Quality Control Survey Questionnaire

1. Study ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (The date & time of interview will be recorded by computer)

2. Name:___________; Sex: Male □ Female □; Date of birth: ____year ____month ____day

3. What is the highest level of school education you ever received?
   □ No formal school □ High school
   □ Primary school □ Technical school/college
   □ Middle school □ University

4. In general, how happy did you feel about participating in the original survey?
   □ Very happy, □ Fair, □ Not happy

5. How good did you rank the service given by our staff at the original survey?
   □ Very good, □ Fair, □ Not good

6. How relevant were the survey results & leaflet you received at the original survey?
   □ Very relevant, □ Fair, □ Not relevant

7. During the past 12 months, how often did you drink any tea?
   □ Never □ Only occasionally
   □ Only at certain seasons □ Every month but less than weekly
   □ Usually at least once a week

8. During the past 12 months, how often did you drink any alcohol?
   □ Never □ Only occasionally
   □ Only at certain seasons □ Every month but less than weekly
   □ At least once a week

9. How often do you smoke tobacco now?
   □ Do not smoke now □ Only occasionally
   □ Yes, on most days □ Yes, daily or almost every day

10. How frequently are you exposed to other people’s tobacco smoke either at home, workplace or in public places? (i.e., a minimum of 5 consecutive minutes each time)
    □ Never or almost never □ Occasionally (<1 time/week)
    □ 1-2 days/week □ 3-5 days/week
    □ Daily or almost every day
11. 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

For women only

12. Have you had your menopause?

- □ No
- □ Yes, currently
- □ Yes, had menopause → If so, age of menopause: ____________ Year

13. How many times have you ever been pregnant? (If none, put 0) ____________ Times

14. Have you ever used oral contraceptive pills?

- □ Never
- □ Past use
- □ Current use

15. Do you snore during sleep?

- □ Yes, Frequently,
- □ Yes, Sometimes,
- □ No / Don’t know

16. How many hours do you typically sleep per day (incl. naps)? ____________ Hours

17. Physical measurements:

1). Did you take any drugs to lower blood pressure in the last two days? Yes □, No □

2). Blood pressure and heart rate: First Second mmHg mmHg Beats/min
   SBP ________ ________
   DBP ________ ________
   Heart rate ________ ________

3). Lung function: First Second Liter Liter
   FEV1 ________ ________
   FVC ________ ________

Date of interview _____ year _____ month _____ day, Name of interviewer____________