China Kadoorie Biobank

【2nd Resurvey Questionnaire】

The items in red are changes from the first resurvey.
# Section 1: Background information

1.1 Resurvey ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Baseline ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

1.2 Name: __________________________, Sex: Male ☐ Female ☐, Name of spouse: __________________________

1.3 Date of birth: [ ] [ ] Year [ ] [ ] Month [ ] [ ] Day

1.4 National ID number (if no, put #) _______________________________________________________________________________________

1.5 Home address: ______ Province ______ City ______ District/County ______ Street/Village

   Home telephone: Not available ☐, Yes: _______________________________________________________________________________________

   Mobile telephone: Not available ☐, Yes: _______________________________________________________________________________________

1.5.1 Were you born in this province [i.e. where the interview is taking place] (to the best of your knowledge)?
   ☐ Yes
   ☐ No → If ticked, Go to 1.5.1a
   ☐ Don’t know

   1.5.1a Where were you born?
   Drop down list of 31 provinces with “Other” and “Don’t know” at the end (see Appendix 1)

1.5.2 Were any of your parents or grandparents born outside the province where you were born?
   ☐ Yes
   ☐ No
   ☐ Don’t know

1.5.3 Are you Han Chinese?
   ☐ Yes
   ☐ Partly (i.e. Han-mixed)
   ☐ No
   ☐ Don’t know

1.5.4 Are any of your parents and/or grandparents non-Han or mixed ethnic group?
   ☐ Yes
   ☐ No
   ☐ Don’t know

1.5.5 Do you have a religion?
   ☐ Yes, → If ticked, specify type (Q1.5.5a): ☐ Buddhist, ☐ Christian, ☐ Muslim, ☐ Other
   ☐ Do not wish to say
   ☐ No
1.6 What is the highest level of school education you ever received?
- No formal school
- Primary School
- Middle School
- High School / Technical School
- College
- University

1.7 What is your current occupation?
- Agriculture & related workers
- Factory worker
- Administrator / manager
- Professional / technical
- Sales & service workers
- Retired. If “YES”, Go to Q1.7.1 & Q1.7.2
- House wife / husband
- Self-employed
- Unemployed
- Other or not stated

1.7.1 What was your last occupation before you retired?
- Agriculture & related workers
- Factory worker
- Administrator / manager
- Professional / technical
- Sales & service workers
- House wife / husband
- Self-employed
- Unemployed
- Other or not stated

1.7.2 Why did you retire?
- Reaching retirement age
- Health related (excluding injury)
- Other

1.8 How many people live together as a family in the household? persons

1.9 What is your current marital status
- Married
- Widowed
- Separated / divorced
- Never married

1.10 What is the total income last year in your household?
- <2,500 yuan
- 2,500-4,999 yuan
- 5,000-9,999 yuan
- 10,000-19,999 yuan
- 20,000-34,999 yuan
- 35,000-49,999 yuan
- 50,000-74,999 yuan
- 75,000-99,999 yuan
- ≥100,000 yuan

1.11 Do you have any of the following items in your household?
- Yes
- No
- Health care cover (for yourself only)
- Own house / apartment
- Tap water in your own house (Note: it was option 7 in last survey)
☐ ☐ Toilet for private use
☐ ☐ Telephone or mobile phone
☐ ☐ Car *(Note: used to be in the same question as Motorbike)*
☐ ☐ Motorbike / other motor vehicle
☐ ☐ Computer (incl. laptop, tablet, iPad)
☐ ☐ Web access
☐ ☐ Email/QQ (for yourself only)
☐ ☐ Holiday during last five years
Section 2: Tea & coffee drinking

2.1 During the past 12 months, how often did you drink any tea?
- Never or almost never
- Only occasionally
- Only at certain seasons
- Every month but less than weekly
- Usually at least once a week → If ticked, Go to Q2.3

2.2 In the past, did you ever have a period of at least 1 year during which you usually drank tea at least once a week?
- Yes, → if so, how long ago did it end (Q2.2a)? ___ Years
- No

2.3 During the past 12 months, on how many days did you drink tea in a typical week?
- 1-2 days/week
- 3-5 days/week
- Daily or almost every day

2.4 At about what age did you start drinking tea in most weeks? ___ Years

2.5 On days when you drink tea, how many cups do you usually drink? (choose one only)
- Green / Jasmine tea
- Oolong tea
- Black tea
- Other tea

2.6 How often do you change tea leaves during a day? ___ times

2.7 About how much tea leaves do you usually add each time? ___ grams

2.8 What strength of tea do you usually prefer to drink?
- Weak
- Moderate
- Strong

2.9 At about what temperature do you usually drink your tea?
- Room temperature / warm
- Hot
- Burning hot
2.10 Has your tea consumption changed significantly compared with that some years ago?  □ About the same as before,  □ Has increased a lot,  □ Has decreased a lot

2.11 During the past 12 months, how often did you drink any coffee?
□ Never or almost never
□ Only occasionally
□ Every month but less than weekly
□ Usually at least once a week
Section 3: Alcohol consumption

3.1 During the past 12 months, how often did you drink any alcohol?

☐ Never or almost never
☐ Only occasionally
☐ Only at certain seasons
☐ Every month but less than weekly
☐ Usually at least once a week → If ticked, Go to Q3.3

3.2 In the past, did you ever have a period of at least 1 year, during which you usually drank some alcohol at least once a week?

☐ Yes → If so, how long ago did it end (Q3.2a)? □□□□□□□□ Years → Go to Q3.2b
☐ No → Go to section 4

3.2b What was your main reason for stopping?

☐ Physical illness that you already had
☐ Family against
☐ Health concerns (about future illness)
☐ Doctor’s advice
☐ Money
☐ Other

→ Go to section 4

3.3 During the past 12 months, on how many days did you drink alcohol in a typical week?

☐ 1-2 days/week
☐ 3-5 days/week
☐ Daily or almost every day

3.4 At about what age did you start drinking some alcohol in most weeks? □□□□□□□□ years

3.5 On three different situations, what kind(s) of alcoholic drinks you choose and how much you drink in a day?

(If used to drink more than one kind on a single occasion, can choose up to 3 types of alcohol for all occasions; fill in other fields with 0)

<table>
<thead>
<tr>
<th>Alcohol type</th>
<th>On a typical day</th>
<th>On a special day when you drink a lot</th>
<th>Last time when you drank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer (large)</td>
<td>□□□□□□□□ bottle</td>
<td>□□□□□□□□ bottle</td>
<td>□□□□□□□□ bottle</td>
</tr>
<tr>
<td>Rice Wine</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
</tr>
<tr>
<td>Wine</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
</tr>
<tr>
<td>Spirit (≥40% alcohol)</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
</tr>
<tr>
<td>Spirit (&lt;40% alcohol)</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
<td>□□□□□□□□ liang</td>
</tr>
</tbody>
</table>

3.6 On a typical day when you drink alcohol, when do you usually take the drink?

☐ Usually drink with the meal
☐ Usually drink between or after the meals
3.7 After drinking alcohol, do you usually experience hot flushes or dizziness?

- Yes, soon after first mouthful → If ticked, Go to Q3.8
- Yes, after drinking small amount of alcohol → If ticked, Go to Q3.8
- Yes, but only after drinking large amount of alcohol
- No

3.7.1 In the first one or two years when you started drinking regularly, did you experience hot flushes or dizziness?

- Yes, soon after first mouthful
- Yes, after drinking small amount of alcohol
- Yes, but only after drinking large amount of alcohol
- No

3.8 During the past month, how often have you drunk alcohol in the morning?

- Never
- <1 day/week
- A few days a week
- Daily or almost daily

3.9 During the past month, have you ever had the following experiences?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3.10 Has your alcohol consumption changed significantly compared with that some years ago?

- About the same as before
- Has increased a lot
- Has decreased a lot

3.11 Have you drunk any alcohol today? (previously Q3.1)

- Yes, ☐ No, ☐
Section 4: Smoking history

4.1 Have you smoked any tobacco today? □ Yes , □ No, → if yes, (Q4.1a) how many: ___ total, & (Q4.1b) how many: ___ in last hour

4.2 How often do you smoke tobacco now?
   □ Do not smoke now 
   □ Only occasionally 
   □ Yes, on most days 
   □ Yes, daily or almost every day → If ticked, Go to Q4.3

4.2.1 How soon after waking in the morning do you usually have your first smoke?
   □ ≤5 minutes 
   □ 6-30 minutes 
   □ 31-60 minutes 
   □ >60 minutes 
   After completing Q4.2.1, Go to Q4.7

4.3 In the past, how frequently did you smoke?
   □ Did not smoke 
   □ Smoked only occasionally 
   □ Smoked on most days 
   □ Smoked daily or almost every day → If ticked, Go to Q4.5

4.4 In your life time, have you smoked a total of at least 100 cigarettes or equivalent?
   □ Yes 
   □ No → Go to Section 5

4.5 How many years ago did you last stop smoking regularly? □ □ Years □ □ Months

4.6 What was your main reason for stopping?
   □ Physical illness that you already had 
   □ Family against 
   □ Health concerns (about future illness) 
   □ Doctor’s advice 
   □ Money 
   □ Other

4.7 At about what age did you first start smoking on most days? □ □ Years

4.8 What tobacco did you use when you first started smoking on most days?
   Mainly cigarette □, Mainly non-cigarette □, Mixed types □
   Q4.8a From the time you first started until now or first stopped, did you always smoke some cigarettes on most days, never having a month or more without them? Yes □, No □
4.9 What kind(s) of tobacco do you usually smoke (or did you smoke before giving up) and how much?

Filter cigarettes (factory) ............................................. .... number/day
Non-filter cigarettes (factory) ............................................. .... number/day
Hand-rolled cigarettes ............................................. .... liang/month
Pipe or water pipe ............................................. .... liang/month
Cigars ................................................................. .... number/day

4.10 How deeply do (or did) you usually inhale the smoke?

☐ Mouth only
☐ Throat
☐ Lung → If ticked, then Q4.10a: have you nearly always inhaled a lot of smoke into your lung when smoking?
   Yes ☐, No ☐

If ex-smoker (ie, answered Q4.5), move to Q4.12c

4.11 Has your tobacco consumption changed significantly compared with that some years ago?

☐ About the same as before, ☐ Has increased a lot, ☐ Has decreased a lot

4.12 Have you ever tried to quit smoking (without smoking for at least one week)?

☐ Yes, ☐ No; → If “No”, then Go to Section 5:

4.12a How many years ago did you last try to quit?  □□ Years □□ Months

4.12b How long did it last?  □□ Years □□ Months

4.12c Have you ever used the following methods to assist with smoking cessation?

Yes ☐ No ☐

☐ ☐ Accupuncture
☐ ☐ Nicotine gum/patch
☐ ☐ Bupropion
☐ ☐ Chanpix
☐ ☐ Smoking cessation clinics
☐ ☐ Special support group
☐ ☐ Quitline
☐ ☐ Exercise routine
☐ ☐ Any other methods
## Section 5: Diet

### 5.1 During the past 12 months, about how often did you consume the following foods or drinks?

<table>
<thead>
<tr>
<th>Staple foods</th>
<th>Daily</th>
<th>4-6 days Per week</th>
<th>1-3 days Per week</th>
<th>Monthly</th>
<th>Never or rarely</th>
<th>On the day when you consume the foods or drinks, about how much do you consume (Q5.1a)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Wheat</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Other staple foods (corn, millet etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Animal foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Poultry</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Fish/sea food</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Fresh eggs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Ge</td>
</tr>
<tr>
<td>Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh vegetables</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Soya products (excluding liquids)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Dried vegetables (mushrooms, agaric, etc)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Salted vegetables</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Pickled vegetable (sour taste)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Other foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yoghurt</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Liang</td>
</tr>
<tr>
<td>Other dairy foods (milk powder, cheese etc)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ gram</td>
</tr>
<tr>
<td>Fresh fruits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ Portions</td>
</tr>
<tr>
<td>Drinks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soymilk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ ml</td>
</tr>
<tr>
<td>Milk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ ml</td>
</tr>
<tr>
<td>Pure fruit/vegetable juice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ ml</td>
</tr>
<tr>
<td>Carbonated soft drinks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ ml</td>
</tr>
<tr>
<td>Other cold soft drinks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>___ ml</td>
</tr>
</tbody>
</table>
5.2 During the past 12 months, about how often did you do the following things?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Daily</th>
<th>4-6 days per week</th>
<th>1-3 days per week</th>
<th>Monthly</th>
<th>Never or rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snacking (including late-night snacks)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Skipping breakfast</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Eating in restaurants, street food stalls etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Eating deep fried foods</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Eating Western-type fast foods (eg pizza/burgers)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5.3 What is your preferred saltiness for your dishes compared with your friends or colleagues?
- ☐ Very light
- ☐ About average
- ☐ Very salty

5.4 About how many days on average would the following cooking ingredients usually last in your household? (if none/unknown enter #)

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) A bag (500 gram) of salt:</td>
<td>☐</td>
</tr>
<tr>
<td>b) A bottle (500 ml) of soy sauce:</td>
<td>☐</td>
</tr>
<tr>
<td>c) A bottle (1 liter) of cooking oil:</td>
<td>☐</td>
</tr>
</tbody>
</table>

5.5 During the past 12 months, have you taken the following supplements regularly?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5.6 Have you ever experienced any severe food shortage? ☐ Yes, ☐ No → if No, Go to Q5.9

5.7 What year was the worst food shortage you experienced? ☐ ☐ ☐ years

5.8 During the most severe food shortage have you experienced following situations?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5.9 Did your mother experience any severe food shortage when expecting you?
- ☐ Yes, ☐ No, ☐ don’t know
5.10 How many years have you had a refrigerator in your home? [ ] [ ] Years

5.11 During the past month, about how often did you eat hot spicy food?

- [ ] Never or almost never
- [ ] Only occasionally
- [ ] 1-2 days/week

→ Go to Section 6

- [ ] 3-5 days/week
- [ ] Daily or almost every day

5.12 At what age did you start to eat spicy food at least once a week? [ ] [ ] Years

5.13 What strength of spicy food do you usually prefer to eat?

- [ ] Weak,
- [ ] Moderate,
- [ ] Strong

5.14 On day when you eat spicy food, what are the main sources of spice usually used?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ] Chili sauce</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Chili oil</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Dried chili pepper</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Fresh chili pepper</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Other or don’t know</td>
</tr>
</tbody>
</table>
Section 6: Passive smoking & air pollution

6.1 Have you ever lived with a smoker in the same house for at least 6 months?
- □ Never
- □ Yes, but not now
- □ Yes, at present

If 1st box is ticked, then Go to Q6.3. If 2nd box is ticked, then Go to Q6.3 after answering duration.

6.2 During the past 12 months, how frequently have you been exposed to tobacco smoke from a family member at home or someone you shared a room with? (i.e. a minimum of 5 consecutive minutes each time)
- □ Occasionally (<1 day / week) → If ticked, Go to Q6.3
- □ 1-2 days/week
- □ 3-5 days/week
- □ Daily or almost every day

6.2.1 What is the usual duration of your exposure per week? Hours

6.3 During the past 12 months, about how frequently have you been exposed to other people’s tobacco smoke in workplace or public places? (i.e. a minimum of 5 consecutive minutes each time)
- □ Never or almost never
- □ Occasionally (<1 time/week) → If ticked, Go to Q6.4
- □ 1-2 days/week
- □ 3-5 days/week
- □ Daily or almost every day

6.3.1 What is the usual duration of your exposure per week? Hours

6.4 During past year, how long did you store pesticides at home? Months

6.5 Please tell us the duration you lived in 3 most recent houses (each for at least 1 year)?

- Present house □ □ years
- Previous house □ □ years
- The house before previous □ □ years

6.6 How far are your present & previous houses from any main/busy road with traffic?

- Present house: □ <50m, □ 50-100m, □ 100-200m, □ >200m
- Previous house1: □ <50m, □ 50-100m, □ 100-200m, □ >200m (skip if #)
- Previous house2: □ <50m, □ 50-100m, □ 100-200m, □ >200m (skip if #)

6.7 Are your present & previous houses within 10 kilometres of heavily air-polluted (with smoke/gas/dust) industry/industrial zone?

- Present house: □ Yes □ No
6.8 During the past 12 months, how often did you cook at home?
☐ Daily or almost every day
☐ A few times a week
☐ A few times a month
☐ Never or rarely
☐ No cooking facility
→ If ticked, Go to Q6.9

6.8.1 How much time on average do you spend in front of the fire/stove while cooking per week?

6.8.2 At about what age did you start cooking regularly at home?

6.8.3 What is the main cooking oil used now?
☐ Rapeseed
☐ Peanut
☐ Soybean
☐ Lard
☐ Other

6.9 In your household, what is the main cooking fuel used now?
☐ Gas
☐ Coal → If ticked, Go to Q6.9a
☐ Electricity
☐ Other
☐ Wood

6.9a Please specify the main type of coals used?
☐ Smokeless coal
☐ Coal brick / Coalite (smokeless)
☐ Smoky coal
☐ Other

6.10 In your household, do all stoves have a chimney / extractor?
☐ Yes
☐ Not all stoves
☐ No

6.10.1 Apart from cooking, is your stove always kept under slow burning throughout the day?
☐ Yes, always
☐ Yes, sometimes
☐ No → If ticked, Go to Q6.11

6.10.2 Where is the stove usually kept?
☐ Inside the house
☐ Outside the house

6.11 In winter, do you normally heat your house?
☐ Yes,
☐ No → If No, Go to Q6.12

6.11.1 What is the main heating fuel?
☐ Central heating
☐ Gas
☐ Coal → If ticked, Go to Q6.11.2
☐ Wood
☐ Electricity
☐ Other
6.11.2 Please specify the main type of coals used:
- Smokeless coal
- Coal brick / Coalite (smokeless)
- Smoky coal
- Other

6.11.3 When you heat the house in winter, do you still need to wear plenty of warm clothes at home? □ Yes, □ No

6.12 From what year did the inside of your house tend to be coal-smoky in winter?
- Never → If ticked, Go to Q6.13
- Ever since childhood
- Since the year: _________ year

6.12.1 In what year did the inside of your house stop being really coal-smoky in winter?
- In the year: _________ year
- Still is

6.13 During your working life, have you ever been exposed to any of the following for at least 6 consecutive months?
- Gas/Vapour/Fume/Mist □ Yes, □ No; if Yes, then Q6.13a total years of exposure? ___years
- Dust (eg. silica/coal/cotton) □ Yes, □ No; if Yes, then Q6.13b total years of exposure? ___years
- Fibres (eg, asbestos/textile) □ Yes, □ No; if Yes, then Q6.13c total years of exposure? ___years
Section 7: Personal & family medical history

7.1 How is your current general health status?

7.1.1 Self-rated health status?

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor
- [ ] Don’t know

7.1.2 Compared to someone of your own age?

- [ ] Better
- [ ] About the same
- [ ] Worse
- [ ] Don’t know

7.2 If you were walking on level ground with other healthy people of the same age, would you usually:

7.2.1 Become short of breath?

- [ ] Yes
- [ ] No
- [ ] Disabled

7.2.2 Slow down due to chest discomfort?

- [ ] Yes
- [ ] No
- [ ] Disabled

7.3 During the past 12 months, have you usually had the following symptoms?

7.3.1 Cough frequently?

- [ ] No
- [ ] Yes, for <3 months
- [ ] Yes, for ≥3 months

7.3.2 Cough up sputum after getting up in the morning?

- [ ] No
- [ ] Yes, for <3 months
- [ ] Yes, for ≥3 months

7.3.3 Wheeze or whistle in the chest?

- [ ] No
- [ ] Yes
- [ ] Yes, but only when having a cold or viral infection

7.4 Has a doctor EVER told you that you had had the following disease?

<table>
<thead>
<tr>
<th>Q7.4a</th>
<th>Q7.4b**</th>
<th>Q7.4c</th>
<th>Q7.4d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed disease?</td>
<td>Yes</td>
<td>No</td>
<td>Age of first diagnosis</td>
</tr>
<tr>
<td>Diabetes</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Acute MI</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Angina</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Other IHD</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Stroke or TIA</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Hypertension</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Pulmonary heart dis#</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Rheumatic heart dis.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>TB</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Emphysema#</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>Chronic bronchitis#</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
<tr>
<td>COPD#</td>
<td>[ ]</td>
<td>[ ]</td>
<td>□</td>
</tr>
</tbody>
</table>
Asthma
Cirrhosis/chronic hepatitis
Peptic ulcer
Gallstone/gallbladder dis.
Kidney disease
Osteoporosis
Fracture
Rheumatoid arthritis
Depression†
Anxiety‡
Neurasthenia
Other psychiatric disorders
Head injury
Cancer*

*If yes, Q7.4e please indicate the site of cancer □ (If more than one, choose the first one)  

**Note: See Appendix 2 for drug list related to diabetes, CVD (acute MI, angina, other IHD, stroke/TIA) and hypertension.

† If answered “yes”, then go to CIDI-A questionnaire
‡ If answered “yes”, then go to CIDI-B questionnaire

7.5 Link to COPD questionnaire: if “Yes” for any of the 4 diagnosed conditions marked with #, or ≥2 years in Q7.3.2a (Appendix 3)

7.6 During the past 12 months, how many times have you visited hospital as an outpatient for any reason? (If none, put 0) times

7.7 During the past 12 months, how many times have you been hospitalized overnight for any reason? (If none, put 0) times

7.8 How many blood transfusions have you ever received? (If none, put 0) times

7.9 How many times have you ever donated blood for financial payment? (If none, put 0) times

7.10 About how often do you have bowel movements each week?
- □ More than once on most days
- □ About daily
- □ Every other day
- □ Less than 3 times a week
7.11 How often do your gums bleed when you brush your teeth?

- Occasionally, rarely or never
- Sometimes
- Always
- Brush teeth rarely or never
- Have false teeth

7.12 How many brothers & sisters do you have? (Including half siblings. If unknown, put #)

7.13 How many children do you have? (Including only biological ones)

7.14 Is your mother still alive?

- Yes → If ticked, Q7.14a current age: _______ Years
- No → If ticked, Q7.14b age at death: _______ Years
- Unknown

7.15 Is your father still alive?

- Yes → If ticked, Q7.15a current age: _______ Years
- No → If ticked, Q7.15b age at death: _______ Years
- Unknown

7.16 Did any of your parents, siblings or children have following diseases? (For sibling and children, please record the number with disease)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Mother</th>
<th>Father</th>
<th>Siblings (inclu.half)</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>☐ Yes; ☐ No</td>
<td>☐ Yes; ☐ No</td>
<td>☐ person</td>
<td>☐ person</td>
</tr>
<tr>
<td>Heart attack</td>
<td>☐ Yes; ☐ No</td>
<td>☐ Yes; ☐ No</td>
<td>☐ person</td>
<td>☐ person</td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐ Yes; ☐ No</td>
<td>☐ Yes; ☐ No</td>
<td>☐ person</td>
<td>☐ person</td>
</tr>
<tr>
<td>Depression</td>
<td>☐ Yes; ☐ No</td>
<td>☐ Yes; ☐ No</td>
<td>☐ person</td>
<td>☐ person</td>
</tr>
<tr>
<td>Cancer</td>
<td>☐ Yes; ☐ No</td>
<td>☐ Yes; ☐ No</td>
<td>☐ person</td>
<td>☐ person</td>
</tr>
<tr>
<td>COPD/Bronchitis</td>
<td>☐ Yes; ☐ No</td>
<td>☐ Yes; ☐ No</td>
<td>☐ person</td>
<td>☐ person</td>
</tr>
<tr>
<td>Emphysema/PHD</td>
<td>☐ Yes; ☐ No</td>
<td>☐ Yes; ☐ No</td>
<td>☐ person</td>
<td>☐ person</td>
</tr>
</tbody>
</table>

7.17 Do you know your birth weight?

- Yes, → If ticked, Q7.17a what was your weight: _______ jin (rounded to 0.1 jin)
- No

7.18 Were you born prematurely? ☐ Yes, ☐ No, ☐ Not sure
7.19 Were you born through Caesarean Section?
- Yes
- No
- Not sure

7.20 Did you suffer any birth-related trauma when born?
- Yes
- No
- Not sure
Section 8U: Physical activities (Non-Agriculture & related workers)

8.1 During the past 12 months, how active were you at work?
- □ Mainly sedentary (e.g. office worker)
- □ Standing occupation (e.g. guard, shop assistant)
- □ Manual work (e.g. plumber, carpenter)
- □ Heavy manual work (e.g. miner, construction worker)
- □ Retired or housewife/husband or unemployed or disabled → If ticked, Go to Q8.9 (was Q8.8)

8.2 In a typical week, about how many days did you usually work? _____ days

8.2a On days when you work, on average how many hours do you work? _____ hours

8.3 During the past 12 months, how did you usually get to work?
- □ Mainly walk
- □ By bus/ferry/train
- □ By motorbike/mopad
- □ By car/taxi
- □ By bicycle
- □ Mainly stay at home or work near home → If ticked, Go to Q8.9 (was Q8.8)

8.4 How much time did you spend each day on commuting? ____ minutes

Section 8F: Physical activities (Agriculture & related workers)

8.1 During the past 12 months, did your farming work change seasonally?
- □ No → If ticked, Go to Q8.3
- □ Yes

8.2 Please specify your activities during the farming season in the last 12 months:

8.2.1 How many months did it usually last? _____ month

8.2.2 What types of work did it usually involve?
- □ Manual
- □ Semi-mechanized
- □ Fully mechanized

8.2.3 How many hours did you usually work each day? _____ hours

8.2.4 Of which, how many hours did you sweat or have a much faster heartbeat? _____ hours

8.3 In a typical week (of non-farming season), how many hours did you usually work in the field? _____ hours

8.4 Apart from agriculture work, did you have any other job?
- □ No → If ticked, Go to Q8.7
- □ Yes

8.5 How active were you at work with other job?
8.6 In a typical week, about how many days did you usually work at other job? _____ days

8.6a On days when you work at your other job, on average how many hours do you work? _____ hours

8.7 During the past 12 months, how did you usually get to work?
- Mainly walk
- By bus/ferry/train
- By motorbike
- By car/taxi
- By bicycle
- Mainly stay at home or work near home

If ticked, Go to Q8.9 (was 8.8)

8.8 How much time in total did you usually spend each day on commuting? ______ minutes

Section 8C: Physical activities (Common to all participants)

8.9 During the past 12 months, how often did you do exercise in your leisure time?
- Never or almost never
- 1-3 times/month
- 1-2 times/week
- 3-5 times/week
- Daily or almost every day

If ticked, Go to Q8.12 (was 8.11)

8.10 What is your main type of leisure exercise? (tick one box only)
- Taichi / Qigong
- Jogging/aerobic dancing
- Ball games (basketball, table tennis, etc)
- Walking
- Swimming
- Other (eg. hill walking, mountain climbing, rope jumping, kicking shuttlecock)

8.11 About how many hours per week did you do such exercise in total in leisure time? ______ hours

8.12 In a typical week during the past 12 months, how often did you sweat or have a much faster heartbeat because of heavy physical activities/exercise?
- Never or almost never
- <1 time / week
- 1-2 times/week
- 3-5 times/week
- Daily or almost every day

If ticked, Go to Q8.14 (was 8.13)

8.13 About how many hours per week did you do such activities? ______ hours

8.14 About how many hours per day did you do house work? ______ hours
8.15 While not working, on average about how many hours per day did you spend on sitting activities, including watching TV, reading etc? ____ hours/day

8.16 During the past 12 months, about how often did you do the following sitting activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Daily</th>
<th>4-6 days per week</th>
<th>1-3 days per week</th>
<th>Monthly</th>
<th>Never or rarely</th>
<th>On the day you do that activity, how long do you spent on it? (Q8.16a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV/DVD</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>_____ hours/day</td>
</tr>
<tr>
<td>Reading books / newspapers</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>_____ hours/day</td>
</tr>
<tr>
<td>Eating, chatting or socializing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>_____ hours/day</td>
</tr>
<tr>
<td>Playing cards/mahjong/board games</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>_____ hours/day</td>
</tr>
<tr>
<td>Doing household paper work/writing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>_____ hours/day</td>
</tr>
</tbody>
</table>

8.17 During the past 12 months, has your weight changed significantly?

☐ About the same as before ☐ Yes, gained ≥5 jin ☐ Yes, lost ≥5 jin

8.18 Have you tried to reduce weight in the past 12 months? No ☐, Yes ☐

8.19 How much did you weigh when you were at age 25? (If unknown put #) ______ jin
Section 9: Reproductive history (for women)

9.1 How old were you when you had your first menstrual period? (If none put #, Go to Q9.7) □ years

9.2 Have you had your menopause?
□ No → If ticked, Q9.2a Are you on your period today (□ Yes, □ No), then Go to Q9.3
□ Yes, currently
□ Yes, had menopause → If so, Q9.2b age of completion of menopause: __________ year

9.2.1 Are you taking or have you taken any medications to relieve the symptoms associated with menopause? □ Yes, □ No; If yes, Q9.2.1a please specify type of medication used:
Yes No
□ □ HRT
□ □ Traditional Chinese medicine
□ □ Other medication

9.3 How many times have you ever been pregnant? __________ times
If none then Move to Q9.5

9.3.1 Please give number for different pregnancy outcome:
  a) Live birth: ______ times → If none, Go to Q9.5
  b) Still birth: ______ times
  c) Spontaneous abortion: ______ times
  d) Induced abortion: ______ times

9.4 Age and length of breastfeeding at each live birth (twins or more = one birth)?

<table>
<thead>
<tr>
<th>Live Birth</th>
<th>Q9.4a</th>
<th>Q9.4b</th>
<th>Q9.4c</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age at end of pregnancy</td>
<td>Months of breastfeeding</td>
<td>Twins or more Yes No</td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>…</td>
<td>………</td>
<td>………</td>
<td>………</td>
</tr>
<tr>
<td>Nth</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9.5 Have you ever used oral contraceptive pills?
□ Never → If ticked, Go to Q9.6
□ Past use → If ticked, Q9.5a age when you last stopped the pill: ______ Year
□ Current use

9.5.1 How old were you when you first used oral contraceptives? ______ Year
9.5.2 For how long altogether have you used oral contraceptives? 

9.6 Have you ever used a contraceptive coil?

- Never → *If ticked, Go to Q9.7*
- Past use → if ticked, **Q9.6a** age when you last stopped using the coil? 
- Current use

9.6.1 How old were you when you first used a coil? 

9.6.2 For how long altogether have you used a coil? 

9.7 Have you ever had any of the following procedures?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
<th>No</th>
<th>If YES, age of operation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Hysterectomy?</td>
<td>☐</td>
<td>☐</td>
<td>________________________</td>
</tr>
<tr>
<td>b) Removal of one or both ovaries?</td>
<td>☐</td>
<td>☐</td>
<td>________________________</td>
</tr>
<tr>
<td>c) Surgery to remove a breast lump?</td>
<td>☐</td>
<td>☐</td>
<td>________________________</td>
</tr>
<tr>
<td>d) Sterilization?</td>
<td>☐</td>
<td>☐</td>
<td>________________________</td>
</tr>
<tr>
<td>e) Caesarean Section?</td>
<td>☐</td>
<td>☐</td>
<td>________________________</td>
</tr>
</tbody>
</table>
Section 10: Sleeping, mood & mental situation

10.1 In general, how satisfied are you with your life?

☐ Very satisfied  ☐ Satisfied  ☐ Neither satisfied nor dissatisfied  ☐ Unsatisfied  ☐ Very unsatisfied

10.2 See Appendix 4 for Attitude N scale B questionnaire)

10.2.1 Was the N Scale B questionnaire self-administered?  ☐ Yes,  ☐ No

10.3 Over the past two years have you had any of the following major events in your life?

Yes  No  Yes  No  
☐  ☐ Marital separation/divorce  ☐  ☐ Major injury or traffic accident  
☐  ☐ Loss of job/retirement  ☐  ☐ Death / major illness of spouse  
☐  ☐ Business bankrupt  ☐  ☐ Death / major illness of other close family member  
☐  ☐ Violence  ☐  ☐ Major natural disaster (e.g. flood & drought)  
☐  ☐ Major conflict within family  ☐  ☐ Loss of income / living on debt

10.4 During the past month, did you have any of the following sleeping problem for ≥3 days each week?

Yes  No  
☐  ☐ Taking >30 minutes to fall asleep after going to bed or waking up in the middle of the night  
☐  ☐ Waking up early and not being able to go back to sleep  
☐  ☐ Needing to take medicine (including herbal or sleeping pills) at least once a week to help sleep  
☐  ☐ The quality of sleep has adversely affect your daytime performance or activities

If ticked “No” to all the four questions, then Go to Q10.5

10.4.1 How long has your sleeping problem lasted?  _______ Years

10.5 Do you usually take a daytime nap?  ☐ Yes usually,  ☐ Yes, only in certain season,  ☐ No

10.6 Do you snore during sleep?  ☐ Yes, Frequently,  ☐ Yes, Sometimes,  ☐ No / Don’t know

10.7 Do you have to do nightshift regularly in your current or previous work?

☐ Yes,  ☐ No; →If yes, Q10.7a how often:  ☐ Daily,  ☐ Weekly,  ☐ Monthly; and Q10.7b for how many years ______ Years

10.8 How many hours do you typically sleep per day (incl. naps)?  _____ Hours
10.9 During your **entire life**, have you had the following situations for 2 or more weeks continuously?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*(If answer “Yes” to any of the questions, then complete CIDI-A: Appendix 5, Section A)*

10.10 During your **entire life**, have you experienced the following situations?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Section 11: Physical examination

11.1 Standing height (without shoes) …………………… cm
11.2 Sitting height ……………………………………… cm
11.3 Waist ………………………………………………… cm
11.4 Hip ……………………………………………………… cm
11.5 Hand grip strength …………Right…………………kg
Left………………… kg
11.6 Weight (without shoes, but in light clothing) ……… Kg
11.7 BMI…………………………………………………………….. kg/m²

For all these above questions (Q11.1~Q11.7), enter # if not measured.

11.8 Did you take any drugs to lower blood pressure in the last 2 days? ☐ Yes ☐ No
11.9 Do you have any of the peripheral artery disease symptoms including painful cramping legs, leg numbness or weakness, and cold legs? ☐ Yes ☐ No
11.10 Blood pressure & heart rate (to be measured after 5 minutes in the seated position)

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Second</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP</td>
<td>[ ] mmHg</td>
<td>[ ] mmHg</td>
</tr>
<tr>
<td>DBP</td>
<td>[ ] mmHg</td>
<td>[ ] mmHg</td>
</tr>
<tr>
<td>Heart rate</td>
<td>[ ] bpm</td>
<td>[ ] bpm</td>
</tr>
</tbody>
</table>

Ankle blood pressure (enter # if not measured)

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Second</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP</td>
<td>[ ] mmHg</td>
<td>[ ] mmHg</td>
</tr>
<tr>
<td>DBP</td>
<td>[ ] mmHg</td>
<td>[ ] mmHg</td>
</tr>
</tbody>
</table>

11.11 Hours since last ate or drank anything (ignore non-caloric drinks such as water and tea)? ________ hours

11.12 Blood sample collected:  Yes ☐ ☐ Failed ☐

11.13 Urine sample collected: Yes ☐ ☐ No ☐
11.14 Lung function & COex levels (enter # if not measured):

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Second</th>
<th>ppm</th>
</tr>
</thead>
<tbody>
<tr>
<td>COex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%COHB</td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>FEV1</td>
<td></td>
<td></td>
<td>Liter</td>
</tr>
<tr>
<td>FVC</td>
<td></td>
<td></td>
<td>Liter</td>
</tr>
</tbody>
</table>

11.15 Assessment of subject’s cooperation and the reliability of data collected?

a) Assessment of subject’s cooperation?
   - Good
   - Fair
   - Poor

b) Assessment of the reliability of the information collected?
   - Good
   - Fair
   - Poor

Date of interview ______ Year_______Month____Day,   Signature of interviewer_________
Appendix 1: List of province in mainland China (plus other and don’t know)

1. Anhui
2. Beijing
3. Chongqing
4. Fujian
5. Gansu (local province for RC58, Tianshui, Gansu)
6. Guangdong
7. Guangxi (local province for RC46, Liuzhou)
8. Guizhou
9. Hainan (local province for RC26, Haikou)
10. Hebei
11. Heilongjiang (local province for RC16, Haerbin)
12. Henan (local province for RC68, Huixian, Henan)
13. Hubei
14. Hunan (local province for RC88, Liuyang, Hunan)
15. Jiangsu (local province for RC36, Suzhou)
16. Jiangxi
17. Jilin
18. Liaoning
19. Nei Mongol
20. Ningxia
21. Qinghai
22. Shaanxi
23. Shandong (local province for RC12, Qingdao)
24. Shanghai
25. Shanxi
26. Sichuan (local province for RC52, Sichuan)
27. Tianjin
28. Xinjiang
29. Xizang
30. Yunnan.
31. Zhejiang (local province for RC78, Tongxiang, Zhejiang)
32. Others (eg, Hong Kong, Macau, Taiwan)
33. Don’t know

Note: unlike most questions, coding for this question is one-based, as shown, e.g. 1 = Anhui, 2 = Beijing etc.

Note: The order of provinces name in LTFollow up does not seem to have any logics (eg, PINYIN or Chinese words). So, for easiness of use I would prefer to use the present list. In addition, there are also two new area codes compared with that in LTFollow up (code 66 is not a province name and for the present questionnaire needs to be removed).
## Appendix 2: Drug list

### List 1: for diabetes
1. Aspirin
2. ACE-I
3. Beta-blocker
4. Statins
5. Diuretics
6. Ca++ antagonist
7. Clopidogrel
8. ARB
9. Other anti-hypertensive drugs
10. Traditional Chinese medicine
11. Chlorpropamide or metformin (oral tablets)
12. Insulin (injection)

### List 2: for MI/angina/other IHD/stroke/hypertension
1. Aspirin
2. ACE-I
3. Beta-blocker
4. Statins
5. Diuretics
6. Ca++ antagonist
7. Clopidogrel
8. ARB
9. Other anti-hypertensive drugs
10. Traditional Chinese medicine
Appendix 3: COPD questionnaire (Q7.5)

The following questions are related to your chronic lung disease. Please give the answers you feel most appropriate.

1. Overall, how would you rate the severity of your chronic lung disease now?
   - Very severe
   - Severe
   - Moderate
   - Mild
   - Very mild

2. How does your doctor classify the severity of your condition?
   - Stage 1 (mild)
   - Stage 2 (moderate)
   - Stage 3 (severe)
   - Stage 4 (very severe)
   - Doctor has not diagnosed or told me
   - Don’t know

3. The next part of the questionnaire is to measure the impact of respiratory symptoms on wellbeing and your daily life. Please indicate on a scale of 0 to 5 how strongly you feel about the two pair of the statements related to each question.

<table>
<thead>
<tr>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

   1) Frequency of your cough?
      0= Never cough; 5= Cough all the time

   2) Amount of mucus in your chest?
      0= No mucus at all; 5= Full of mucus

   3) Tightness of your chest?
      0= Not tight at all; 5= Very tight

   4) Breathless when walking up a hill/one flight of stairs?
      0= Not breathless; 5= Very breathless

   5) Limitation of daily activities at home by the condition?
      0= Not limited; 5= Very limited

   6) Degree of confidence about leaving your home?
      0= Confident; 5= Not confident at all

   7) Quality of sleep at night and whether it is affected by the condition?
      0= I sleep soundly; 5= I don’t sleep soundly because of my lung condition

   8) Usual levels of energy?
      0= I have lots of energy; 5= I have no energy at all
4. Have you ever had your lung function tested by blowing hard into a tube (excluding the present and previous CKB tests)?
   - Yes
   - No
   - Don’t know

5. Have you ever had your lung function tested in a cabin, called a phlethysmograph?
   - Yes
   - No
   - Don’t know

6. In the past 12 months what types of health care professionals have you seen about your condition?
   - Yes
   - No
   - General physician
   - Respiratory specialist
   - Cardiologist/heart specialist
   - Traditional Chinese medicine doctor
   - Local health centre or village doctor
   - Other medical professional

7. In the past 12 months, how many times have you been hospitalised overnight, or longer, as a direct result of your condition? _____ times (If none, put 0)

8. In the past 12 months, have you taken any of the following to treat worsening of your breathing problems?
   - Yes
   - No
   - Antibiotics
   - Oral steroids
   - Injectable steroids
   → If ticked “NO” for all items, Go to Q9.

8.1 In the past 12 months, how many episodes of COPD exacerbation have you had when you took antibiotics, oral steroids, or injectable steroids to treat worsening of your breathing problems? (if none, put 0) _____ times

9. In the past seven days, have you taken any prescriptive medicine (such as inhalers, tablets or something else) for the condition?
   - Yes → If ticked, Go to Q9.1
   - No
   - Don’t know

9.1 What types of medication have you taken in the past seven days?
   - Yes
   - No
   - Short-acting beta-agonists (e.g. albuterol, salbutamol)
   - Short-acting anti-muscarinic agents (e.g. Atrovent, Combivent)
   - Long-acting beta-agonists (salmeterol/Serevent, formoterol/Foradil)
□ □ Long-acting anti-muscarinic agent (tiotropium/Spiriva)
□ □ Oral bronchodilators
□ □ Long-acting beta agonist+inhaled corticosteroid combination inhalers
□ □ Inhaled corticosteroids
□ □ Traditional Chinese medicine
□ □ Other treatments

10. In the past 12 months have you used home oxygen for your condition?
   □ Yes → *If ticked, Go to Q10.1*
   □ No
   □ Don’t know

10.1 About how often do you use oxygen at home?
   □ Every day
   □ Most days
   □ Once a week
   □ Once a month
   □ Only occasionally

11. In the past 12 months, have you had an influenza vaccine (also called a flu shot)?
   □ Yes
   □ No
   □ Don’t know

12. In the past 12 months, have you had a vaccine or shot which protects you against pneumonia?
   □ Yes
   □ No
   □ Don’t know

13. How well informed do you feel you are about your condition and its treatment?
   □ Well informed
   □ Less than adequately informed
   □ Very poorly informed
   □ Don’t know
**Appendix 4: N scale B**

I am going to give you a set of questions about the way of your thinking and doing things. These questions have no right or wrong answers. Please answer each question by choosing either YES or NO. The best answer is usually the one that comes to mind first, so work quickly and do not think too long about each question. If you are having a hard time making up your mind about a question, ask yourself: Is this more true for me (if so, answer YES) or more false for me (if so, answer NO).

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Do you often worry about things you should not have done or said?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2 Are you an irritable person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3 Are your feelings easily hurt?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4 Do you often feel &quot;fed-up&quot;?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q5 Are you often troubled about feelings of guilt?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q6 Does your mood often go up and down?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q7 Would you call yourself a nervous person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q8 Are you a worrier?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q9 Do you worry about awful things that might happen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q10 Would you call yourself tense or highly-stung?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q11 Do you worry about your health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q12 Do you suffer from sleeplessness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q13 Have you often felt listless and tired for no reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q14 Do you often feel life is very dull?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q15 Do you worry a lot about your looks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q16 Have you ever wished that you were dead?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q17 Do you ever feel “just miserable” for no reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q18 Do you worry too long after an embarrassing experience?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q19 Do you suffer from “nerves”?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q20 Do you often feel lonely?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q21 Are you easily hurt when people find fault with you or the work you do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q22 Are you sometimes bubbling over with energy and sometimes very sluggish?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q23 Are you touchy about some things?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5: CIDI-SF A & B

SECTION A: MAJOR DEPRESSIVE EPISODE

The next set of questions cover experiences you may have had at any point in your life. Since these questions cover a long time period, please take your time to think over your entire life before answering.

A 1. During your entire life, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

1. YES 0. NO

A1.1. During your entire life, was there ever a time lasted 2 weeks or more when you had a negative feeling about yourself such as everything went wrong was you fault, you were useless, life was so difficult for you that there was no way out?

1. YES 0. NO

A1.2. During your entire life, was there ever a time lasted 2 weeks or more when you felt so exhausted or even numb

1. YES 0. NO

A1.3 During your entire life, was there ever a time lasting two weeks or more you lost interests in most hobbies, work or activities you used to enjoy such as TV, music, sport, holiday, eating out, or even you had to participated in these events you showed no interests in them?

1. YES 0. NO

THANK YOU! (The end)
A1a. For the next few questions, please think of the two-week period during your entire life when these feelings were worst (if A1=1 or A1.1=1 or A1.2=1)/ when you had the most complete loss of interest in things (if A1.3=1). During that time did the feelings of being sad, blue, or depressed (if A1=1 or A1.1=1 or A1.2=1)/ did the loss of interest (if A1.3=1) usually last all day long, most of the day, about half the day, or less than half the day?

0. ALL DAY LONG  1. MOST  2. ABOUT HALF  3. LESS THAN HALF

THANK YOU! (The end)

A1b. During those two weeks, did you feel this way every day, almost every day, or less often?

0. EVERY DAY  1. ALMOST EVERY DAY  2. LESS OFTEN

THANK YOU! (The end)

Page break (optional)

A1c. During those two weeks did you lost interests in most hobbies, work or activities you used to enjoy such as TV, music, sport, holiday, eating out, or even you had to participated in these events you showed no interests in them?

1. YES  0. NO

A1d. Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1. YES  0. NO

Page Break (optional)

A2. Did you gain or lose weight without trying, or did you stay about the same?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

0. GAIN  1. LOSE  2. IF VOLUNTEERED: BOTH GAINED AND LOST WEIGHT  3. STAY ABOUT THE SAME  4. IF VOLUNTEERED R WAS ON A DIET

A2a. About how much did you gain/you lose/ your weight change?

_________ JIN (accept range of value, e.g, 5-8, using the average)

Minimum: >=1
Maximum: warning if entry >=100 JIN
Data type: Integer or 1 decimal place (only allow 0.5 for half Jing)
A3. Did you have more trouble falling asleep than you usually do during those two weeks?

1. YES
0. NO

GO TO A4

A3a. Did that happen every night, nearly every night, or less often during those two weeks?

0. EVERY NIGHT
1. NEARLY EVERY NIGHT
2. LESS OFTEN

A4. During those two weeks, did you have a lot more trouble concentrating than usual?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

1. YES
0. NO

A5. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

1. YES
0. NO

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

A5.1 During those two weeks, did you feel hopeless about things?

1. YES
0. NO

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

A6. Did you think a lot about death -- either your own, someone else’s, or death in general during those two weeks?

Interviewer: If R asks: "Are we still talking about the same two weeks?" Answer: "Yes."

A7a. Did you have a plan to harm yourself on purpose during those two weeks?

1. YES
0. NO

A7b. Did you take any action to harm yourself on purpose during those two weeks?

1. YES
0. NO

CHECKPOINT -- (COUNT YES RESPONSES IN A1-A7)

1. ZERO QUALIFYING RESPONSES GOTO End (Thank you!)

Qualifying Responses: A1c=1, A1d=1, A2a >=10Jin, A3a=0 or 1, A4=1, A5=1, A5.1=1; A6=1; A7a=1; A7b=1

2. IF ONE OR MORE QUALIFYING RESPONSE GO TO A8
A8. To review, you had two weeks in a row during your entire life,
(IF “YES” to A1 ) then “when you were sad, blue, or depressed, also you had some other feelings or problems like”… (READ UP TO FIRST 3 QUALIFYING RESPONSES)

(IF “YES” TO A1.1) then “when you had a negative feeling about yourself such as everything went wrong was your fault, you were useless, life was so difficult for you that there was no way out and also had some other feelings or problems like”… (READ UP TO FIRST 3 QUALIFYING RESPONSES)

(IF “YES” to A1.2) then “when you felt so exhausted or even numbers that you would burst into tears without a reason, also you had some other feelings or problems like”… (READ UP TO FIRST 3 QUALIFYING RESPONSES)

(IF “YES” to A1.3) then “when you lost interest in most things like hobbies, work, or activities that usually give you pleasure, also you had some other feelings or problems like”… (READ UP TO FIRST 3 QUALIFYING RESPONSES)

About how many years altogether did you feel this way during your entire life?

____________________ # OF YEARS

ENTER WKS. IF <1 YEAR

Minimum value: 2 WKS (if <1 year) OR 1 YEAR; Maximum value: 51 WEEKS (if <1 years) OR current age;
Data type: integer (other values unacceptable)

A8.1 How old were you when you had your first episode of depression -- that is, when you felt sad or not interested in things for at least two weeks and had several of the other symptoms you described above? Age:_____

Minimum value: 0; Maximum value: current age

A9. Think about this most recent time when you had two weeks in a row when you felt this way. How long ago was that?

____________________MONTHS in the past (if at present, enter “0”; If less than 1 month, round up to half month and enter 0.5)

Minimum value: 0; Maximum value: 12 x age; Data type: integer or 1 decimal place (only allow 0.5 for half month)

A9.1. How many times you feel like this, that is, when you felt sad or not interested in things for at least two weeks, in your life? ______

Minimum value: 0; Maximum value: 999

Page Break (optional)

A10. Did you tell a doctor about these problems? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath, i.e., medical staff working in a hospital.)

1. YES 0. NO

A11. Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, Clergy, or other helping professional working in non-hospital environment)?

1. YES 0. NO

A12. Did you tell your family members or close friends or relatives?

1. YES 0. NO

A13. Did you take medication or use drugs or alcohol more than once for these problems?

1. YES 0. NO
A14. Did you take any treatments for your condition? (More than one answer can be selected)

<table>
<thead>
<tr>
<th>Treatments</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbal medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin or other health products</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A15. How much did these problems interfere with your life or activities -- a lot, some, a little, or not at all

0. A LOT  
1. SOME  
2. A LITTLE  
3. NOT AT ALL

THANK YOU!  
(The end)
SECTION B: GENERALIZED ANXIETY DISORDER

The next set of questions cover experiences you may have had at any point in your life. Since these questions cover a long time period, please take your time to think over your entire life before answering.

B1. During your entire life, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

   1. YES  
   0. NO

B1a. People differ a lot in how much they worry about things. Did you have a time in your entire life when you worried a lot more than most people would in your situation?

   1. YES  
   0. NO

   ---THANK YOU! THE END---

B2. Has that period ended or is it still going on?

   0. ENDED  
   1. STILL GOING ON

B2a. How long did it go on before it ended?

   0. Less than 1 year  
   1. More than 1 year

   How many months:_____

   Minimum value: 1;  
   Maximum value: 12;  
   Data type: integer  
   Decimal place: 1 (only allow 0.5 for half month)

B2b. How long has it been going on?

   2. All my life or as long as I can remember

   How many years___

   Minimum value: 1;  
   Maximum value: 99, warning if entry >=50 year  
   Data type: integer  
   Decimal place: 1 (only allow 0.5 for half year)

INTERVIEWER CHECKPOINT

1. B2a/B2b IS SIX MONTHS OR LONGER, OR R VOLUNTEERED:
   "ALL MY LIFE" OR "AS LONG AS I CAN REMEMBER"

   ---THANK YOU (THE END)---
B3. (During that period, was your/is your) worry stronger than in other people?

1. YES 0. NO

B4. (Did/Do) you worry most days?

1. YES 0. NO

B5. (Did/Do) you usually worry about one particular thing, such as your job security or the failing health of a loved one, or more than one thing?

0. ONE THING 1. MORE THAN ONE THING

B6. (Did/Do) you find it difficult to stop worrying?

1. YES 0. NO

B7. (Did/Do) you ever have different worries on your mind at the same time?

1. YES 0. NO

B8. How often (was/is) your worry so strong that you (couldn’t/can’t) put it out of your mind no matter how hard you (tried/try) -- often, sometimes, rarely, or never?

0. OFTEN 1. SOMETIMES 2. RARELY 3. NEVER

B9. How often (did/do) you find it difficult to control your worry -- often, sometimes, rarely, or never?

0. OFTEN 1. SOMETIMES 2. RARELY 3. NEVER

B10. What sort of things (did/do) you mainly worry about?

<table>
<thead>
<tr>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Relationship (spouse, partner, ex-spouse)?</td>
<td></td>
</tr>
<tr>
<td>2. Other family members (including members of spouse family)?</td>
<td></td>
</tr>
<tr>
<td>3. Own children (including step-children, grown up children) or parents (including step-parents)?</td>
<td></td>
</tr>
<tr>
<td>4. Job (course study)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES (1)</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
</tr>
<tr>
<td>5. Social and/or interpersonal relationships?</td>
<td></td>
</tr>
<tr>
<td>6. Housing/economic situation</td>
<td></td>
</tr>
<tr>
<td>7. Problems other than specified above?</td>
<td></td>
</tr>
<tr>
<td>8. Some terrible things will happen (but nothing has happened yet)</td>
<td></td>
</tr>
</tbody>
</table>

**B11.** When you (are/were) worried or anxious, (are/were) you also

<table>
<thead>
<tr>
<th></th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Restless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. keyed up or on edge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. easily tired?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. have difficulty keeping your mind on what you were doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. more irritable than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. have tense, sore or aching muscles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. have trouble falling asleep or staying asleep?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHECKPOINT**

1. 0-1 YES RESPONSES IN THE B11 SERIES; 2. ALL OTHERS

**B12.** Did you tell a doctor in hospital about these problems? (By "doctor" I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath, i.e., medical staff working in a hospital.)

1. YES 0. NO

**B13.** Did you tell any other professional (such as a psychologist, social worker, counsellor, nurse, Clergy, or other helping professional working in non-hospital environment)?
B14. Did you tell your family members or close friends or relatives about these problems?

1. YES  0. NO

B15. Did you take medication or use drugs or alcohol more than once for these problems?

1. YES  0. NO

B16. Did you take any treatments for your condition?

<table>
<thead>
<tr>
<th>Treatments</th>
<th>YES (1)</th>
<th>NO (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbal medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin or other health products</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B17. How much did these problems interfere with your life or activities -- a lot, some, a little, or not at all

0. A LOT  1. SOME  2. A LITTLE  3. NOT AT ALL

THANK YOU!
(The end)