5 March 2008

Kadoorie Study of Chronic Disease in China

【Resurvey Questionnaire】

The items in red are changes from the baseline survey

Section 1: Background information

1.1 Resurvey ID: K _ 1 _ _ _ _ _ _ _ ; **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: ☐☐☐☐ – ☐☐☐☐☐☐☐☐☐☐

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
- ☐ House wife / husband
- ☐ Self-employed
- ☐ Unemployed
- ☐ Other or not stated

1.8 How many people living together 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 yuan

1.11 Do you have any health care cover and following items in your household?

Yes	No	
☐	☐	Health care cover
☐	☐	Own house / apartment
☐	☐	Toilet for private use
☐	☐	Telephone or mobile phone
☐	☐	Motor vehicle (e.g. car or motorbike)
☐	☐	Holiday during last five years
☐	☐	Tap water in the own house

Section 2: Tea drinking

2.1 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 → *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? ☐☐ Years } *Go to section 3*
- ☐ 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

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2.5 On days when you drink tea, how many cups do you usually drink? (choose one only)

Green /Jasmine tea	☐☐	cups/day
Oolong tea	☐☐	cups/day
Black tea	☐☐	cups/day
Other tea	☐☐	cups/day

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

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2.7 About how much tea leaves do you usually add each time? .... ☐☐ Grams

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2.8 What strength of tea do you usually prefer to drink?

- ☐ Weak
- ☐ Moderate
- ☐ Strong

2.9At 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

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Section 3: Alcohol consumption

3.1 Have you drunk any alcohol today? ☐ Yes, ☐ No

3.2 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
- ☐ Usually at least once a week → *Go to Q3.4*

3.3 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? ☐☐ Years
- ☐ No

} *Go to section 4*

3.4 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

3.5 At about what age did you start drinking some alcohol in most weeks? ☐☐ Years

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3.6 On days when you drink, how much alcohol do you usually drink in a day?
(Can choose up to 3 types of alcohol for special occasions; for beer, 1 large bottle=2 small ones)

Alcohol type	On a typical day (choose one)		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 (≥50% alcohol)	☐☐	liang*	☐☐	liang*	☐☐	liang*
Spirit (<50% alcohol)	☐☐	liang*	☐☐	liang*	☐☐	liang*

3.7 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

3.8 After drinking alcohol, do you usually 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

3.9 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

3.10 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

3.11 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

** liang, 市两：This is one of the mass units being used in modern China. 1 liang = 50 g = ~1.764 oz

Section 4: Smoking history

4.1 Have you smoked any tobacco today? ☐ **Yes ,** ☐ **No,** → if yes, how many: __ total, __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 } → ***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 } → ***Go to Q 4.5***

4.4 In your life time, have you smoked a total of at least 100 cigarettes or equivalent?

- ☐ Yes
- ☐ No } ➔ ***Please go to section 5***

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

4.6 What was your main reason for stopping?

- ☐ Physical illness that you already had
- ☐ Health concerns (about future illness)
- ☐ Money
- ☐ Family against
- ☐ 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 ☐

↳ If so, have you always smoked some cigarettes on most days, never having a month or more without them? Yes ☐, No ☐

4.9 How much tobacco do you usually smoke (or did you smoke before giving up)?

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 you usually inhale the smoke?

- ☐ Mouth only
- ☐ Throat
- ☐ Lung ➔ Have you nearly always inhaled a lot of smoke into your lung when smoking? Yes ☐, No ☐

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

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Section 5: Diet

5.1 During the past 12 months, about how often did you eat the following foods?

	Daily	4-6 days per week	1-3 days per week	Monthly	Never/rarely
Rice	☐	☐	☐	☐	☐
Wheat	☐	☐	☐	☐	☐
Other staple food (corn, millet etc.)	☐	☐	☐	☐	☐
Meat	☐	☐	☐	☐	☐
Poultry	☐	☐	☐	☐	☐
Fish/sea food	☐	☐	☐	☐	☐
Fresh eggs	☐	☐	☐	☐	☐
Fresh vegetables	☐	☐	☐	☐	☐
Soybean products	☐	☐	☐	☐	☐
Preserved vegetables	☐	☐	☐	☐	☐
Fresh fruit	☐	☐	☐	☐	☐
Dairy products (milk, yogurt)	☐	☐	☐	☐	☐

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

Yes	No	
☐	☐	Fish oil/cod liver oil
☐	☐	Vitamins
☐	☐	Calcium/iron/zinc
☐	☐	Ginseng and related products
☐	☐	Other herbal health supplements

5.3 Have you ever experienced any severe food shortage? ☐Yes, ☐ No → ***Go to Q5.6***

5.4 What year was the worst food shortage you experienced? ____________ **years**

5.5 During the most severe food shortage you experienced:

5.5.1 did you lose weight? ☐ Yes, ☐ No, ☐ Don't know → If yes, about how much _____ *jin***

5.5.2 did you develop any specific disease related to food shortage? ☐ Yes, ☐ No

5.6 How many years have you had a refrigerator in your home? ☐☐ Years

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

☐ Never or almost never
☐ Only occasionally
} → ***Go to section 6***

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

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

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

☐ Weak, ☐ Moderate, ☐ Strong

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

Yes	No	
☐	☐	Chili sauce
☐	☐	Chili oil
☐	☐	Dried chili pepper
☐	☐	Fresh chili pepper
☐	☐	Other or don't know

Section 6: Passive smoking & indoor air pollution

6.1 Have you ever lived with smoker in the same house for at least 6 months?

☐ Never
☐ Yes, but not now
☐ Yes, at present } → ***If yes, duration of living together*** [|] years

6.2 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) } → ***Go to Q6.4***
☐ 1-2 days/week
☐ 3-5 days/week
☐ Daily or almost every day

6.3 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 In your present & two previous houses, how often did you cook at home?

☐ Daily
☐ Weekly
☐ Monthly
☐ Never/Rarely → ***Go to Q6.10***
☐ No cooking facility → ***Go to Q6.11***

6.7 In your present & two previous houses, what was the main cooking fuel used?

☐ Gas
☐ Coal
☐ Wood
☐ Electricity
☐ Other

6.8 In your present & two previous houses, what was the main cooking oil used?

☐ Rapeseed
☐ Peanut
☐ Soybean
☐ Lard
☐ Other

6.9 How much time have you spent on cooking so far today? [|] minutes

6.10 In your present & two previous houses, did your stove(s) all have a chimney / extractor?

☐ Yes ☐ Not all stoves ☐ No

6.11 In your present & two previous houses, was your stove always kept under slow burning throughout the day?

☐ Yes, always ☐ Yes, sometimes ☐ No → if ticked, *Go to Q6.14*

6.12 If yes , types of the fuel most commonly used?

☐ Smokeless coal ☐ Coal brick / Coalite

☐ Smoky coal ☐ Other

6.13 And , the place where stove was usually kept?

☐ Inside the house ☐ Outside the house

6.14 In winter, did you normally heat your house?

☐ Yes, ☐ No

6.15 If yes, what was the main heating fuel used?

☐ Central heating ☐ Wood

☐ Gas ☐ Electricity

☐ Coal ☐ Other

6.16 From what year did the inside of your house tend to be coal-smoky in winter?

☐ Never → if ticked, ***Go to section7***

☐ Ever since childhood

☐ Since the year: _________ year

6.17 In what year did the inside of your house stop being really coal-smoky in winter?

☐ In the year: _________ year

☐ Still is

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 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

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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 ≥3months

7.3.2 Cough up sputum after getting up in the morning?

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

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

	Diagnosed disease?		Age of	Still on		Hospitalized?		If yes, date of
	Yes	No	first diagnosis	Treatment		Yes	No	last hospitalisation
Diabetes	☐	☐	________	☐	☐	☐	☐	________
CHD	☐	☐	________	☐	☐	☐	☐	________
Stroke or TIA	☐	☐	________	☐	☐	☐	☐	________
Hypertension	☐	☐		☐	☐	☐	☐	________
Rheumatic heart dis.	☐	☐		☐	☐	☐	☐	________
TB	☐	☐		☐	☐	☐	☐	________
Emphysema/bronchitis	☐	☐		☐	☐	☐	☐	________
Asthma	☐	☐		☐	☐	☐	☐	________
Cirrhosis/chronic hepatitis	☐	☐		☐	☐	☐	☐	________
Peptic ulcer	☐	☐		☐	☐	☐	☐	________
Gallstone/gallbladder dis.	☐	☐		☐	☐	☐	☐	________
Kidney disease	☐	☐		☐	☐	☐	☐	________
Fracture	☐	☐		☐	☐	☐	☐	________
Rheumatoid arthritis	☐	☐		☐	☐	☐	☐	________
Psychiatric disorders	☐	☐	________	☐	☐	☐	☐	________
Neurasthenia	☐	☐	________	☐	☐	☐	☐	________
Head injury	☐	☐	________	☐	☐	☐	☐	________
Cancer*	☐	☐	________	☐	☐	☐	☐	________

For CHD, stroke, and hypertension what is the current medication?

1. Aspirin
2. ACE-I
3. Beta-blocker
4. Statins
5. Diuretics
6. Ca^{++} antagonist

& for diabetes, the above list plus

7. Chlorpropamide or metformin
8. Insulin

***If yes, please indicate the site of cancer** ☐ *(If more than one, choose the one that occurred first)*

1. Lung 2. Esophagus 3. Stomach 4. Liver 5. Intestine 6. Breast 7. Prostate 8. Cervix 9. Other

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7.5 During the past 12 months, have you visited hospital as an outpatient for any reason?

☐ No, ☐ Yes; If yes, how many times? ☐☐ times

7.6 During the past 12 months, have you been hospitalised overnight for any reason?

☐ No, ☐ Yes; If yes, how many times? ☐☐ times

7.7 Have many blood transfusions have you ever received? *(If none, put 0)* ☐☐ times

7.8 How many times have you ever donated blood for financial payment?

(If none, put 0) ☐☐ times

7.9 About how often do you have bowel movements each week?

☐ More than once on most days
☐ About daily
☐ Once every 2-3 days
☐ Less than 3 times a week

7.10 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

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

7.12 How many children do you have? *(Including only biological ones)* ☐☐

7.13 Is your mother still alive?

☐ Yes → If ticked, current age: ☐☐
☐ No → If ticked, age at death: ☐☐
☐ Unknown

7.14 Is your father still alive?

☐ Yes → If ticked, current age: ☐☐
☐ No → If ticked, age at death: ☐☐
☐ Unknown

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

	Stroke	Heart attack	Diabetes	Mental disorder	Cancer
Mother *(tick box)*	☐	☐	☐	☐	☐
Father *(tick box)*	☐	☐	☐	☐	☐
Siblings *(inclu. half)*	☐	☐	☐	☐	☐
Children	☐	☐	☐	☐	☐

Section 8U: Physical activities (Urban)

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, please go to Q8.8*

8.2 In a typical week, about how many hours did you usually work? _______ hours

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

- ☐ Mainly walk
- ☐ By motorbike/mopad
- ☐ By bicycle
- ☐ By bus/car/ferry/train
- ☐ Mainly stay at home or work near home
  ↳ *If ticked, please go to Q8.8*

8.4 How much time did you spend each day on journey to & from work? _____minutes

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Section 8F: Physical activities (New section for rural farmers)

8.1 During the past 12 months, did your farming work change seasonally?

- ☐ No → *go to Q8.3*
- ☐ Yes

8.2 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, how many hours did you usually work in the field? ☐☐ hours

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8.4 Apart from agriculture work, did you have any other job?

- ☐ No → *go to Q8.7*
- ☐ Yes

8.5 How active were you at work with other job?

- ☐ Mainly sedentary
- ☐ Mainly standing
- ☐ Mainly general manual work
- ☐ Mainly heavy manual work

8.6 In a typical week, about how many hours did you work at other job? ☐☐ hours

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8.7 In a typical day how much time did you usually spend on the journey to and from work on foot or by bicycle? ☐☐☐ minutes

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Section 8C: Physical activities (Common to both rural farmers and urban)

8.8 During the past 12 months, how often did you do exercise in your leisure time?

- ☐ Never or almost never } → *If ticked, please go to Q8.11*
- ☐ 1-3 times/month }
- ☐ 1-2 times/week
- ☐ 3-5 times/week
- ☐ Daily or almost every day

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

- ☐ Taichi / Qigong
- ☐ Jogging/aerobic dancing
- ☐ Ball games (basketball, table tennis, etc)
- ☐ Walking
- ☐ Swimming
- ☐ Other (eg. hill walking, mountain climbing)

8.10 About how many hours per week did you do such exercise in leisure time? ___ hours

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8.11 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, please go to Q8.13*
- ☐ <1 time / week }
- ☐ 1-2 times/week
- ☐ 3-5 times/week
- ☐ Daily or almost every day

8.12 About how many hours per week did you do such activities? _______ hours

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8.13 About how many hours per week did you do house work? _______ hours

8.14 About how many hours per week did you watch TV or read? _______hours

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

☐ About the same as before ☐ Yes, gained ≥2.5 kg ☐ Yes, lost ≥2.5 kg

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

8.17 How much did you weigh when you were at age 25? (If unknown put #) |__|__|__| jin **

** Jin, 市斤：This is one of the mass units being used in modern China. 1 jin = 500g = ~1.102 lb.

Section 9: Reproductive history (for women)

9.1 How old were you when you had your menstrual period? (if none put #, go to Q9.8) [ ][ ] Year

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9.2 Have you had your menopause?

- ☐ No
- ☐ Yes, currently
- ☐ Yes, had menopause → If so, age of completion of menopause: [ ][ ] Year

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9.3 How many times have you ever been pregnant? (if none, put 0. Go to Q9.5) [ ][ ] times

— **Of which** *(twins with only one live birth count as live birth)*,

Live birth [ ][ ] times → If none, Go to Q9.5

Still birth [ ][ ] times, Spontaneous abortion [ ][ ] times, Induced abortion [ ][ ] times

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

Live Birth	Age at end of pregnancy	Months of breastfeeding
1st	[ ][ ]	[ ][ ]
2nd	[ ][ ]	[ ][ ]
3rd	[ ][ ]	[ ][ ]
…	[ ][ ]	[ ][ ]
Nth	[ ][ ]	[ ][ ]

9.5 Have you ever used oral contraceptive pills?

- ☐ Never → ***If ticked, please go to Q9.8***
- ☐ Past use → **if ticked,** age when you last stopped the pill: [ ][ ] Year
- ☐ Current use

9.6 How old were you when you first used oral contraceptives? [ ][ ] Year

9.7 For how long altogether have you used oral contraceptives? [ ][ ] Year

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9.8 Have you had a hysterectomy?

☐ No , ☐ Yes → If yes, age when you had the operation [ ][ ] Year

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9. 9 Have you had one or both ovaries removed?

☐ No , ☐ Yes → If yes, age when you had the most recent operation [ ][ ] Year

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9.10 Have you ever had surgery to remove a breast lump?

☐ No, ☐ Yes → If yes, age when you most recently had the operation [ ][ ] Year

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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 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

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10.3 During the past month, did you have any of the following 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

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10.4 Do you usually take a daytime nap? ☐ Yes usually, ☐ Yes ,but only in summer , ☐ No

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

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

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10.7 During the past 12 months, have you had following situations for 2 or more weeks?
(If answer yes to any of the questions, complete CIDI-A)

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

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10.8 During the past 12 months, have you experienced the following situations?

Yes	No	
☐	☐	Having a period lasting <u>one month or longer</u> when <u>most of time</u> you felt worried, tense, or anxious and it interfered your life *(if yes, complete CIDI-B)*
☐	☐	Having a pain or discomfort in your body lasting ≥3 months that interfered with your life
☐	☐	Having had a spell or an attack when all of sudden felt frightened, anxious, or very uneasy
☐	☐	Having had inexplicable strong fear in situations such as closed space (cave, elevator, airplane etc), in the crowds or public such that you would avoid such situations

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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 Weight (without shoes, but in light clothing) ………. [ ][ ][ ].[ ] Kg

11.6 BMI ………………………………………………… [ ][ ].[ ] Kg/m^2

11.7 Impedance …………………………………………… [ ][ ][ ] Ω

11.8 Fat % (with one decimal point) ……………………… [ ][ ].[ ]

Staff code [ ][ ][ ]

11.9 Did you take any drugs to lower blood pressure in the last 2 days? ☐ Yes ☐ No

11.10 Blood pressure & heart rate (to be measured after 5 minutes in the seated position)

	First	Second	
SBP	[ ][ ][ ]	[ ][ ][ ]	mmHg
DBP	[ ][ ][ ]	[ ][ ][ ]	mmHg
Heart rate	[ ][ ][ ]	[ ][ ][ ]	bpm

11.11 Hours since last ate anything (ignore any drinks)? _______ hours

11.12 Blood sample collected: Yes ☐ Failed ☐

Staff code [ ][ ][ ]

11.13 Lung function & CO levels:

	First	Second	
CO	[ ][ ][ ]	[ ][ ][ ]	ppm
%COHB	[ ][ ].[ ][ ]	[ ][ ].[ ][ ]	%
FEV1	[ ].[ ][ ]	[ ].[ ][ ]	Liter
FVC	[ ].[ ][ ]	[ ].[ ][ ]	Liter

Staff code [ ][ ][ ]

11.14 On-site blood spot tests

HBsAg ……………… …………Positive (+) ☐ Negative (-) ☐; Unsure (±) ☐

Blood glucose (mmol/l) ………………………………… [ ][ ].[ ]

Staff code [ ][ ][ ]

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**_________