THE GEORGE INSTITUTE, CHINA 中国乔治中心

ID Code: 2010☐☐ / ☐☐ / ☐☐ / ☐☐ /☐☐☐

Province / County / Town / Village / Participant ID

CRHI Survey Questionnaire（2010）

Address to the interviewee (refer to the Survey Training Manual). Ask Interviewee if they have brought their ID and medication containers, and if they satisfy the measurement requirements.

Date (2010/mm/dd) 2010/☐☐/☐☐ Time (hour: minutes) ☐☐:☐☐

A. General information

A.1 Name:_____ A.2 Sex: ☐1.Male ☐0.Female

A.3 ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A.4 Age in years_____ A.5 Years of schooling _____

B. Lifestyle information in the past 3 months

B.1 During the past 3 months, have you smoked? (multiple choice)

☐0 No

☐1.Yes, cigarette → B.1.1 On average, how many cigarettes per day _____

☐2.Yes, tobacco leaf → B.1.2 On average, how many "liangs (equivalent to 50g)" per week _____

☐3.Other

B.2 During the past 3 months, have you drunk any alcohol?

☐1. Yes ☐0. No (go to B.3)

B.2.1How often?

☐1. <Once/week

☐2. 1-2times/week

☐3. 3-5times/week

☐4. 1-2times/day

☐5. >Twice/day

B.2.2 During the past 3 months, how many times did you drink alcohol exceeding more than 5 "liangs"? _____ (note:1 liang=50g≈50ml)

B.3 During the past 3 months, have you done any physical activities? (farming included, housework excluded)（minimum 30 minutes each time）

☐0.Hardly ever

☐1.1-2days/week

☐2 .3-5days/week

☐3. Almost daily

B.4 During the past 3 months, have you performed any exercise?（minimum 30 minutes each time）
(e.g., walking, running, dancing, QiGong, Taichi etc.)

☐0.Hardly ever

☐1.1-2days/week

☐2 .3-5days/week

☐3. Almost daily

Physical examination (PE.1). Blood pressure and heart rate measurement (1st)

PE.1.1 Blood pressure（Systolic/Diastolic）:

PE.1.2 Heart rate ☐☐☐/minute

PE.1.1.1 ☐☐☐ / PE.1.1.2 ☐☐☐ mmHg

B.5 During the past 3 months, how often have you eaten pickled foods?

☐1 Hardly ever

☐2 Occasionally

☐3 1-2 times/week

☐4 3-6 times/week

☐5 At least once a day

B.6 During the past 3 months, what did you do when you found the food was not salty enough to your taste?

☐1 Always eat pickles/add soy sauce/add salt

☐2 Sometimes eat pickles/add soy sauce/add salt

☐3 Did not eat pickles/add soy sauce/add salt

B.7 High salt intake will:

☐1 worsen your health

☐2 improve your health

☐3 have no effect on your health

☐4 Not sure

B.8 Which of the following can help reduce blood pressure? (read out one by one)

B.8.1 Medicine: ☐1 Yes ☐0 No ☐9 Don't know

B.8.2 Smoking: ☐1 Yes ☐0 No ☐9 Don't know

B.8.3 Eating less salt: ☐1 Yes ☐0 No ☐9 Don't know

B.8.4 Eating more food: ☐1 Yes ☐0 No ☐9 Don't know

B.9 What is the daily recommended salt intake for adults?

☐1 No salt

☐2 ≤6g salt

☐3 >6 g salt

☐4 Not sure

C. Disease history

C.1 Do you have diabetes?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.2)

→ C1.1 Diagnosed at a county or higher level hospital?

☐1. Yes ☐0. No ☐9. Don't know

C.2 Have you ever had a stroke?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.3)

→ C.2.1 Diagnosed at a county or higher level hospital?

☐1. Yes ☐0. No ☐9. Don't know

C.2.2 Was it an ischemic stroke or hemorrhagic stroke?

☐1. Ischemic stroke ☐2. Hemorrhagic stroke ☐3. Don't know

C.3 Do you have coronary heart disease?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.4)

→ C.3.1 Diagnosed at a county or higher level hospital?

☐1. Yes ☐0. No ☐9. Don't know

C.3.2 Did the doctor tell you that your ECG was abnormal?

☐1. Yes ☐0. No ☐3. Did not have ECG done ☐9. Don't know

C.4 Do you have hypertension (HTN)?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.5)

→ C.4.1 How many years have you had hypertension (HTN)? _____ Years ☐9. Don't know

C.4.2 Was the HTN diagnosed before 10/2008? ☐1. Yes ☐0. No ☐9. Don't know

C.5 Have you had your blood pressure measured after age 50 (male)/60 (female)?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.6)

→ C.5.1 Please provide the highest systolic blood pressure measured ☐☐☐ mmHg (If Don't know, fill as 999)

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C.6 During the past two weeks, have you been taking any anti-hypertensive medication?

☐1. Yes ☐0. No ☐9. Don't know

C.7 During the past 12 months, did you see your village doctor once a month?

☐1. Yes

☐0. No

C.8 Did your village doctor measure your blood pressure at each visit?

☐1. Never saw village doctor ☐2. Never measured

☐3. Sometimes(occasionally) ☐4. Almost every time

☐5. Every time

Physical examination (PE.2). Blood pressure and heart rate measurement (2nd)

PE.2.1 Blood pressure（Systolic/Diastolic）

PE.2.1.1 ☐☐☐ / PE.2.1.2 ☐☐☐ mmHg

PE.2.2 Heart rate:

☐☐☐ /minute

CL. CVD high-risk patient confirmation checklist (CL) for the interviewer

CL.1 Has reported a history of diabetes（C.1.1 answer Yes）	☐1.Yes ☐0.No
CL.2 Has reported a history of stroke（C.2.1 answer Yes）	☐1.Yes ☐0.No
CL.3 Has reported a history of CHD（Both C.3.1 and C.3.2 answer Yes）	☐1.Yes ☐0.No
CL.4 Has reported a history of SBP ≧ 160mmHg with older age （C.5.1）	☐1.Yes ☐0.No
CL.5 Systolic BP measurement ≧160mmHg **twice** （PE.1.1 and PE.2.1）	☐1.Yes ☐0.No

If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 to measure participant's height and weight

D. Medication use and medical care (high-risk patients ONLY)

D.1 When was the last time that you saw your village doctor for heart disease, stroke, diabetes, or HTN? _____days ago

During that visit, did the village doctor provide any of the following recommendations?

D.1.1 Reduce salt intake ☐1.Yes ☐0.No

D.1.2 Quit smoking ☐1.Yes ☐0.No ☐9.Not applicable

D.1.3 Avoid binge drinking ☐1.Yes ☐0.No ☐9.Not applicable

D.1.4 Be physically active ☐1.Yes ☐0.No

D.1.5 Control weight ☐1.Yes ☐0.No ☐9.Not applicable

D.2 During the past 12 months, have you been hospitalized due to heart disease, stroke, diabetes or hypertension?

(exclude hospitalization for other reasons) ☐1.Yes ☐0.No (If no, go to D.3)

D.2.1 How many times have you been in the hospital? _____

D.2.2 How many days have you been in the hospital? _____

D.2.3 How much did you spend in out of pocket expenses for the hospitalization? _____ RMB (Note: put "00" before number if only know total expenditure; fill in "-999" if don't know)

D.3 During the past 12 months, how many months have you taken anti-hypertensive medication (AHM)?

☐0.None

☐1.Not sure if the medication taken was AHM

☐2. <2 months

D.3.1Who prescribed the AHM for you?

☐1. Self-prescribed/bought

☐2. TCM doctor

☐3. Specialist (town or higher level)

☐4. Village doctor and specialist

☐5. Village doctor

D.3.3 Where do you buy AHM mainly?

☐1. Village clinic

☐2. Township center

☐3. County hospitals

☐4. Pharmacies

☐3 2-8 months ☐4 9-11 months ☐5 =12 months （if none or not sure, go to D.4）	D.3.2. Has the village doctor ever adjusted the treatments, either titrating the dosage or changing the prescription for you? ☐1.Yes ☐0.No ☐9.Dont' know

D.4 During the past 12 months, how many months have you taken aspirin? ☐0.None ☐1.Not sure if the medication taken was Aspirin ☐2.＜2 months ☐3. 2-8 months ☐4 9-11 months ☐5 =12 months （if not a long-term user or don't know, go to D.5）	D.4.1 Who prescribed the aspirin? ☐1 Self prescribed/bought ☐2. TCM doctor ☐3. Specialist ☐4. Village doctor and specialist ☐5. Village doctor	D.4.2 Where do you buy aspirin mainly? ☐1. Village clinic ☐2. Township center ☐3. County hospitals ☐4. Pharmacies

D.5 During the past month, have you taken any medications for your heart disease, stroke, diabetes or hypertension?

☐1.Yes ☐9.Don't know ☐0.No (if No, go to PE.3 to measure height and weight)

D.5.1 Medicine (brand name)	D.5.2 Taken daily? (≥25days in the last 30 days)	D.5.3 Prescribed by a village doctor?
1.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
2.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
3.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
4.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
5.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
If more than 5,and if the drug category is uncertain, copy the names of the remaining medications in the blank field below and give the numerical answers for D5.2 and D5.3. 1=Yes, 0=No		

Physical examination (PE.3). Body height and weight measurement for all survey participants

PE.3.1 Height ☐☐☐.☐ cm Body not straight? ☐1.Yes ☐0.No	PE.3.2 Weight ☐☐☐.☐kg

（End of survey）

Interviewer comments/impressions:

☐Interviewee understands questions well

☐Interviewee understands questions partly

☐Interviewee understands questions poorly

Interviewer introspect the completeness of questionnaire. ☐

Time of completion: ☐☐:☐☐

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Interviewer signature: _____

Date of quality control review: 2010 __ month__ day. Time □□:□□

Quality control reviewer signature: _____

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ID Code: ☐☐☐ / ☐☐
Village / Participant ID

CRHI Survey Questionnaire（2012）

Address to the interviewee (refer to the Survey Training Manual). Ask Interviewee if they have brought their ID and medication containers, and if they satisfy the measurement requirements.

Date (2012/mm/dd) 2012/☐☐/☐☐ Time (hour: minutes) ☐☐:☐☐

A. General information

A.1 Name:_____ A.2 Sex: ☐1.Male ☐0.Female

A.3 ID ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A.4 Age in years_____ A.5 Years of schooling _____

A.6 During the past one year, how long have you lived in the village? _____months

B. Lifestyle information in the past 3 months

B.1 During the past 3 months, have you smoked? (multiple choice)

☐0 No

☐1.Yes, cigarette → B.1.1 On average, how many cigarettes per day _____

☐2.Yes, tobacco leaf → B.1.2 On average, how many “liangs (equivalent to 50g)” per day _____

☐3.Other

B.2 During the past 3 months, have you drunk any alcohol?

☐1. Yes

☐0. No (go to B.3)

B.2.1How often?

☐1. <Once/week

☐2. 1-2times/week

☐3. 3-5times/week

☐4. 1-2times/day

☐5. >Twice/day

B.2.2 During the past 3 months, how many times did you drink alcohol exceeding more than 5 “liangs”? _____ (note:1 liang=50g≈50ml)

B.3 During the past 3 months, have you done any physical activities? (farming included, housework excluded)（minimum 30 minutes each time）

☐0.Hardly ever

☐1.1-2days/week

☐2 .3-5days/week

☐3. Almost daily

B.4 During the past 3 months, have you performed any exercise?（minimum 30 minutes each time）
(e.g., walking, running, dancing, Qigong, Taichi etc.）

☐0.Hardly ever

☐1.1-2days/week

☐2 .3-5days/week

☐3. Almost daily

Physical examination (PE.1). Blood pressure and heart rate measurement (1st)

PE.1.1 Blood pressure（Systolic/Diastolic）:

PE.1.2 Heart rate ☐☐☐/minute

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ID Code: ☐☐☐ / ☐☐
Village / Participant ID

PE.1.1.1 ☐☐☐ / PE.1.1.2 ☐☐☐ mmHg

B.5 During the past 3 months, how often have you eaten pickled foods?

☐$_1$Hardly ever

☐$_2$Occasionally

☐$_3$1-2 times/week

☐$_4$3-6 times/week

☐$_5$ At least once a day

B.6 During the past 3 months, what did you do when you found the food was not salty enough to your taste?

☐$_1$ Always eat pickles/add soy sauce/add salt

☐$_2$ Sometimes eat pickles/add soy sauce/add salt

☐$_3$ Did not eat pickles/add soy sauce/add salt

B.7 High salt intake will:

☐$_1$ worsen your health

☐$_2$ improve your health

☐$_3$ have no effect on your health

☐$_4$ Not sure

B.8 Which of the following can help reduce blood pressure? (read out one by one)

B.8.1Medicine: ☐$_1$ Yes ☐$_0$ No☐$_9$Don't know

B.8.2Smoking: ☐$_1$ Yes ☐$_0$ No☐$_9$Don't know

B.8.3Eating less salt: ☐$_1$Yes ☐$_0$ No ☐$_9$Don't know

B.8.4Eating more food: ☐$_1$Yes ☐$_0$ No ☐$_9$Don't know

B.9 What is the daily recommended salt intake for adults?

☐$_1$No salt

☐$_2$≤6g salt

☐$_3$>6 g salt

☐$_4$ Not sure

B.10 Do you pay any attention to reducing your salt intake in your daily diet?

☐$_1$ A lot of attention (have eliminated pickled vegetables from diet, add less salt and no MSG to cooking, if foods are too salty will not continue to eat)

☐$_2$ Some attention (decreased intake of pickled vegetables, add less salt during cooking, if foods are too salty will make sure to eat less)

☐$_3$ No attention (have not decreased the intake of pickled vegetables or salt in any way)

B.11 Does your household use low-sodium salt? *(Investigator should show interviewee one packet of low-sodium salt .that is available in local stores. If the interviewee does not know the answer, the investigator should make every effort to obtain the following information from another member in the same household before ticking 'Don't know')*

☐$_1$ Yes

B11.1 What is the proportion of low-sodium salt consumption among total salt intake in your household?_____%
(The investigator should make an estimate after detailed inquiry of the household's salt intake, for instructions on inquiry and estimation, please refer to the Instruction Manual on how to complete the questionnaire.)

B11.2 When did your household start using low-sodium salt?

☐$_1$_____year_____month ☐$_9$ Don't know

B11.2.1 Since then, have you been consistently using low-sodium salt up to now?

☐$_1$ Yes

☐$_2$ No; total time not using low-sodium salt? _____Months
(If don't remember, then fill in the blank with "999".)

☐$_9$ Don't know

☐$_2$ No

B11.3 Why do you not use a low-sodium salt? (can choose more than one answer)

☐$_1$ Can't buy it nearby ☐$_2$ Too expensive ☐$_3$ Not very tasty ☐$_4$ Feel not effective ☐$_5$ Worried about side-effects

☐6 Had side-effects after eating _____ (*please explain*) ☐7 No interest ☐8 Never heard of "low-sodium salt"

☐9 Don't know ☐10 Other _____ (*please explain*)

☐3 I don't know what kind of salt is used in my household.

C. Disease history

C.1 Do you have coronary heart disease?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.2)

C.1.1 Diagnosed at a county or higher level hospital?

☐1. Yes ☐0. No ☐9. Don't know

C.1.2 Did the doctor tell you that your ECG was abnormal?

☐1. Yes ☐0. No ☐3. Did not have ECG done ☐9. Don't know

C.1.3 When were you diagnosed for the first time?

_ _ _ _year_ _ month (if the interviewee didn't remember, then fill the blank with "9999 year 99 month")

C.1.4 when was your last incidence?

_ _ _ _year_ _ month (if the interviewee didn't remember, then fill the blank with "9999 year 99 month")

C.2 Have you ever had a stroke?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.3)

C.2.1 Diagnosed at a county or higher level hospital?

☐1. Yes ☐0. No ☐9. Don't know

C.2.2 Was it an ischemic stroke or hemorrhagic stroke?

☐1. Ischemic stroke ☐2. Hemorrhagic stroke ☐3. Don't know

C.2.3 When were you diagnosed for the first time?

_ _ _ _year_ _ month (if the interviewee didn't remember, then fill the blank with "9999 year 99 month")

C.2.4 when was your last incidence?

_ _ _ _year_ _ month (if the interviewee didn't remember, then fill the blank with "9999 year 99 month")

C.3 Do you have diabetes?

☐1. Yes ☐0.No ☐9. Don't know (if No or Don't know, go to C.2)

C.3.1 Diagnosed at a county or higher level hospital?

☐1. Yes ☐0. No ☐9. Don't know

C.3.2 When were you diagnosed for the first time?

_ _ _ _year_ _ month (if the interviewee didn't remember, then fill the blank with "9999 year 99 month")

C.4 Do you have hypertension (HTN)?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.5)

C.4.1 How many years have you had hypertension (HTN)? _____ Years ☐9. Don't know

C.4.2 Was the HTN diagnosed before 10/2010? ☐1. Yes ☐0. No ☐9. Don't know

Please confirm the age of the subjects: 50 years old and above for man / 60 years old and above for women:

☐1.Yes ☐2.No (Go to C.6)

C.5 Have you had your blood pressure measured after age 50 (male)/60 (female)?

☐1. Yes ☐0. No ☐9. Don't know (if No or Don't know, go to C.6)

C.5.1 Please provide the highest systolic blood pressure measured ☐☐☐ mmHg (If Don't know, fill as 999)

C.6 During the past two weeks, have you been taking any anti-hypertensive medication?

☐1. Yes ☐0. No ☐9. Don't know

C.7 During the past one year, have you had any of the following symptoms or illnesses? (read out one by one, put 'X' if yes, '0' if no, do not leave the choice as blank)

☐$_1$ Dizziness ☐$_2$. Headache ☐$_3$. Weakness ☐$_4$. Fall ☐$_5$. Gingival bleeding or subcutaneous hemorrhage ☐$_6$ Stomachache ☐$_7$. Hyperkalemia ☐$_8$. Gastrointestinal bleeding confirmed by a doctor ☐$_9$ Renal insufficiency confirmed by a doctor ☐$_{10}$Heart failure confirmed by a doctor ☐$_{11}$. Cerebral hemorrhage confirmed by a doctor ☐$_{12}$ Hypotension confirmed by a doctor (Lowest blood pressure value ___/___mmHg) ☐$_{13}$. Hypoglycemia confirmed by a doctor (Lowest blood glucose level _____mmol/L) ☐$_{14}$ Any life-threatening condition requiring hospitalization or prolonging hospitalization (describe condition _____) ☐$_{15}$Other diseases confirmed by the doctor (describe_____)

C.8 During the past 12 months, did you see your village doctor once a month?	C.9 Did your village doctor measure your blood pressure at each visit?
☐$_1$. Yes ☐$_0$. No	☐$_1$. Never saw village doctor ☐$_2$. Never measured ☐$_3$. Sometimes (occasionally) ☐$_4$. Almost every time ☐$_5$. Every time

Physical examination (PE.2). Blood pressure and heart rate measurement (2nd)

PE.2.1 Blood pressure（Systolic/Diastolic）	PE.2.2 Heart rate:
PE.2.1.1 ☐☐☐ / PE.2.1.2 ☐☐☐ mmHg	☐☐☐ /minute

CL. CVD high-risk patient confirmation checklist (CL) for the interviewer

CL.1 Has reported a history of CHD（Both C.1.1 AND C.1.2 answer Yes）	☐$_1$.Yes ☐$_0$.No
CL.2 Has reported a history of stroke（C.2.1 answer Yes）	☐$_1$.Yes ☐$_0$.No
CL.3 Has reported a history of diabetes（C.3.1 answer Yes）	☐$_1$.Yes ☐$_0$.No
CL.4 Has self-reported a history of SBP ≧ 160mmHg with older age （C.5.1）	☐$_1$.Yes ☐$_0$.No
CL.5 Systolic BP measurement ≧160mmHg **twice** （PE.1.1 and PE.2.1）	☐$_1$.Yes ☐$_0$.No

If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 to measure participant's height and weight

D. Medication use and medical care (high-risk patients ONLY)

D.1 When was the last time that you saw your village doctor for heart disease, stroke, diabetes, or HTN? _____days ago

During that visit, did the village doctor provide any of the following recommendations?

D.1.1 Reduce salt intake ☐$_1$.Yes ☐$_0$.No

D.1.2 Quit smoking ☐$_1$.Yes ☐$_0$.No ☐$_9$.Not applicable

D.1.3 Avoid binge drinking ☐$_1$.Yes ☐$_0$.No ☐$_9$.Not applicable

D.1.4 Be physically active ☐$_1$.Yes ☐$_0$.No

D.1.5 Control weight ☐$_1$.Yes ☐$_0$.No ☐$_9$.Not applicable

D.2 During the past 12 months, have you been hospitalized due to heart disease, stroke, diabetes or hypertension? (exclude hospitalization for other reasons) ☐$_1$.Yes ☐$_0$.No (If no, go to D.3)

D.2.1 How many times have you been in the hospital? _____

D.2.2 How many days have you been in the hospital? _____

D.2.3 How much did you spend in out of pocket expenses for the hospitalization? _____ RMB (Note: put "00" before number if only know total expenditure; fill in "-999" if don't know)

D.3 During the past 12 months, how many months have you taken anti-hypertensive medication (AHM)? ☐0.None ☐1.Not sure if the medication taken was AHM ☐2.＜2 months ☐3 2-8 months ☐4 9-11 months ☐5 =12 months （if none or not sure, go to D.4）	D.3.1Who prescribed the AHM for you? ☐1. Self prescribed/bought ☐2. TCM doctor ☐3. Specialist (town or higher level) ☐ 4. Village doctor and specialist —☐5. Village doctor → D.3.2. Has the village doctor ever adjusted the treatments, either titrating the dosage or changing the prescription for you? ☐1.Yes ☐0.No ☐9.Dont' know	D.3.3 Where do you buy AHM? ☐1. Village clinic ☐2. Township center ☐3. County hospitals ☐4. Pharmacies
D.4 During the past 12 months, how many months have you taken aspirin? ☐0.None ☐1.Not sure if the medication taken was Aspirin ☐2.＜2 months ☐3. 2-8 months ☐4 9-11 months ☐5 =12 months （if not a long-term user or don't know, go to D.5）	D.4.1 Who prescribed the aspirin? ☐1 Self prescribed/bought ☐2. TCM doctor ☐3. Specialist ☐ 4. Village doctor and specialist ☐5. Village doctor	D.4.2 Where do you buy aspirin? ☐1. Village clinic ☐2. Township center ☐3. County hospitals ☐4. Pharmacies

D.5 During the past month, have you taken any medications for your heart disease, stroke, diabetes or hypertension?

☐1.Yes ☐9.Don't know ☐0.No (if No, go to PE.3 to measure height and weight)

D.5.1 Medicine (brand name)	D.5.2 Taken daily? (≥25days in the last 30 days)	D.5.3 Prescribed by a village doctor?
1.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
2.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
3.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
4.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
5.	☐1.Yes ☐0.No	☐1.Yes ☐0.No
If more than 5, and if the drug category is uncertain, copy the names of the remaining medications in the blank field below and give the numerical answers for D5.2 and D5.3. 1=Yes, 0=No		

Physical examination (PE.3). Body height and weight measurement for all survey participants

PE.3.1 Height ☐☐☐.☐ cm Body not straight? ☐1.Yes ☐0.No	PE.3.2 Weight ☐☐☐.☐kg

（End of survey）

Interviewer comments/impressions:

☐Interviewee understands questions well

☐Interviewee understands questions partly

☐Interviewee understands questions poorly

Interviewer introspect the completeness of questionnaire. ☐

Time of completion: ☐☐:☐☐

Interviewer signature: _____

Date of quality control review: 2012 __ month__ day. Time: ☐☐:☐☐

Quality control reviewer signature: _____