Personal Questionnaire for Chronic Disease and Nutrition Monitoring, 2017

1、Name of respondents {name} \_\_\_\_\_\_\_\_

{telephone} 2、telephone###########

{county} 3、Name of Monitoring Point (County/District)county\_\_\_\_\_\_\_\_ {countycode} Monitoring point code countycode######

{town} 4、Town/street name town\_\_\_\_\_\_\_\_\_\_ {towncode} Town/Street Number towncode#

{village} 5、Name of village/neighborhood committee village\_\_\_\_\_\_\_\_ Village/Neighborhood Committee No {villagecod}e#

{familycode} 6、The family code familycode##

{personcode} 7、Personal code personcode##

8、Investigator signature {investigat}or\_\_\_\_\_\_\_\_ {date1} Date date1<mm/dd/yyyy>

{control} 9、Signature of qc controller at monitoring point control\_\_\_\_\_\_\_\_ {date2} Date date2<mm/dd/yyyy>

Part ONE: basic information

{a1b1} 1、Your date of birth a1b1<mm/dd/yyyy> {a1b2} Age a1b2## years

{a2} 2、Sex a2# ①male ②female

{a3} 3、Race a3# {a3b1} ①The han nationality ②The hui nationality ③The manchu ④the Zhuang nationality ⑤Other a3b1\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{a4} 4、Education a4# ①No formal schooling ②Not graduating from primary school ③graduate from primary school ④graduate from the junior middle school ⑤Senior high school/technical school/technical school ⑥junior college ⑦Bachelor degree or above

{a5} 5、marital status a5# {a5b1} ①unmarried ②married ③live together ④widowed ⑤divorce ⑥separation ⑦other a5b1\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{a6} 6、occupation a6#

①Production personnel in agriculture, forestry, animal husbandry, fishery and water conservancy industries ②Production and transportation equipment operators and related personnel ③Business and service personnel ④Personnel in state organs, party and mass organizations, enterprises and institutions ⑤professionals ⑥Students ⑦unemployed ⑧household duties ⑨the emeritus and retired ⑩other a6b1{a6b1}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{a7} 7、Whether you are currently covered by medical insurancea7# ①yes ②no

7.1、If yes, what is it?

{a7b1} 7.1.1Basic medical insurance for urban workers a7b1# ①yes ②no

{a7b2} 7.1.2the medical insurance for urban residents a7b2# ①yes ②no

{a7b3} 7.1.3New Rural Co-operative Medical System a7b3# ①yes ②no

{a7b4} 7.1.4free medical service a7b4# ①yes ②no

{a7b5} 7.1.5commercial health insurance a7b5# ①yes ②no

Part TWO: Smoking

一、Current Smoking status

{b1} 1、Are you smoking now?b1# ①Yes, every day ②Yes, but not every day ③I used to, but NOW I don't ④Never

{b1a1} 1.1、Have you ever smoked every day before？b1a1# ①yes ②no

{b2} 2、When did you start smoking every day？b2## years

{b3} 3、How many cigarettes do you usually smoke a day? b3###

二、Quit smoking behavior

{b4} 4、Have you ever quit smoking in the past?b4# ①Yeah, within the last 12 months ②Yeah, in the last 12 months ③never smoking

{b5} 5、Have you used nicotine replacement therapy or other western medicine to try to quit smoking in the past year ？b5# ①yes ②no

{b6} 6、Which of the following best fits your idea about quitting smoking？b6# ①Be prepared to quit smoking within a month ②Consider quitting smoking within 12 months ③Yes, but not in 12 months ④Don't want to give up smoking ⑤I don’t know

{b7} 7、During the past year, have you been advised to quit smoking ？b7# ①never consult a doctor ②The doctor advised him to give up smoking ③The doctor didn't recommend smoking cessation

{b8a1} 8、How long have you stopped smoking？b8a1## {b8a2} years b8a2## {b8a3} monthes b8a3## {b8a4} weeks b8a4## days

三、Secondhand smoke exposure

{b9} 9、How many days per week are you normally exposed to secondhand smoke?b9# ①everyday ②4-6 days/week ③1-3 days/week ④never

Part THREE: drinking

{c1} 1、Have you had any alcohol in the past year？c1# ①Yes, within the last 30 days ②Yes, in the last 30 days ③never

{c2} 2、How often have you consumed alcohol in the past year？c2# ①everyday ②5-6 days/week ③3-4 days/week ④1-2 days/week ⑤1-3 days/month ⑥Less than 1 day/month

3、In the past year, how often and how much alcohol do you drink in a typical day ？

3.1、liquor（42 degrees or higher），

{c3b1} 3.1.1Whether or not to drink c3b1# ①yes ②no

{c3b1a1} 3.1.2Drinking frequency c3b1a1## {c3b1a2} day/week c3b1a2## {c3b1a3} day/month c3b1a3## day/year

{c3b1a4} 3.1.3The amount of alcohol consumed in a typical day in the past year c3b1a4##.# liang

3.2、liquor（less than 42 degrees），

{c3b2} 3.2.1 Whether or not to drink c3b2# ①yes ②no

{c3b2a1} 3.2.2 Drinking frequency c3b2a1## {c3b2a2} day/week c3b2a2## {c3b2a3} day/month c3b2a3## day/year

{c3b2a4} 3.2.3 The amount of alcohol consumed in a typical day in the past year c3b2a4##.# liang

3.3、beer (580 ml bottle)，

{c3b3} 3.3.1 Whether or not to drink c3b3# ①yes ②no

{c3b3a1} 3.3.2 Drinking frequency c3b3a1## {c3b3a2} day/week c3b3a2## {c3b3a3} day/month c3b3a3## day/year

{c3b3a4} 3.3.3 The amount of alcohol consumed in a typical day in the past year c3b3a4##.# bottle

3.4、yellow rice wine，

{c3b4} 3.4.1 Whether or not to drink c3b4# ①yes ②no

{c3b4a1} 3.4.2 Drinking frequency c3b4a1## {c3b4a2} day/week c3b4a2## {c3b4a3} day/month c3b4a3## day/year

{c3b4a4} 3.4.3 The amount of alcohol consumed in a typical day in the past year c3b4a4##.# liang

3.5、wine，

{c3b5} 3.5.1 Whether or not to drink c3b5# ①yes ②no

{c3b5a1} 3.5.2 Drinking frequency c3b5a1## {c3b5a2} day/week c3b5a2## {c3b5a3} day/month c3b5a3## day/year

{c3b5a4} 3.5.3 The amount of alcohol consumed in a typical day in the past year c3b5a4##.# liang

Part FOUR:diet

1、Grain cereals (by weight)，

{d1} 1.1Whether or not to eat d1# ①yes ②no

{d1a1} 1.2Consumption of frequency d1a1# {d1a2} time/day d1a2## {d1a3} time/week d1a3## {d1a4} time/month d1a4### time/year

{d1a5} 1.3Average consumption per serving d1a5### gram

2、Livestock meat (by weight of edible parts)，

{d2} 2.1 Whether or not to eat d2# ①yes ②no

{d2a1} 2.2 Consumption of frequency d2a1# {d2a2} time/day d2a2## {d2a3} time/week d2a3## {d2a4} time/month d2a4### time/year

{d2a5} 2.3 Average consumption per serving d2a5### gram

3、Fresh vegetables (edible parts)

{d3} 3.1 Whether or not to eat d3# ①yes ②no

{d3a1} 3.2 Consumption of frequency d3a1# {d3a2} time/day d3a2## {d3a3} time/week d3a3## {d3a4} time/month d3a4### time/year

{d3a5} 3.3 Average consumption per serving d3a5### gram

4、Fresh fruit (edible part)，

{d4} 4.1 Whether or not to eat d4# ①yes ②no

{d4a1} 4.2 Consumption of frequency d4a1# {d4a2} time/day d4a2## {d4a3} time/week d4a3## {d4a4} time/month d4a4### time/year

{d4a5} 4.3 Average consumption per serving d4a5### gram

5、egg，

{d5} 5.1 Whether or not to eat d5# ①yes ②no

{d5a1} 5.2 Consumption of frequency d5a1# {d5a2} time/day d5a2## {d5a3} time/week d5a3## {d5a4} time/month d5a4### time/year

{d5a5} 5.3 Average consumption per serving d5a5### gram

6、Aquatic products (fish and shrimp, edible parts)，

{d6} 6.1 Whether or not to eat d6# ①yes ②no

{d6a1} 6.2 Consumption of frequency d6a1# {d6a2} time/day d6a2## {d6a3} time/week d6a3## {d6a4} time/month d6a4### time/year

{d6a5} 6.3 Average consumption per serving d6a5### gram

7、Milk and dairy products，

{d7} 7.1 Whether or not to eat d7# ①yes ②no

{d7a1} 7.2 Consumption of frequency d7a1# {d7a2} time/day d7a2## {d7a3} time/week d7a3## {d7a4} time/month d7a4### time/year

{d7a5} 7.3 Average consumption per serving d7a5### gram

8、bean products

{d8} 8.1 Whether or not to eat d8# ①yes ②no

{d8a1} 8.2 Consumption of frequency d8a1# {d8a2} time/day d8a2## {d8a3} time/week d8a3## {d8a4} time/month d8a4### time/year

{d8a5} 8.3 Average consumption per serving d8a5### gram

9、fried food

{d9} 9.1 Whether or not to eat d9# ①yes ②no

{d9a1} 9.2 Consumption of frequency d9a1# {d9a2} time/day d9a2## {d9a3} time/week d9a3## {d9a4} time/month d9a4### time/year

{d9a5} 9.3 Average consumption per serving d9a5### gram

10、Pickled products (pickles, etc)，

{d10} 10.1 Whether or not to eat d10# ①yes ②no

{d10a1} 10.2 Consumption of frequency d10a1# {d10a2} time/day d10a2## {d10a3} time/week d10a3## {d10a4} time/month d10a4### time/year

{d10a5} 10.3 Average consumption per serving d10a5### gram

Part FIVE: Physical activity

一、Physical activity at work, agriculture and housework

{e1} 1、Do you have high intensity activities in your work, farm work and household activities that last more than 10 minutes e1# ①yes ②no

{e2} 2、How many days a week do you normally perform the above high intensity activities in your work, farm work and household activities e2# day

{e3} 3、In your work, farm work and household activities, the cumulative amount of time in a typical day for the above high-intensity activities e3## {e3a1} hour e3a1## minutes

{e4} 4、Among them, the number of days of high-intensity housework activities is e4# day

{e5} 5、In your household activities, the cumulative amount of time in a typical day for the above high-intensity activities e5## {e5a1} hour e5a1## minutes

{e6} 6、Do you have moderate-intensity activities that last more than 10 minutes in your work, farm work and household activities e6# ①yes ②no

{e7} 7、How many days a week do you normally do the above moderate intensity activities in your work, farm work and household activities e7# day

{e8} 8、In your work, farm work and household activities, the cumulative amount of time in a typical day for the above moderate intensity activities e8## {e8a1} hour e8a1## minutes

{e9} 9、Among them, the days of moderate intensity housework activities are e9# day

{e10} 10、In your household activities, the cumulative amount of time in a typical day to do the above moderate housework activities e10## {e10a1} hour e10a1## minutes

二、Traffic physical activity {e11}

11、When you go out, do you walk or bike for at least 10 minutes ？e11# ①yes ②no

{e12} 12、How many days in a typical week do you walk or bike for at least 10 minutes while out ？e12# day

{e13} 13、In a typical day, how long do you walk or cycle？e13## {e13a1} hour e13a1## minutes

三、Recreational activities and exercise

{e14} 14、Do you engage in high-intensity exercise or recreational activities that last at least 10 minutes？e14# ①yes ②no

{e15} 15、How many days in a typical week do you engage in the above high-intensity exercise or recreational activities ？e15# day

{e16} 16、In a typical day, how much time do you accumulate for the above high-intensity exercise or recreational activities ？e16## {e16a1} hour e16a1## minutes

{e17} 17、Do you engage in moderate-intensity exercise or recreational activities lasting at least 10 minutes ？e17# ①yes ②no

{e18} 18、How many days in a typical week do you engage in the above moderate-intensity exercise or recreational activities ？e18# day

{e19} 19、In a typical day, how much time do you have in total for the above moderate intensity exercise or recreational activities ？e19## {e19a1} hour e19a1## minutes

四、Static and sleep conditions

{e20} 20、How much time do you spend sitting, reclining, or lying down in a typical day？e20## {e20a1} hour e20a1## minutes/day

{e21} 21、How many hours do you sleep in a typical day？e21## {e21a1} hour e21a1## minutes/day

Part SIX: Core knowledge of key chronic diseases

{f1} 1、At present, what kind of diseases are causing the greatest harm to people's health and burden ？f1#

①infectious disease ②Chronic diseases such as cardiovascular and cerebrovascular diseases, cancer, diabetes and chronic respiratory diseases ③other ④I don't know

{f2} 2、Overweight and obesity, smoking, unhealthy diet, lack of exercise, excessive alcohol consumption and so on ？f2#

①cancer ②hypertension ③hyperlipidemia ④diabetes ⑤I don't know

{f3} 3、The "four cornerstones" of health are？f3#

①Reasonable diet, eat more and move more, smoke less and drink less, psychological balance ②Reasonable diet, early to bed and early to rise, smoking cessation, alcohol limit, eat and exercise balance

③Rational medical treatment, eat more and exercise less, quit smoking and limit alcohol, psychological balance ④Reasonable diet, moderate exercise, smoking cessation and alcohol limit, psychological balance ⑤I don't know

{f4} 4、Do you know your height, weight, waist circumference, blood pressure and blood sugar levels and have regular check-ups ？f4# ①yes ②no

{f5} 5、Patients with chronic diseases (hypertension or diabetes) should？f5#

①No symptoms and no medical attention required ②Buy their own medicine to eat, no symptoms can not take medicine ③Go to regular hospital in time and take medicine as advised ④I don't know

{f6} 6、Prevention and treatment of cardiovascular and cerebrovascular diseases is an important measure？f6#

①Eat more health care products at ordinary times to enhance immunity ②Prevention and control of hypertension, hyperlipidemia and other risk factors, early detection and early treatment ③I don't know

{f7} 7、Knowledge of malignancy (cancer)？f7#

①Cancer is not preventable ②Cancer is a terminal disease. Give up treatment ③Early detection, diagnosis and treatment can improve the therapeutic effect ④I don't know

{f8} 8、The correct treatment of diabetes is？f8#

①Just control your blood sugar②It has nothing to do with weight③You don't have to take medicine.④Control your diet, take your medication as directed and monitor your blood sugar⑤I don't know

{f9} 9、Knowledge about smoking？f9#

①I am a smoker ②Smoking has little to do with chronic diseases ③Smoking not only pollutes the air, but also causes a variety of chronic diseases ④I don't know

{f10} 10、Understanding of effective prevention and control of chronic diseases？f10#

①It's not the government's business ②That's for hospitals and doctors to figure out ③Everyone with joint responsibility in the whole society should participate ④I don't know

Part SEVEN: Information on major chronic diseases

一、hypertension

{g1} 1、Have you ever been diagnosed with hypertension by a township health centre/community health Service centre doctor ?g1# ①yes ②no

{g2} 2、Your age when the disease was first diagnosed ？g2## years

3、What steps do you take to control your blood pressure? (Multiple options)

{g3a1} 3.1 No action was taken g3a1# ①yes ②no

{g3a2} 3.2Take blood pressure medicationg3a2# ①yes ②no

{g3a3} 3.3control body weight g3a3# ①yes ②no

{g3a4} 3.4control diet g3a4# ①yes ②no

{g3a5} 3.5sport g3a5# ①yes ②no

{g3a6} 3.6other g3a6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{g4} 4、Have you taken any blood pressure medication in the past 2 weeks？g4# ①yes ②no

{g5} 5、Have you had your blood pressure measured by your first doctor when you went to the hospital in the past year ？g5# ①yes ②no ③No medical treatment for one year

{g6} 6、The last time you had your blood pressure measuredg6# ①Within 7 days ②Within 1 month ③Within 6 months ④Within 12 months ⑤Twelve months ago ⑥I don't know ⑦never

二、diabetes

{g7} 7、Have you ever been diagnosed with diabetes by a doctor at a township health centre/community health service centre ?g7# ①yes ②no

{g8} 8、Your age when the disease was first diagnosed？g8## years

9、Are you taking medication or insulin to control your blood sugar？

{g9a1} 9.1yes，hypoglycemic drugs g9a1# ①yes ②no

{g9a2} 9.2yes，insulin g9a2# ①yes ②no

{g9a3} 9.3no g9a3# ①yes ②no

10、What other steps have you taken to control your blood sugar？

{g10a1} 10.1 no g10a1# ①yes ②no

{g10a2} 10.2 oral medicine g10a2# ①yes ②no

{g10a3} 10.3injection of insulin g10a3# ①yes ②no

{g10a4} 10.4 control diet g10a4# ①yes ②no

{g10a5} 10.5sport g10a5# ①yes ②no

{g10a6} 10.6Blood glucose monitoring g10a6# ①yes ②no

{g10a7} 10.7other g10a7\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{g11} 11、Have you had your blood glucose measured by your doctor in the primary care institution in the past year？g11# {g11a1} ①yes g11a1###time/year ②no ③I don't know

三、blood lipid

{g12} 12、How long has it been since you last measured your blood lipid？g12# ①Within 6 months ②Within 12 months ③Twelve months ago ④I don't know ⑤never

{g13} 13、Have you been diagnosed with dyslipidemia by the doctor of township health center/community health Service Center ？g13# ①yes ②no

14、What measures do you take to control blood lipids？

{g14a1} 14.1 No action was takeng14a1# ①yes ②no

{g14a2} 14.2 Take medicine as directed g14a2# ①yes ②no

{g14a3} 14.3 control diet g14a3# ①yes ②no

{g14a4} 14.4sport g14a4# ①yes ②no

{g14a5} 14.5Blood lipid monitoring g14a5# ①yes ②no

{g14a6} 14.6other g14a6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

四、Cardiovascular and cerebrovascular events (self-reported)

{g15} 15、Have you ever been diagnosed with myocardial infarction by a medical institution at county/district level or above ？g15# ①yes ②no

{g16} 16、Have you ever been diagnosed with stroke by a medical institution at county/district level or above？g16# ①yes ②no

五、Physical condition evaluation

{g17} 17、What do you think of your physical condition？g17# ①good ②general ③poor ④I don't know

Part EIGHT: oral hygiene

{h1} 1、How long has it been since you last saw your teeth？h1# ①less than one year ②1-2 years ③3-4 years ④5 years or above ⑤never ⑥I don't know

{h2} 2、The reason for your last dental appointment？h2#

{h2a1} ①Acute toothache and other oral problems ②Chronic oral problems ③Accept preventive measures ④Regular oral examination ⑤other h2a1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{h3} 3、The main reasons for not seeing a dentist in the past year？h3#

①Nothing wrong with the teeth ②Dental disease not heavy ③no time ④costs a lot ⑤There are no dental clinics or hospitals nearby {h3a1} ⑥Registration is difficult and troublesome ⑦other h3a1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{h4} 4、How long has it been since your last dental cleaning？h4# ①less than one year ②1-2 years ③3-4 years ④5 years or above ⑤never ⑥I don't know

{h5} 5、The reason for your last dental cleaning？h5# ①treat the disease ②for the sake of beauty ③prevent disease ④Get rid of bad breath

{h6} 6、How many times a day do you brush your teeth？h6# ①Two or more times ②one time ③less than one time ④Don't brush teeth

7、Which of the following diseases do you think are related to oral diseases? (Multiple options)

{h7a1} 7.1 I don't know h7a1# ①yes ②no

{h7a2} 7.2diabetesh7a2# ①yes ②no

{h7a3} 7.3Cardiovascular and cerebrovascular diseases such as hypertension and heart disease h7a3# ①yes ②no

{h7a4} 7.4Pneumonia and other respiratory diseases h7a4# ①yes ②no

{h7a5} 7.5Gastritis and other digestive diseases h7a5# ①yes ②no

{h7a6} 7.6rarefaction of bone h7a6# ①yes ②no

{h7a7} 7.7Premature, low birth weight h7a7# ①yes ②no

{h7a8} 7.8It has nothing to do with any of that h7a8# ①yes ②no

{h8} 8、How do you feel about your current oral health ？h8# ①good ②general ③poor

Part NINE: body measurement

{i1} 1、Do you know your height? i1# {i1a1} ①yes i1a1###.# cm ②no

{i2} 2、Do you know your weight？i2# {i2a1} ①yes i2a1###.#Kg ②no

{i3} 3、What do you think of your weight？i3# ①lean ②Within the normal range ③overweight ④I don't know

{i4} 4、Do you know your waist？i4# {i4a1} ①yes i4a1###.# cm ②no

{i5} 5、Do you know your blood pressure？i5# ①Above normal range ②Within the normal range ③Below normal range ④I don't know

{i6} 6、Do you know your blood sugar level？i6# ①Above normal range ②Within the normal range ③Below normal range ④I don't know

7、Blood pressure control

{i7a1} 7.1Take the first blood pressure, systolic pressure i7a1### {i7a2} mmHg, diastolic blood pressure i7a2### mmHg

{i7a3} 7.2Take the second blood pressure, systolic pressure i7a3### {i7a4} mmHg, diastolic blood pressure i7a4### mmHg

{i7a5} 7.3Take the third blood pressure, systolic pressurei7a5### {i7a6} mmHg, diastolic blood pressure i7a6### mmHg

{i8} 8、height i8###.# cm

{i9} 9、weight i9###.# Kg

{i10} 10、waist i10###.# cm

{i11} 11、FBG(fasting blood-glucose) i11###.# mmol/L

{i12} 12、total cholesterol i12###.# mmol/L

{i13} 13、triglyceride i13###.# mmol/L

{i14} 14、high density lipoprotein cholesterol(hdl-c) i14###.# mmol/L

{i15} 15、low density lipoprotein cholesterin i15###.# mmol/L