

Supplementary material: questionnaire for the study

ART 1. DEMOGRAPHIC CHARACTERISTICS

1. Name: _____
2. Telephone: _____
3. Address: _____
4. Gender: 1) male 2) female
 For female, are you menopausal? 1) yes 2) no
5. What is your date of birth? _____ year _____ month _____ day
6. What is your education level?
 - 1) No formal education
 - 2) Elementary school
 - 3) Junior high school
 - 4) High school/ secondary technical school
 - 5) Technical school/college
 - 6) Postgraduate degree or above
7. Are you retired? 1) Yes 2) No
8. If you are not retired, what is your primary occupation?
 - 1) professional/technical worker (doctor, professor, lawyer, architect, engineer, midwife, nurse, teacher, editor, photographer)
 - 2) administrator/executive/manager (working proprietor, government official, section chief, department or bureau director, administrative cadre, village leader)
 - 3) office staff (secretary, office helper)
 - 4) farmer, fisherman, hunter
 - 5) skilled or non-skill worker (foreman, group leader, craftsman, ordinary laborer, looger)
 - 6) service worker (housekeeper, cook, waiter, doorkeeper, hairdresser, counter salesperson, launderer, child care worker)
 - 7) student
 - 8) unemployed
 - 9) other (specify: _____)

PART 2. DISEASE HISTORY

Have you ever been diagnosed with the following diseases?

Name of diseases	A. Whether or not it has been diagnosed	B. When have you been diagnosed?
1. type 2 diabetes	1) yes 2) no	_____year _____month
2. hypertension	1) yes 2) no	_____year _____month
3. dyslipidemia	1) yes 2) no	_____year _____month
4. coronary heart disease	1) yes 2) no	_____year

		month
5. stroke	1) yes 2) no	____year ____ month
6. nephropathy (such as nephritis, kidney calculi, etc.)	1) yes 2) no	____year ____ month
7. liver disease (such as fatty liver, hepatitis, etc.)	1) yes 2) no	____year ____ month
8. blood system disease	1) yes 2) no	____year ____ month
9. chronic obstructive pulmonary disease	1) yes 2) no	____year ____ month
10. asthma	1) yes 2) no	____year ____ month
11. other chronic disease	1) yes (name of the disease _____) 2) no	____year ____ month

PART 3. SMOKING HABIT IN THE PAST YEAR

1. Have you ever smoked at least 100 cigarettes lifetime or smoke every day or some days now?

- 1) yes (if yes, please answer the following questions)
- 2) no

2. How old were you when you started to smoke? ____ years old

3. How many cigarettes did you smoke? _____ cigarettes/day

4. How long have you smoked? _____years _____months

5. Have you ever smoked but now quit smoking?

- 1) yes (if yes, please answer the following question)
- 2) no

6. How many years have you quit smoking? _____years _____months _____days

PART 4. DRINKING HABIT IN THE PAST YEAR

1. Do you drink alcohol? (alcohol including liquor, beer, grape wine, rice wine and highland barley wine)?

- 1) yes (if yes, please answer the following questions)
- 2) no

Type of alcohol	Frequency (times/month)	Amount each time	Notes
1. liquor	_____	____ ml	Degree: <input type="checkbox"/> <42 <input type="checkbox"/> ≥42
2. beer	_____	____ ml	/
3. grape wine	_____	____ ml	/
4. rice wine	_____	____ ml	/
5. fruit wine	_____	____ ml	/

2. Do you used to be a regular drinker but now quit drinking?

- 1) yes (if yes, please answer the following question)
- 2) no

3. How many years have you quit drinking? _____years _____months _____days

PART 5. PHYSICAL ACTIVITY IN THE PAST YEAR

1. Which kinds of labor intensity do you belong to?
 - 1) Light (including retire person, office staff, watch mender, shop assistant, technician in lab, teveryers, and etc.)
 - 2) Moderate (including student, driver, electrician, and etc.)
 - 3) Heavy (including farmers, dancer, athlete, stevedore, timberjack, miner, manson, and etc.)

Regular exercise was defined as any kind of recreational or sport physical activity other than walking for work or life performed three or more days per week for at least 30 minutes.

2. Do you take regular exercise in the past year?
 - 1) yes (if yes, please answer the following question 2 and 3)
 - 2) no
3. What kind of exercise did you take? _____
4. How often did you take regular exercise? _____ times/week
5. How long did you take regular exercise each time? _____ hours _____ minutes

PART 6. DIETARY HABIT IN PAST YEAR

Please describe the dietary habits during the past 12 months.

1. What is the amount of vegetables you usually eat in a day?
 - 1) Less than 50 gram
 - 2) 50~150 gram
 - 3) 150~300 gram
 - 4) more than 300 gram
2. What is the amount of fruit you usually eat in a day?
 - 1) Less than 50 gram
 - 2) 50~100 gram
 - 3) 100~200 gram
 - 4) more than 200 gram
3. What is the amount of milk you usually drink in a day?
 - 1) Do not drink any milk
 - 2) less than 200 ml
 - 3) 200~400 ml
 - 4) more than 400 ml
4. What is the amount of soymilk you usually drink in a day?
 - 1) Do not drink any soymilk
 - 2) less than 200 ml
 - 3) 200~400 ml
 - 4) more than 400 ml
5. How many eggs do you usually eat in a week?
 - 1) less than 1
 - 2) 1~4
 - 3) 5~7

- 4) more than 7
6. How many times do you eat meat of livestock or its products in a week?
- 1) None
 - 2) 1~4 times
 - 3) 5~7 times
 - 4) more than 7 times
7. When you eat meat of livestock, what is the amount do you usually eat in each time?
- 1) Less than 50 gram
 - 2) 50~100 gram
 - 3) More than 100 gram
8. How many times do you eat fish/seafood or its products in a week?
- 1) None
 - 2) 1~4 times
 - 3) 5~7 times
 - 4) more than 7 times
9. When you eat fish/seafood or its products, what is the amount do you usually eat in each time?
- 1) Less than 50 gram
 - 2) 50~100 gram
 - 3) More than 100 gram
10. How many times do you eat poultry or its products in a week?
- 1) None
 - 2) 1~4 times
 - 3) 5~7 times
 - 4) more than 7 times
11. When you eat poultry or its products, what is the amount do you usually eat in each time?
- 1) Less than 50 gram
 - 2) 50~100 gram
 - 3) More than 100 gram
12. How many times do you eat fried food in a week?
- 1) none
 - 2) 1~4 times
 - 3) 5~7 times
 - 4) more than 7 times
13. How many times do you eat dessert in a week?
- 1) none
 - 2) 1~4 times
 - 3) 5~7 times
 - 4) more than 7 times
14. What is the approximate amount of salt you eat in each day?
- 1) less than 6 gram
 - 2) 6~9 gram

- 3) 9~12 gram
- 4) more than 12 gram

PART 7. BODY MEASUREMENT

- 1. Height: ____cm
- 2. Weight: ____ kg
- 3. Waistline: ____cm
- 4. Blood Pressure: Systolic ____ mmHg; diastolic ____ mmHg
- 5. Blood pressure:
 - Total cholesterol ____mmol/L
 - Triglycerides _____mmol/L
 - Low density lipoprotein cholesterol _____ mmol/L
 - High Density lipoprotein cholesterol ____mmol/L