June 2019

China Kadoorie Biobank

【3rd Resurvey Questionnaire】

Version 7.2, CKB/ICC/2019

Section 1: Background information

1.1 Resurvey ID: K | | 3 | | | | | | | | | | | **Baseline ID:** K | | 0 | | | | | | | | | | |

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: | | | | | | | | | | | | | | |

1.6 What is your current occupation?

- ☐ Agriculture & related workers
- ☐ Factory worker
- ☐ Administrator / manager
- ☐ Professional / technical
- ☐ Sales & service workers
- ☐ Retired. ***If "YES", Go to <u>Q1.6.1</u> & <u>Q1.6.2</u>***
- ☐ House wife / husband
- ☐ Self-employed
- ☐ Unemployed
- ☐ Other or not stated

1.6.1 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

1.6.2 Why did you retire?

- ☐ Reaching retirement age
- ☐ Health related (excluding injury)
- ☐ Other

1.7 How many people live together as a family in your household? | | Persons

---

1.8 How often do you interact socially with people outside your household (e.g. by talking to people in person, or on the telephone or other media):

- ☐ Daily or almost every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Rarely or never

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?

- ☐ <10,000 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
- ☐ 100,000-199,999 yuan
- ☐ ≥200,000 yuan

1.11 Do you have any of the following items in your household?

Yes	No	
☐	☐	Own house / apartment
☐	☐	Tap water in your own house
☐	☐	Flushing toilet for private use
☐	☐	Telephone or mobile phone
☐	☐	Car
☐	☐	Motorbike / moped / other motor vehicle
☐	☐	Web access / Email / QQ / Wechat / Computer

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 <u>Q2.3</u>***

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 (**<u>Q2.2a</u>**)? ☐☐ Years } ***Go to <u>Q2.11</u>***
- ☐ 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, what kind of tea do you drink most of? (choose one only)

- ☐ Green tea (including Jasmine tea and other scented tea)
- ☐ Oolong tea / Tieguanyin
- ☐ Black tea (e.g. Dianhong tea and Keemun tea)
- ☐ Other tea (e.g. Pu'er tea, Brick tea)

2.5.1 Amount drunk? ☐☐ cups/day

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 current 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 have you drunk 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 <u>Q3.3</u>***

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 (**<u>Q3.2a</u>**)? ☐☐ Years → ***Go to <u>Q3.2b</u>***
- ☐ No → ***Go to section 4***

3.2b What was your main reason for stopping?

- ☐ Physical illness that you already had
- ☐ Health concerns (about future illness)
- ☐ Money
- ☐ Family against
- ☐ Doctor's advice
- ☐ 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 every week? ☐☐ **years**

3.5 In three different situations when you drink, 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)

Alcohol type	On a typical day	On a special day when you drink a lot	Last time when you drank
Beer (large)	☐☐ bottle	☐☐ bottle	☐☐ bottle
Rice Wine	☐☐ liang	☐☐ liang	☐☐ liang
Wine	☐☐ liang	☐☐ liang	☐☐ liang
Spirit (≥40% alcohol)	☐☐ liang	☐☐ liang	☐☐ liang
Spirit (<40% alcohol)	☐☐ liang	☐☐ liang	☐☐ liang

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
- ☐ No regular pattern

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?

Yes	No	
☐	☐	Unable to work or to do anything because of drinking
☐	☐	Felt depressed, angry or couldn't control yourself after drinking
☐	☐	Could not keep away from drinking
☐	☐	Had shakes when you stopped drinking

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? ☐ Yes, ☐ No

Section 4: Smoking history

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

---

4.2 How often do you smoke tobacco now?

- ☐ Do not smoke now
- ☐ Only occasionally

} → ***If ticked, Go to Q4.3***

- ☐ Yes, on most days
- ☐ Yes, daily or almost every day

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 4.13***

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
- ☐ Health concerns (about future illness)
- ☐ Money
- ☐ Family against
- ☐ Doctor's advice
- ☐ 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 current 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 ticked "No", then go to Q4.13 directly.***

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 had the following experience when you last tried to quit?

Yes	No	
☐	☐	When you stopped or reduced smoking you felt a strong desire for a cigarette
☐	☐	When you stopped or reduced smoking you could not control your smoking behaviour
☐	☐	When you stopped or reduced smoking you got withdrawal symptoms e.g., headaches, sweating, nausea, constipation, difficulty concentrating, irritability

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

Yes	No	
☐	☐	Nicotine replacement therapy eg, nicotine gum/patch/nasal spray
☐	☐	Other drug treatments
☐	☐	Professional help e.g., smoking cessation clinics
☐	☐	Any other methods e.g., e-cigarettes

4.13 Have you ever used e-cigarettes?

☐ Yes, ☐ No → ***if ticked "No", then go to <u>Section 5</u>***

4.13a For how long in total have you ever used e-cigarettes?

		years

4.13b When you used e-cigarettes what was your maximum frequency of use?

☐ Daily, ☐ Weekly but not daily, ☐ Less than weekly

4.13c When you used e-cigarettes what were the reasons for you starting to use them?

Yes	**No**	
☐	☐	To facilitate smoking cessation
☐	☐	Because e-cigarettes are convenient and can be used in any place/environment
☐	☐	To reduce financial expenditure on smoking
☐	☐	To avoid the influence of secondary smoking on others
☐	☐	Because e-cigarettes are cool/fun
☐	☐	Other

Section 5: Diet

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

Staple foods	**Daily**	**4-6 days Per week**	**1-3 days Per week**	**Monthly**	**Never or rarely**	**On the day when you consume the foods or drinks, about how much do you consume (Q5.1a)?**
Rice	☐	☐	☐	☐	☐	_____Liang
Wheat	☐	☐	☐	☐	☐	_____Liang
Other staple foods (corn, millet etc.)	☐	☐	☐	☐	☐	_____Liang
Animal foods						
Poultry	☐	☐	☐	☐	☐	_____Liang
Red Meat	☐	☐	☐	☐	☐	_____Liang
Fish/sea food	☐	☐	☐	☐	☐	_____Liang
Fresh eggs	☐	☐	☐	☐	☐	_____Ge
Vegetables						
Fresh vegetables	☐	☐	☐	☐	☐	_____Liang
Soya products (excluding liquids)	☐	☐	☐	☐	☐	_____Liang
Dried vegetables (mushrooms, agaric, etc)	☐	☐	☐	☐	☐	_____Liang
Salted vegetables	☐	☐	☐	☐	☐	_____Liang
Pickled vegetable (sour taste)	☐	☐	☐	☐	☐	_____Liang
Other foods						
Yoghurt	☐	☐	☐	☐	☐	_____Liang
Other dairy foods (milk powder, cheese etc)	☐	☐	☐	☐	☐	_____gram
Fresh fruits	☐	☐	☐	☐	☐	_____Portions
Drinks						
Soymilk	☐	☐	☐	☐	☐	_____ml
Milk	☐	☐	☐	☐	☐	_____ml
Pure fruit/vegetable juice	☐	☐	☐	☐	☐	_____ml
Sugar-sweetened beverages	☐	☐	☐	☐	☐	_____ml

5.2 During the past 12 months, about how often did you do the following things?

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

5.3 What is the main cooking oil used now?

- ☐ Rapeseed
- ☐ Peanut
- ☐ Soybean
- ☐ Lard
- ☐ Other
- ☐ Don't know

5.4 What is your preferred degree of saltiness for your dishes compared with your friends or colleagues?

- ☐ Very light
- ☐ About average
- ☐ Very salty

5.5 What is the preferred temperature for your foods with liquid (eg, hot soup, porridge, soup noodles)?

- ☐ Boiling hot
- ☐ Hot
- ☐ Room temperature (warm)
- ☐ Cool

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

Yes	No	
☐	☐	Fish oil
☐	☐	Cod liver oil
☐	☐	Vitamins
☐	☐	Chondroitin Sulphate
☐	☐	Calcium/iron/zinc
☐	☐	Ginseng and related products (at least 5 or more times during a year)
☐	☐	Traditional Chinese medicine
☐	☐	Other herbal health products

5.7 How many years have you had a refrigerator in your home?

☐☐ Years

5.8 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 <u>Section 6</u>***

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

5.9 At what age did you start to eat spicy food at least once a week? ☐☐ Years

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 yes, Q6.1a duration of living together*** ☐☐ years

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

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 the past 12 months, how often was cooking done (by anyone) at your 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 Q6.8***

6.5 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

} ➔ ***If ticked, go to Q6.6***

6.5.1 On a typical day when you cook, how much time do you spend in the kitchen per day? _____ hours

6.5.2 At about what age did you start cooking regularly at home? ☐☐ years

6.6 In your household, what cooking fuels are used now?

	Yes	No	Q6.6.1 If yes, fuel is used as	
			Primary fuel	Secondary fuel
Electricity	☐	☐	☐	☐
Natural gas/town gas/LPG	☐	☐	☐	☐
Biogas	☐	☐	☐	☐
Smokeless coal	☐	☐	☐	☐
Smoky coal	☐	☐	☐	☐
Coalite/coal brick	☐	☐	☐	☐
Charcoal	☐	☐	☐	☐
Wood/twig	☐	☐	☐	☐
Other	☐	☐	☐	☐

6.6.2 Whether the primary and secondary cooking facilities have a chimney/extractor fan?

Yes	No	
☐	☐	For any primary fuel stove(s)
☐	☐	For any secondary fuel stove(s)

6.6.3 Do you have any other opening (excluding windows and doors)/extractor fan in the wall of your kitchen (in addition to chimney/extractor fan for your primary/secondary fuel stoves)?

☐ Yes ☐ No

6.7 How often is the kitchen window(s)/door open when cooking is done?

☐ Always ☐ Sometimes ☐ Rarely/never

6.7.1 Does the inside of your kitchen tend to be smoky when cooking?

☐ Always ☐ Sometimes ☐ Rarely/ never

6.8 In winter, how frequently do you normally heat your home?

☐ Daily or almost every day

☐ A few times a week

☐ A few times a month

☐ Never/No heating →if ticked, go to Q6.11

6.8.1 How many months do you heat your home? _____ months/year

6.8.2 How long do you usually use heating on a typical day in winter? _____hours/day

(to the nearest 0.5 hr)

6.9 In your household, what types of heating fuels do you usually use in winter? *(Tick multiple types of fuel if applicable)*

	Yes	No	**Q6.9.1** With chimney/extractor Yes	**Q6.9.1** With chimney/extractor No	**Q6.9.2** Duration of use (hour, to the nearest 0.5 hr) on a typical day
Central heating	☐	☐		N/A	
Electricity	☐	☐		N/A	
Natural gas/town gas/LPG	☐	☐	☐	☐	
Biogas	☐	☐	☐	☐	
Smokeless coal	☐	☐	☐	☐	
Smoky coal	☐	☐	☐	☐	
Coalite/coal brick	☐	☐	☐	☐	
Charcoal	☐	☐	☐	☐	
Wood/twig	☐	☐	☐	☐	
Other	☐	☐	☐	☐	

6.10 Does the inside of your home tend to be smoky when you use heating?

☐ Always ☐ Sometimes ☐ Rarely/ never

6.11 What is the primary reason for not using heating? (only for those who answered no heating in 6.8)

☐ No such need ☐ Cannot afford ☐ Inconvenience

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

7.1.2. Compared to someone of your own age?

- ☐ Better
- ☐ About the same
- ☐ Worse
- ☐ Don't know

7.2 Activities of daily living

For each of the following activities, indicate whether your health limits you

	Yes, limited a lot	No, not limited at all
Lifting or carrying groceries	☐	☐
Climbing several flights of stairs	☐	☐
Climbing one flight of stairs	☐	☐
Bending, kneeling, stooping	☐	☐
Walking more than one kilometre	☐	☐
Walking one hundred metres	☐	☐
Bathing and dressing yourself	☐	☐
Rising from a chair	☐	☐
Vigorous activities (e.g. running, lifting heavy objects, gardening)	☐	☐
Moderate activities (e.g. moving a table, pushing a vacuum cleaner, tai chi, folk dancing)	☐	☐

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

7.3.1 Become short of breath?

- ☐ Yes
- ☐ No
- ☐ Disabled

7.3.2 Slow down due to chest discomfort?

- ☐ Yes
- ☐ No
- ☐ Disabled

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

7.4.1 Cough frequently?

- ☐ No
- ☐ Yes, for <3 months
- ☐ Yes, for ≥3months

7.4.2 Cough up sputum after getting up in the morning?

- ☐ No
- ☐ Yes, for <3 months
- ☐ Yes, for ≥3 months→ If yes, **Q7.4.2a** for how long ___ years

7.4.3 Wheeze or whistle in the chest at any time?

☐ No
☐ Yes
☐ Yes, but only when having a cold or viral infection

7.5 During the past 30 days, have you taken any prescribed medication?

☐ Yes
☐ No
☐ Prefer not to say

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

	Diagnosed disease? Yes	No	7.6a Age of first diagnosis	7.6b Still on Treatment		7.6c Hospitalised? Yes	No	7.6d If yes, date of last hospitalisation
Diabetes	☐	☐	_____	☐	☐	☐	☐	_____
IHD	☐	☐	_____	☐	☐	☐	☐	_____
Stroke or TIA	☐	☐	_____	☐	☐	☐	☐	_____
Hypertension	☐	☐	_____	☐	☐	☐	☐	_____
Bronchitis, Emph. COPD	☐	☐	_____	☐	☐	☐	☐	_____
Rheumatoid arthritis	☐	☐	_____	☐	☐	☐	☐	_____
AMD	☐	☐	_____	☐	☐	☐	☐	_____

	Diagnosed disease? Yes	No	Age of first diagnosis	Still on Treatment		Operated? Yes	No	If yes, date of last operation
Cataract*	☐	☐	_____	☐	☐	☐	☐	_____
Glaucoma*	☐	☐	_____	☐	☐	☐	☐	_____

7.7 Are you currently taking the following medications?

Yes	No/ Don't know	
☐	☐	Aspirin
☐	☐	Clopidogrel
☐	☐	Statins
☐	☐	ACE-I
☐	☐	Beta-blockers
☐	☐	Diuretics
☐	☐	Ca^{++} antagonist
☐	☐	ARB
☐	☐	Other anti-hypertensive drugs
☐	☐	Insulin
☐	☐	Other anti-diabetic drugs

☐ ☐ Traditional Chinese medicine

7.8 During the past 30 days, have you used antibiotics for at least three days?

☐ Yes ☐ No/ Don't know

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

---

7.10 During the past 12 months, how many times have you been hospitalised overnight for any reason? *(If none, put 0)* ☐☐ times

---

7.11 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

7.12 During the past 3 months, what kind of stools did you usually have?

☐ Loose, mushy or watery stools
☐ Soft stools
☐ Hard or lumpy stools
☐ Loose, mushy or watery stools alternating with hard or lumpy stools

7.13 Do you use laxatives more than once per week (including bulking agents, osmotic laxatives, wetting agents, stimulant laxatives and other kinds of laxatives)?

☐ Yes ☐ No/ Don't know

7.14 At this moment, do you have urinary incontinence problems at least twice per week when you cough, sneeze or carry heavy loads?

☐ Yes
☐ No → **if ticked, go to question Q7.15**

7.14a. For the above-mentioned urinary incontinence problem, which of the following best describes your situation

☐ Mild: it happens only when I cough, sneeze or carry heavy loads. No need to use pads.
☐ Moderate: it also happens during daily activities such as jumping, running, and brisk walking. Need to use pads.
☐ Severe: it sometimes happens during light activities such as slow walking and when I change my body position

7.14b. Have you been treated for this urinary incontinence problem?

- ☐ No, haven't been treated
- ☐ Yes, have been treated non-surgically
- ☐ Yes, have been operated on for this

7.15 Have you ever experienced a sudden urge to urinate but did not get to a toilet in time?

- ☐ Yes
- ☐ No → **go to Q7.16**

7.15a. In the past 30 days, how many days did this urge urinary incontinence happen?

- ☐ < 10 days
- ☐ 10-20 days
- ☐ >20 days

7.15b. Have you been treated for this urge urinary incontinence problem?

- ☐ No, haven't been treated
- ☐ Yes, have been treated non-surgically
- ☐ Yes, have been operated on for this

7.16 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

7.17 Do you have any of the following?

Yes	No	
☐	☐	Any of your own teeth
☐	☐	Fixed crown/ bridge/ dental implant
☐	☐	Removable denture
☐	☐	Mouth ulcer
☐	☐	Toothache
☐	☐	Dry mouth

7.18 Compared with yourself at about 35 years old, have you experienced any hearing loss?

- ☐ Yes

☐ No → If ticked, go directly to question **Q7.19**

7.18a How severe is your hearing loss?

☐ Mild hearing loss (e.g difficulty using the telephone)
☐ Moderate hearing loss (impacts on day-to-day activities and communication)
☐ Severe hearing loss (i.e. require hearing aid)

7.18b At what age did you first become aware of your hearing loss?

		years

7.19 When you were around age 25 years, how was your eyesight?

☐ Good
☐ Need to wear glasses to see things clear →if tick, answer question 7.19a
☐ Cannot see things clearly due to eye diseases/injury (glasses wouldn't help)

7.19a What kind of glasses did you wear then?

☐ Myopic →If ticked, answer the question about strength (**Q7.19b**) _____ degree (# if unknown)
☐ Hypermetropic
☐ Mix/Others

7.20 Were you ever hospitalised due to pneumonia, bronchitis or TB before 18 years old?

☐ Yes
☐ No/ Don't know

7.21 Did you often cough before you were 14 years old?

☐ Yes, often (i.e. daily cough lasting more than 8 weeks a year)
☐ No, only sometimes
☐ No, only rarely
☐ Don't know

7.22 Have you ever donated blood for whatever reason?

☐ Yes
☐ No → if ticked, go directly to Q7.23

7.22a How many times have you donated blood throughout your life?

☐ Less than 3 times in life
☐ At least 3 times but less than 10 times
☐ At least 10 times

7.23 Is your mother still alive?

☐ Yes → If ticked, **7. 23a** current age: | | | Years
☐ No → If ticked, **7. 23b** age at death: | | | Years
☐ Unknown

7.24 Is your father still alive?

☐ Yes → If ticked, **7.24a** current age: ☐☐ Years

☐ No → If ticked, **7.24b** age at death: ☐☐ Years

☐ Unknown

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

	Mother	Father	Siblings (incl. half)	Children
Stroke	☐ Yes; ☐ No	☐ Yes; ☐ No	☐☐ persons	☐☐ persons
Heart attack	☐ Yes; ☐ No	☐ Yes; ☐ No	☐☐ persons	☐☐ persons
Diabetes	☐ Yes; ☐ No	☐ Yes; ☐ No	☐☐ persons	☐☐ persons
Depression	☐ Yes; ☐ No	☐ Yes; ☐ No	☐☐ persons	☐☐ persons
Cancer	☐ Yes; ☐ No	☐ Yes; ☐ No	☐☐ persons	☐☐ persons
COPD/Bronchitis/ Emphysema/PHD	☐ Yes; ☐ No	☐ Yes; ☐ No	☐☐ persons	☐☐ persons

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 <u>Q8.9</u>***

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

8.2b On days when you work, on average how many hours do you spend on sitting?

_____hours

8.3 During the past 12 months, how did you usually get to work?

- ☐ Mainly walk
- ☐ By motorbike/mopad
- ☐ By bicycle
- ☐ By bus/ferry/train
- ☐ By car/taxi
- ☐ Mainly stay at home or work near home

↳ ***If ticked, Go to <u>Q8.9</u>***

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?

☐ Yes ☐ No → ***If ticked, Go to <u>Q8.3</u>***

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? ☐☐ months

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?

☐ Yes ☐ No → **If ticked, Go to <u>Q8.7</u>**

8.5 How active were you at work with other job?

☐ Mainly sedentary ☐ Mainly general manual work

☐ Mainly standing ☐ Mainly heavy manual work

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

8.6b On days when you work at your other work at your other job, on average how many hours do you spend on sitting? _____ 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 <u>Q8.9</u>***

8.8 How much time in total did you usually spend each day on the journey to and from work?

☐☐ 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 } → ***If ticked, Go to <u>Q8.12</u>***

☐ 1-3 times/month ☐ 3-5 times/week

☐ 1-2 times/week ☐ Daily or almost every day

8.10 What is your main type of leisure exercise? *(tick one box only)*

☐ Taichi / Qigong ☐ Walking

☐ Jogging/aerobic dancing ☐ Swimming

☐ Ball games (basketball, table tennis, etc) ☐ 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 } → ***If ticked, Go to <u>Q8.14</u>***
☐ <1 time / week
☐ 1-2 times/week
☐ 3-5 times/week
☐ Daily or almost every day

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 (to the nearest 0.5 hr)

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

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

---

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? ☐ Yes ☐ No

---

Section 9: Female Reproductive history

9.1 Have you had your menopause?

☐ No → ***If ticked, <u>Q9.1a</u>*** *Are you on your period today (☐Yes, ☐No), then* ***Go to <u>Q9.2</u>***

☐ Yes, currently

☐ Yes, had menopause → If so, **<u>Q9.1b</u>** age of completion of menopause: ☐☐ Year

9.1.1 Are you taking or have you taken any medications to relieve the symptoms associated with menopause? ☐ Yes**,** ☐ No; →If yes, **<u>Q9.1.1a</u>** please specify type of medication used:

Yes	No	
☐	☐	HRT
☐	☐	Traditional Chinese medicine
☐	☐	Other medication

9.2 How many times have you ever been pregnant?

☐☐ times

If none then Move to ***<u>Q9.4</u>***

9.3 Were you diagnosed with the following conditions during any of your pregnancies?

	Yes	No/ Don't know
Gestational diabetes	☐	☐
Pre-eclampsia	☐	☐
Hypertension	☐	☐

9.4 Have you ever used oral contraceptive pills?

☐ Never

☐ Past use

☐ Current use

9.5 Have you ever used a contraceptive coil?

☐ Never

☐ Past use

☐ Current use

9.6 Have you ever had any of the following procedures?

		Yes	No	If YES, age of operation?
a)	Hysterectomy?	☐	☐	_____ Years
b)	Removal of one or both ovaries?	☐	☐	_____ Years
c)	Surgery to remove a breast lump?	☐	☐	_____ Years
d)	Sterilization?	☐	☐	_____ Years
e)	Caesarean Section?	☐	☐	_____ Years

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 Social interaction

	Hardly ever	Sometimes	Often
10.2.1 How often do you feel that you lack companionship?	☐	☐	☐
10.2.2 How often do you feel left out?	☐	☐	☐
10.2.3 How often do you feel isolated from others?	☐	☐	☐

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 problems for ≥3 days each week?

Yes	No	
☐	☐	Taking >30 minutes to fall asleep after going to bed
☐	☐	Taking >30 minutes to fall asleep after 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
☐	☐	Waking up feeling like you have not slept

If ticked "No" to all the six questions, then *Go to <u>Q10.5</u>*

10.4.1 If yes, 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

10.5.1 If yes, usually for how long? _____ hours (to the nearest 0.5 hr)

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

---

10.7 Have you ever been diagnosed with obstructive sleep apnea?

☐ Yes, ☐ No

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

☐ Yes, ☐ No; →If yes, **Q10.8a** how often: ☐ Daily, ☐ Weekly, ☐ Monthly; and

Q10.8b for how many years _____ Years

10.9 How many hours do you typically sleep per day (incl. naps)?

☐☐ Hours (to the nearest 0.5 hr)

10.10 During the last 5 years, have you had the following situations for 2 or more weeks continuously?

Yes	No	
☐	☐	Feeling much more sad, or depressed than usual
☐	☐	Loss of interest in most things like activities that usually give you pleasure
☐	☐	Being so hopeless that you had no appetite to eat even your favourite food
☐	☐	Feeling worthless and useless, everything went wrong was your fault and life is very difficult that there was no way out

---

10.11 During the last 5 years, have you had a period lasting one month or longer when most of the time you felt worried, tense, or anxious and it interfered with your life?

☐ Yes ☐ No
