☐ regardless of season, every month to drink, but the frequency less than once a week
- ☐ regardless of season, basically every week

2.2 How often have you had coffee in the past year?

- ☐ Never or almost never drink coffee
- ☐ only on special occasions (Such as holidays) drink occasionally
- ☐ drink every month, but the frequency less than once a week
- ☐ basically, drink every week

2.3 When did you start the habit of drinking coffee every week? \square \square year

3. Drinking (Please tick $\sqrt{\quad}$ on the appropriate box \bigcirc)

3.1 How often have you had a drink in the past year?

- ☐ never or almost never drink
- ☐ only on special occasions (such as holidays) drink occasionally
- ☐ drink only on special season of a year (Such as busy farming or summer)
- ☐ regardless of season, every month to drink, but the frequency less than once a week
- ☐ regardless of season of a year, basically every week

4. Smoking (Please tick $\sqrt{\quad}$ on the appropriate box \bigcirc , Please fill in the information in the \square as require)

4.1 How often do you smoke now?

- ☐ Never
- ☐ occasionally
- ☐ most days
- ☐ every day

4.2 If you used to smoke but have stopped, how long have you quit? \square \square year \square \square month

4.3 What is the most important reason for you to quit smoking? (Please choose the main answer)

- ☐ because suffer from diseases
- ☐ Family against
- ☐ worry affect the health of the future (not yet ill)
- ☐ doctor's suggestion
- ☐ due to the economic burden
- ☐ other

4.4 When do you start the habit of smoking every day or almost every day? \square \square year

4.5 Have you ever tried to quit smoking (It must last at least one week) ? ☐ Yes ☐ No

5. Dietary situation (Please tick ✓ on the appropriate box○, Please fill in the information in the____ as require)

5.1 In the past year, how often did you eat the following foods or drinks? (Please select one in each row to ✓ , and fill in the intake, if the intake is not clear, please enter 999)

	Everyday	4-6 times/week	1-3 times/week	1-3 times/month	No/ very little	amount of each serving
<u>staple food</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
millet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
noodles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
steamed bun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
deep-fried dough cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
deep-fried dough stick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
coarse cereals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
<u>animal food</u>						
pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
mutton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
shashlik	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
beef	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
beef jerky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
horse meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
chicken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
duck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
pigeon meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
prawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Fish (Labeled species)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
egg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

duck egg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Quail eggs (spiced)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Visceral animal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
lamb liver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
beef liver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
chicken liver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

vegetable food

fresh vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
carrot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
white radish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
radish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
green turnip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
long bean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
eggplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
tomato	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
chili	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
pumpkin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
garlic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
green Chinese onion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
onion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
ginger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
turmeric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
celery cabbage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
spinach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
coriander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
pepper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

potato	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
vermicelli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
sweet potato	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
soybean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
soybean milk powder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
bean curd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
skin of soya-bean milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
mung bean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Broad bean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
chickpea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
<u>Fresh fruits</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
apple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
pear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
grape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
orange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
banana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
<u>Dairy products</u>						
milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
mare's milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
ewe's milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
Yogurt (solidified/liquid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
Cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
butter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Vrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
tea with milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
buttered tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
<u>Other food</u>						
pickles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

dried vegetable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
nut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
walnut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
peanut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
red dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Matrimony vine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
raisin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Other dried fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Candy and Chocolate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
cakes and pastries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

Soft drinks

soybean milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
Pure juice/vegetable juice (No added sugar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
sodas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
Other sugary drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
Wine (indicating category)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
Red/green tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time

Mushroom fungus

needle mushroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
Porcini mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
mushroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
agaric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
dried mushroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
kelp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
nori	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

5.2 What the difference between your favorite tastes compare to those of your friends or colleagues?

☐ very light

☐ not salty not light

☐ partial salty taste

5.3 In the past year, approximately how often have you been present with the following food/diet ?

characteristics food	Everyday	4-6 times/week	1-3 times/week	1-3 times/month	No/ very little	amount of each serving
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naan bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
Assorted Chinese Herbal Tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
herb tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ml/time
saffron crocus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

Grease

animal oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
colza oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
peanut oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
soya-bean oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
linseed oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
blend oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
sunflower seed oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
corn oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
olive oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time
tea-seed oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___liang/time

Specific eating behavior

	Everyday	4-6 times/week	1-3 times/week	1-3 times/month	No/ very little
snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat instant noodles/convenient rice noodles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
night snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bacon/bacon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ham/sausage and other processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
skip breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat Fried food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Eat barbecue food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat Western fast food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat in a restaurant or snack bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.4 In the past year, have you taken any of the following supplements for at least one month?

no yes

- | | | |
|-----------------------|-----------------------|-------------------|
| <input type="radio"/> | <input type="radio"/> | Fish oil |
| <input type="radio"/> | <input type="radio"/> | vitamin |
| <input type="radio"/> | <input type="radio"/> | Calcium/iron/zinc |
| <input type="radio"/> | <input type="radio"/> | Ginseng |
| <input type="radio"/> | <input type="radio"/> | other |

5.5 How often have you eaten spicy food in the past year?

- ☐ Never } ➔ To select these two items, go to question 5.7.
- ☐ Occasionally, but less than once a week
- ☐ 1 to 2 times per week
- ☐ 3-5 times a week
- ☐ Every day or almost every day

5.6 When do you start eating spicy food every week? ____ year

5.7 How often have you eaten vinegar in the past year?

- | | |
|---|--|
| <input type="radio"/> Never | } ➔ If these two items are selected, the dietary survey is now over. |
| <input type="radio"/> Occasionally, but less than once a week | |
| <input type="radio"/> 1 to 2 times per week | |
| <input type="radio"/> 3-5 times a week | |

☐ Every day or almost every day

5.8 When you had the habit of eating vinegar? ____ year

5.9 What do you think of your preference for vinegar?

☐ very much ☐ like better ☐ common ☐ Dislike

6. Personal and family health status (Please tick ✓ on the appropriate box○, Please fill in the information in the____ as require)

6.1 What is your present state of health?

6.1.1 Self-Evaluation ?

well ○
better ○
common ○
poor ○

6.1.2 Compare yourself to your peers ?

better ○
same ○
worse ○
unaware ○

6.2 How many times have you been hospitalized due to illness in the past year?(If not, please fill in 00) _____times

6.3 Have you ever been diagnosed by a doctor in a village/district hospital or above with any of the following diseases? ○ Yes ○ No

Disease	Are you sick? Age at first diagnosis?	receive treatment?	Is still receiving medical treatment	Have you ever been in hospital? If yes, date of last hospitalization
Diabetes	○ _____	○	○	○ _____
Acute myocardial infarction (a type of coronary heart disease)	○ _____	○	○	○ _____
Angina pectoris (a form of coronary heart disease)	○ _____	○	○	○ _____
Other ischemic heart attacks stroke/stroke in infants	○ _____	○	○	○ _____
hypertension	○ _____	○	○	○ _____
pulmonary heart disease	○ _____	○	○	○ _____
rheumatic heart disease	○ _____	○	○	○ _____
tuberculosis	○ _____	○	○	○ _____
emphysema	○ _____	○	○	○ _____
chronic bronchitis	○ _____	○	○	○ _____
chronic obstructive pulmonary disease	○ _____	○	○	○ _____
asthma	○ _____	○	○	○ _____
Chronic hepatitis/cirrhosis	○ _____	○	○	○ _____
peptic ulcer	○ _____	○	○	○ _____
Gallstones/cholecystitis	○ _____	○	○	○ _____
chronic nephrosis	○ _____	○	○	○ _____
osteoporosis	○ _____	○	○	○ _____
fracture	○ _____	○	○	○ _____
rheumatic arthritis	○ _____	○	○	○ _____
depressive disorder	○ _____	○	○	○ _____

anxiety	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
neurasthenia	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other mental disorders	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
cerebral trauma	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
malignant tumor *	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

* If there is a tumor, please indicate the specific site in the box: (If there is more than one site, please select the site of the initial tumor)

- | | | | | | | |
|------------------------------------|---------------------------------|-------------------------------|-----------------------------|----------------------------------|------------------------------|--------------------------------|
| <input type="radio"/> lung | <input type="radio"/> esophagus | <input type="radio"/> stomach | <input type="radio"/> liver | <input type="radio"/> intestines | <input type="radio"/> breast | <input type="radio"/> prostate |
| <input type="radio"/> cervix uteri | <input type="radio"/> other | | | | | |

7. Physical activity (Please tick ✓ on the appropriate box○, Please fill in the information in the____ as require)

7.1 In the past year, What kind of activity does your job focus on ?

- ☐ A sedentary occupation (e.g. an administrator, a secretary, etc.)
- ☐ To stand primarily (e.g. shop assistant, guard, etc.)
- ☐ General physical work
- ☐ To heavy physical labor mainly
- ☐ Retired or housework, unemployed for more than one year or physically disabled cannot work normally

7.2 How many days a week do you work on average? ____ day

7.3 How many hours do you work on average every day? ____ hour

7.4 In the past year, how did you usually get to or from work?

- ☐ walk ☐ by motorcycle
- ☐ by bike ☐ Private car/For hire
- ☐ Public transport (buses, subways, ferries)
- ☐ Usually works at home or near home

7.5 How much time do you spend commuting each day to and from work? ____minutes

7.6 In the past year, how often did you take part in physical exercise in your spare time?

- ☐ never or almost never attend
- ☐ 1-3 times a month
- ☐ 1-2 times a week
- ☐ 3-5 times a week
- ☐ Exercise every day or almost every day

7.7 What is your most common form of exercise?

- ☐ walking/yoga
- ☐ Running/aerobics
- ☐ Ball games (basketball, table tennis, badminton, etc.)
- ☐ Go for a brisk walk/Yanko dance/square dance
- ☐ others

7.8 What is the cumulative number of hours per week that you participated in amateur physical activity over the past year? ____hours/week

7.9 What is the average cumulative number of hours per week that you engage in similar strenuous physical activity? ____ hours/week

7.10 How many time do you spend on various household chores (including childcare) on average every day? ____ hours/day

7.11 How many hours per day do you spend in static activities (including watching TV, mobile phone /Pad, reading, eating, gathering, playing chess, CARDS, playing video games, surfing the Internet, knitting, etc.)? _____ hours/day