ID Code: 2010 / <td< th=""></td<>		
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) $2010/\Box$] Time (hour: minutes)	
A. General information		
A.1 Name: A	A.2 Sex: $\Box_{1.}$ Male $\Box_{0.}$ Female	
A.4 Age in years A.5 Years of school	ing	
B. Lifestyle information in the past 3 n		
B.1 During the past 3 months, have you smoked? (multiple $\Box_0 \operatorname{No}$	choice)	
\Box_1 Yes, cigarette \longrightarrow 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?		
$\Box_{1.}$ Yes	$\Box_{0.}$ No (go to B.3)	
B.2.1How often?		
$\Box_{1.}$ <once td="" week<=""><td></td></once>		
\square_2 . 1-2times/week		
$\square_{3.}$ 3-5times/week		
□ _{4.} 1-2times/day		
$\Box_{5.}$ >Twice/day		
B.2.2 During the past 3 months, how many times did you drint than 5 "liangs"? (note:1 liang=50g ~50ml)	k alcohol exceeding more	
B.3 During the past 3 months, have you done any physical activities? (farming included, housework excluded) (minimum <u>30 minutes each time</u>)	B.4 During the past 3 months, have you performed any exercise? (minimum <u>30 minutes each time</u>) (e.g., walking, running, dancing, QiGong, Taichi etc.)	
\Box_0 .Hardly ever	\Box_0 .Hardly ever	
□ _{1.} 1-2days/week	□ _{1.} 1-2days/week	
\Box_2 .3-5days/week	□ _{2.} 3-5days/week	
$\Box_{3.}$ Almost daily	$\Box_{3.}$ Almost daily	
Physical examination (PE.1). Blood pres	ssure and heart rate measurement (1st)	
PE.1.1 Blood pressure (Systolic/Diastolic) :	PE.1.2 Heart rate	

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ID Code: 2010

Province / County / Town / Village / Participant ID

PE.1.1.1	1.2 🗌 🗌 🔲 mmHg		
B.5 During the past 3 month pickled foods?	s, how often have you eaten	B.6 During the past 3 mo the food was not salty en	nths, what did you do when you found ough to your taste?
□ ₁ Hardly ever		\Box_1 Always eat pickle	es/add soy sauce/add salt
\square_2 Occasionally		\square_2 Sometimes eat p	ickles/add soy sauce/add salt
\square_3 1-2 times/week		\Box_3 Did not eat pickle	es/add soy sauce/add salt
\Box_4 3-6 times/week			
\Box_5 At least once a day			
B.7 High salt intake will:	B.8 Which of the following car pressure? (read out one by or		B.9 What is the daily recommended salt intake for adults?
\Box_1 worsen your health	B.8.1 Medicine: \Box_1 Yes \Box_0 N	lo□ ₉ Don't know	\Box_1 No salt
\Box_2 improve your health	B.8.2Smoking: \Box_1 Yes \Box_0 N	-	$\Box_{2\leq}$ 6g salt
\Box_3 have no effect on your health	B.8.3Eating less salt: \Box_1 Yes	$\square_0 No \square_9 Don't know$	□ ₃ >6 g salt
\square_4 Not sure	B.8.4Eating more food: $\Box_1 Y$	es □₀ No □₀Don't know	□₄ Not sure
C. Disease histo	ry		
C.1 Do you have diabetes?			
$\Box_{1.}$ Yes $\Box_{0.}$ No	b $\Box_{9.}$ Don't know (if No of	r Don't know, go to C.2)	
C1.1 Diagnosed at a county or higher level hospital?			
$\Box_{1.}$ Yes $\Box_{0.}$ No $\Box_{9.}$ Don't know			
C.2 Have you ever had a stroke?			
$\Box_{1.} \text{ Yes } \Box_{0.} \text{ No } \Box_{9.} \text{ Don't know (if No or Don't know, go to C.3)}$ $\Box_{1.} \text{ Yes } C.2.1 \text{ Diagnosed at a county or higher level hospital?}$			
C.2.1 Diagnose			
□ _{1.} Ye C.2.2 Was it ar	s $\Box_{0.}$ No $\Box_{9.}$ Do n ischemic stroke or hemorrhag	n't know ic stroke?	
\square_1 lsc	hemic stroke \Box_2 . He	morrhagic stroke \square_3	Don't know
C.3 Do you have coronary heart disease?			
$\Box_{1.}$ Yes $\Box_{0.}$ No		r Don't know, go to C.4)	
└───⊳ C.3.1 Diagnose	ed at a county or higher level ho	ospital?	
□ _{1.} Ye C.3.2 Did the d	s \square_0 . No \square_9 . Do octor tell you that your ECG wa	on't know as abnormal?	
□_1. Ye			□ _{9.} Don't know
C.4 Do you have hypertension			
$\Box_{1.}$ Yes $\Box_{0.}$ No	$\square_{9.}$ Don't know (if No o	r Don't know, go to C.5)	
C.4.1 How ma	ny years have you had hyperte	nsion (HTN)?	Years
C.4.2 Was the	e HTN diagnosed before 10/20	008? □1. Yes □0. N	o $\square_{9.}$ Don't know
•	pressure measured after age 5		
$\square_{1.}$ Yes $\square_{0.}$ No	$\square_{9.}$ Don't know (if No or	Don't know, go to C.6)	
C.5.1 Please provi	ide the highest systolic blood pr	essure measured	mmHg (If Don't know, fill as 999)

measure participant's height and weight D. Medication use and medical care (high-risk patients ONLY)	e your blood pressure at each visit?					
C.7 During the past 12 months, did you see your village doctor measure your blood pressure at each visit? (1, Yes) (1, Yes) (1, No (2, No 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) (2, L. CVD high-risk patient confirmation checklist (CL) for the interviewer 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) (1, Yes) (1, Yes) (2, Systolic BP measurement ≥160mmHg with older age (C.5.1) (1, Yes) (2, Systolic BP measurement ≥160mmHg twice (PE.1.1 and PE.2.1) (PE.3.1.1 and PE.3.1) (1, Yes) (2, No) (2, 5 Systolic BP measurement ≥160mmHg twice (PE.1.1 and PE.3.1) (1, Yes) (2, No) (1, Yes) (3, No) (1, Yes) (2, No) (1, Yes) (3, No) (2, Systolic BP measurement ≥160mmHg twice (PE.1.1 and PE.3.1) (3, Yes) (3, No) (4, Has reported a history of SBP ≥ 160mmHg twice (PE.1.1 and Weight (2, Systolic BP measurement ≥160mmHg twice (PE.1.1 and PE.3.1) (3, No) <t< td=""><td>Image: Description of the second state in the second st</td></t<>	Image: Description of the second state in the second st					
your village doctor once a month? □, Yes □, No Physical examination (PE.2). Blood pressure and heart rate measurement (2nd) PE.2.1 Blood pressure (Systolic/Diastolic) PE.2.1 Has reported a history of diabetes (C.1.1 answer Yes) CL. CVD high-risk patient confirmation checklist (CL) for the interviewer CL.1 Has reported a history of diabetes (C.1.1 answer Yes) CL.2 Has reported a history of SBP ≥ 160mmHg with older age (C.5.1) CL.4 Has reported a history of SBP ≥ 160mmHg with older age (C.5.1) CL.5 Systolic BP measurement ≥160mmHg twice (PE.1.1 and PE.2.1) If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 measure participant's height and weight D. Medication use and medical care (high-risk patients ONLY) D.11 When was the last time that you saw your village doctor for heart disease, stroke, diabetes, or HTN?days. During that visit, did the village doctor provide any of the following recommendations? D.1.1 Reduce salt intake □, Yes □ ₀ , No D.1.2 Quit smoking □, Yes □ ₀ , No D.1.2 Quit smoking □, Yes □ ₀ , No D.1.4 Be physically active □, Yes □ ₀ , No D.1.5 Control weight □, Yes □ ₀ , No □ ₉ , Not applicable	Image: Description of the second state in the second st					
□, Yes □, Sometimes(occasionally) □, Almost every time □, No □, Sometimes(occasionally) □, Almost 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 □ _ninute CL.1 Has reported a history of diabetes (C.1.1 answer Yes) □, Yes _0,No CL.3 Has reported a history of CHD (Both C.3.1 and C.3.2 answer Yes) □, Yes _0,No CL.4 Has reported a history of SBP ≥ 160mmHg with older age (C.5.1) □, Yes _0,No CL.5 Systolic BP measurement ≥ 160mmHg twice (PE.1.1 and PE.2.1) □, Yes _0,No If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 measure participant's height and weight	Image: All the second secon					
□a. No □a. 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 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.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) □,Yes 0,No If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 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?	PE.2.2 Heart rate:					
Physical examination (PE.2). Blood pressure and heart rate measurement (2nd) PE.2.1 Blood pressure (Systolic/Diastolic) PE.2.1 Blood pressure (Systolic/Diastolic) PE.2.1.1	PE.2.2 Heart rate:					
PE.2.1 Blood pressure (Systolic/Diastolic) PE.2.2 Heart rate: PE.2.1.1 Image: Ima	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 Image: CL.1 Has reported a history of diabetes (C.1.1 answer Yes) Image: CL.2 Has reported a history of stroke (C.2.1 answer Yes) CL.2 Has reported a history of Stroke (C.2.1 answer Yes) Image: CL.3 Has reported a history of CHD (Both C.3.1 and C.3.2 answer Yes) Image: CL.3 Has reported a history of SBP ≥ 160mmHg with older age (C.5.1) Image: CL.4 Has reported a history of SBP ≥ 160mmHg with older age (C.5.1) Image: CL.4 Has reported a history of SBP ≥ 160mmHg twice (PE.1.1 and PE.2.1) Image: CL.4 Has reported a history of the above questions is Yes, continue the survey; otherwise go to PE.3 measure participant's height and weight D. Medication use and medical care (high-risk patients ONLY) Image: CL.4 Has reported and the village doctor for heart disease, stroke, diabetes, or HTN? Image: CL.4 Has reported a history of the above questions is Yes, continue the survey; otherwise go to PE.3 measure participant's height and weight D. Medication use and medical care (high-risk patients ONLY) Image: CL.4 Has reported and the village doctor provide any of the following recommendations? D.1.1 Reduce salt intake Image: CL.4 Hight risk Image: CL.4 Has reported and the village doctor provide any of the following recommendations? D.1.2 Quit smoking Image: CL.4 Has reported and the village doctor provide any of the following recommendations? D.1.2 Quit smoking Image: CL.4 Has reported and the village doctor provide any of						
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 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 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 D.1.4 Be physically active □1,Yes □0,No D.1.5 Control weight □1,Yes □0,No						
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 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 D.1.1 Reduce salt intake □1,Yes □0,No D.1.2 Quit smoking □1,Yes □0,No D.1.3 Avoid binge drinking □1,Yes □0,No D.1.4 Be physically active □1,Yes □0,No D.1.5 Control weight □1,Yes □0,No	the interviewer					
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 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 D.1.1 Reduce salt intake □1,Yes □0,No D.1.2 Quit smoking □1,Yes □0,No D.1.3 Avoid binge drinking □1,Yes □0,No D.1.4 Be physically active □1,Yes □0,No D.1.5 Control weight □1,Yes □0,No						
CL.3 Has reported a history of CHD (Both C.3.1 and C.3.2 answer Yes) □, Yes □, No CL.4 Has reported a history of SBP ≥ 160mmHg with older age (C.5.1) □, Yes □, No CL.5 Systolic BP measurement ≥ 160mmHg twice (PE.1.1 and PE.2.1) □, Yes □, No If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 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 During that visit, did the village doctor provide any of the following recommendations? D.1.1 Reduce salt intake □, Yes □, No D.1.2 Quit smoking □, Yes □, No D.1.4 Be physically active □, Yes □, No D.1.5 Control weight □, Yes □, No	□ _{1.} Yes □ _{0.} No					
CL.4 Has reported a history of SBP \geq 160mmHg with older age (C.5.1) $\Box_1.Yes \Box_0.No$ CL.5 Systolic BP measurement \geq 160mmHg twice (PE.1.1 and PE.2.1) $\Box_1.Yes \Box_0.No$ If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 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 and the visit, did the village doctor provide any of the following recommendations? D.1.1 Reduce salt intake $\Box_1.Yes \Box_0.No$ D.1.2 Quit smoking $\Box_1.Yes \Box_0.No \Box_9.Not applicable$ D.1.4 Be physically active $\Box_1.Yes \Box_0.No$ D.1.5 Control weight $\Box_1.Yes \Box_0.No \Box_9.Not applicable$	□ _{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 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 and the 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.1.4 Be physically active □_1.Yes □_0.No □_9.Not applicable D.1.5 Control weight □_1.Yes □_0.No □_9.Not applicable	□ _{1.} Yes □ _{0.} No					
If the answer to any of the above questions is Yes, continue the survey; otherwise go to PE.3 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 During that visit, did the village doctor provide any of the following recommendations? D.1.1 Reduce salt intake 1,Yes D.1.2 Quit smoking 1,Yes D.1.3 Avoid binge drinking 1,Yes D.1.4 Be physically active 1,Yes D.1.5 Control weight 1,Yes	CL.4 Has reported a history of SBP \geq 160mmHg with older age (C.5.1) $\Box_{1.}$ Yes $\Box_{0.}$ No					
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?	CL.5 Systolic BP measurement \geq 160mmHg twice (PE.1.1 and PE.2.1) $\Box_{1.}$ Yes $\Box_{0.}$ No					
D.1 When was the last time that you saw your village doctor for heart disease, stroke, diabetes, or HTN?days During that visit, did the village doctor provide any of the following recommendations? D.1.1 Reduce salt intake □1.Yes D.1.2 Quit smoking □1.Yes D.1.3 Avoid binge drinking □1.Yes D.1.4 Be physically active □1.Yes D.1.5 Control weight □1.Yes	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					
During that visit, did the village doctor provide any of the following recommendations?D.1.1 Reduce salt intake $\Box_1.Yes$ D.1.2 Quit smoking $\Box_1.Yes$ D.1.3 Avoid binge drinking $\Box_1.Yes$ D.1.4 Be physically active $\Box_1.Yes$ D.1.5 Control weight $\Box_1.Yes$						
D.1.2 Quit smoking \Box_1 .Yes \Box_0 .No \Box_9 .Not applicableD.1.3 Avoid binge drinking \Box_1 .Yes \Box_0 .No \Box_9 .Not applicableD.1.4 Be physically active \Box_1 .Yes \Box_0 .NoD.1.5 Control weight \Box_1 .Yes \Box_0 .No	·					
D.1.3 Avoid binge drinking \Box_1 Yes \Box_0 No \Box_9 Not applicableD.1.4 Be physically active \Box_1 Yes \Box_0 NoD.1.5 Control weight \Box_1 Yes \Box_0 No						
D.1.4 Be physically active \Box_1 .Yes \Box_0 .NoD.1.5 Control weight \Box_1 .Yes \Box_0 .No	e					
D.1.5 Control weight \Box_1 . Yes \Box_0 . No \Box_9 . Not applicable	D.1.3 Avoid binge drinking \Box_1 Yes \Box_0 No \Box_9 Not applicable					
· · · · · · · · · · · · · · · · · · ·	D.1.4 Be physically active \Box_1 . Yes \Box_0 . No					
D.2 During the past 12 months, have you been hospitalized due to heart disease stroke diabetes or hypertension?	•					
(exclude hospitalization for other reasons) \Box_1 . Yes \Box_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" be						
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)? D.3.1Who prescribed the AHM for you? D.3.3 Where do you buy a mainly? 1. Not sure if the medication taken was AHM 3. Specialist (town or higher 1. Village clinic 2. <2 months	RMB (Note: put "00" before					

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\square_3 2-8 months D.3.2. Has the village doctor ever adjusted the treatments, either						
\square_4 9-11 months titrating the dosage or changing the prescription for you \square_5 =12 months						
$\Box_5 = 12 \text{ months}$	□ _{1.} Yes □ _{0.} No	□ Dont' know				
(if none or not sure, go to D.4)						
D.4 During the past 12 months, how many months have you taken aspirin?	D.4 During the past 12 months, how many D.4.1 Who prescribed the aspirin? D.4.2 Where do you buy aspirin months have you taken aspirin? \Box_1 Self prescribed/bought mainly?					
$\Box_{0}. None \qquad \qquad \Box_{2}. TCM doctor \qquad \qquad \Box_{1}. Village clinic$						
\Box_1 .Not sure if the medication taken was	□ _{3.} Specialist	\Box_2 . Township center				
Aspirin \Box_2 .<2 months	\square_4 Village doctor and s \square_5 Village doctor	specialist \Box_3 . County hospitals \Box_4 . Pharmacies				
$\square_{3.}^{-}$ 2-8 months						
\square_4 9-11 months						
$\Box_5 = 12 \text{ months}$ (if not a long-term user or don't know, go to D.5)						
D.5 During the past month, have you taken any m	nedications for your heart diseas	e, stroke, diabetes or hypertension?				
	No, go to PE.3 to neight and weight)					
D.5.1 Madicine (brand name) D.5.2 Taken daily? D.5.2 Properihed by a village destar?						
D.5.1 Medicine (brand name) D.5.2 Taken daily? D.5.3 Prescribed by a village doctor' (≥25days in the last 30 days)						
1.	\Box_1 Yes \Box_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). E participants						
PE.3.1 Height		PE.3.2 Weight				
Body not straight? $\Box_{1.}$ Yes $\Box_{0.}$ No						
	(End of survey)					
Interviewer comments/impressions:						
$\Box {\rm Interviewee}$ understands questions we	11					
□Interviewee understands questions par	rtly					
□Interviewee understands questions po	orly					
Interviewer introspect the completenes	· ·					
Time of completion:						

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Interviewer signatur	.ce:
	control review: 2010 month day. Time

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CRHI Survey Ques	stionnaire (2012)
Address to the interviewee (refer to the Surve	ey Training Manual). Ask Interviewee if they have nd if they satisfy the measurement requirements.
Date (2012/mm/dd) 2012/0/	
A. General information	
A.1 Name: A	.2 Sex: \Box_{1} Male \Box_{0} Female
A.4 Age in years A.5 Years of schooli	ng
A.6 During the past one year, how long have you lived in the	
B. Lifestyle information in the past 3 m	
B.1 During the past 3 months, have you smoked? (multiple o	choice)
	now many cigarettes per day
-	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 td="" week<=""><td></td></once>	
\Box_{2} 1-2times/week	
\square_{3} 3-5times/week	
□ _{4.} 1-2times/day	
□ _{5.} >Twice/day	
B.2.2 During the past 3 months, how many times did you d	rink alcohol exceeding
more than 5 "liangs"? (note:1 liang=50g $pprox$ 50ml) B.3 During the past 3 months, have you done any physical	B.4 During the past 3 months, have you performed any
activities? (farming included, housework excluded)	exercise? (minimum <u>30 minutes each time</u>)
(minimum <u>30 minutes each time</u>)	(e.g., walking, running, dancing, Qigong, Taichi etc.)
□ _{0.} Hardly ever	\Box_0 . Hardly ever
□ _{1.} 1-2days/week	$\Box_{1.}$ 1-2days/week
$\Box_{2.3}$ -5days/week	\Box_2 .3-5days/week
$\Box_{3.}$ Almost daily	$\Box_{3.}$ Almost daily
Physical examination (PE.1). Blood pres	sure and heart rate measurement (1st)
PE.1.1 Blood pressure(Systolic/Diastolic):	PE.1.2 Heart rate

Village / Participant ID



PE.1.1.1 / PE.1.1.2	L L mmHg			
B.5 During the past 3 months, how often have you eaten pickled foods?		B.6 During the past 3 months, what did you do when you found the food was not salty enough to your taste?		
□ ₁ Hardly ever □ ₂ Occasionally		\Box_1 Always eat pickles/add soy sauce/add salt \Box_2 Sometimes eat pickles/add soy sauce/add salt		
\Box_4 3-6 times/week				
\Box_5 At least once a day				
B.7 High salt intake will: \Box_1 worsen your health	B.8 Which of the following can help reduce pressure? (read out one by one)		B.9 What is the daily recommended salt intake for adults?	
\square_2 improve your health	B.8.1Medicine: □ ₁ Yes □		□ ₁ No salt	
\square_3 have no effect on B.8.2Smoking: \square_1 Yes \square		₀ No□₃Don't know	□ ₂ ≤6g salt	
your health	B.8.3Eating less salt: □₁Yes □₀ No □₀Don't know B.8.4Eating more food: □₁Yes □₀ No □₀Don't know		$\square_3 > 6$ g salt	
\square_4 Not sure			\Box_4 Not sure	

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

 \Box_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)

 \Box_2 Some attention (decreased intake of pickled vegetables, add less salt during cooking, if foods are too salty will make sure to eat less)

 \square_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? %				
L.	(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 yearmonth □ ₉ Don't know				
	B11.2.1 Since then, have you been consistently using low-sodium salt up to now?				
	\Box_1 Yes				
	\square_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)				

 \Box_1 Can't buy it nearby \Box_2 Too expensive \Box_3 Not very tasty \Box_4 Feel not effective \Box_5 Worried about side-effects

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\Box_6 Had side-effects after eating (please explain) \Box_7 No interest \Box_8 Never heard of "low-sodium salt"
\square_9 Don't know \square_{10} Other (please explain)
\Box_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?
\Box_1 . Yes \Box_0 . No \Box_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?
$\Box_{1.}$ Yes $\Box_{0.}$ No $\Box_{9.}$ Don't know C.1.2 Did the doctor tell you that your ECG was abnormal?
\Box_1 . Yes \Box_0 . No \Box_3 . Did not have ECG done \Box_9 . Don't know
C.1.3 When were you diagnosed for the first time? yearmonth (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?
$\Box_1. \text{ Yes } \Box_0. \text{ No } \Box_9. \text{ Don't know (if No or Don't know, go to C.3)}$
C.2.1 Diagnosed at a county or higher level hospital?
\Box_1 . Yes \Box_0 . No \Box_9 . Don't knowC.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?
$\Box_{1.}$ Yes $\Box_{0.}$ No $\Box_{9.}$ 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? yearmonth (if the interviewee didn't remember, then fill the blank with "9999 year 99 month")
C.4 Do you have hypertension (HTN)?
\Box_1 . Yes \Box_0 . No \Box_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? \Box_1 . Yes \Box_0 . No \Box_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: \Box_1 .Yes \Box_2 .No (Go to C.6) C.5 Have you had your blood pressure measured after age 50 (male)/60 (female)?
$\Box_{1.}$ Yes $\Box_{0.}$ No $\Box_{9.}$ Don't know (if No or Don't know, go to C.6)
C.5.1 Please provide the highest systolic blood pressure measured D D mmHg (If Don't know, fill as 999)
C.6 During the past two weeks, have you been taking any anti-hypertensive medication?
$\Box_{1.}$ Yes $\Box_{0.}$ No $\Box_{9.}$ Don't know

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C.7 During the past one year, have you had any of no, do not leave the choice as blank) $% \left(\begin{array}{c} \frac{1}{2} & \frac{1}{$	f the following symptoms o	or illnesses? (read o	out one by one, put `X' if	yes, `0' if
\Box_1 Dizziness \Box_2 . Headache \Box_3 . Weakness \Box_4 . F	all \Box_5 Gingival bleeding c	or subcutaneous he	emorrhage \Box_6 Stomach	ache 🗆 7.
Hyperkalemia $\square_{8.}$ Gastrointestinal bleeding confi	irmed by a doctor \Box_9 Re	enal insufficiency of	confirmed by a doctor [∃ ₁₀ Heart
failure confirmed by a doctor \Box_{11} . Cerebral hemorr	rhage confirmed by a docto	or D ₁₂ Hypotensio	n confirmed by a doctor	(Lowest
blood pressure value/mmHg) □ _{13.} Hypogl	lycemia confirmed by a do	octor (Lowest bloo	d glucose level	_mmol/L)
\square_{14} Any life-threatening condition requirin	ng hospitalization or p	prolonging hospi	italization (describe	condition
) □ ₁₅ Other diseases co	onfirmed by the doctor (de	scribe)	
C.8 During the past 12 months, did you see your	C.9 Did your village doc	tor measure your b	plood pressure at each v	isit?
village doctor once a month?	\Box_1 Never saw villa	age doctor $\square_{2.}$	Never measured	
□ _{1.} Yes	$\square_{3.}$ Sometimes (or	ccasionally) $\Box_{4.}$	Almost every time	
□ _{0.} No	$\Box_{5.}$ Every time			
Physical examination (PE.2). Blo	ood pressure and h	neart rate me	asurement (2nd)	
PE.2.1 Blood pressure (Systolic/Diastolic)		PE.2.2	Heart rate:	
	mHg] //minute	
CL. CVD high-risk patie	ent confirmation checklis	st (CL) for the inte	erviewer	7
CL.1 Has reported a history of CHD (Both	C.1.1 AND C.1.2 answer	Yes)	$\Box_{1.}$ Yes $\Box_{0.}$ No	
CL.2 Has reported a history of stroke (C.2.	.1 answer Yes)		$\Box_{1.}$ Yes $\Box_{0.}$ 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 \ge	160mmHg with older age	e (C.5.1)	□ _{1.} Yes □ _{0.} No	
CL.5 Systolic BP measurement ≧160mmH	Hg twice (PE.1.1 and PE	5.2.1)	□ _{1.} Yes □ _{0.} No	
If the answer to any of the above qu measure	lestions is Yes, contil participant's height a		otherwise go to PE	.3 to
D. Medication use and medical				
D.1 When was the last time that you saw your villa During that visit, did the village doctor pro-	•			ys ago
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.} No	t applicable		
D.1.4 Be physically active	\square_1 Yes \square_0 No			
D.1.5 Control weight	\Box_1 Yes \Box_0 No \Box_9 Not	t applicable		
D.2 During the past 12 months, have you been ho			etes or hypertension?	
(exclude hospitalization for other reasons)	$\Box_{1.}$ Yes $\Box_{0.}$ No (If no, get	o to D.3)		

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D.2.1 How many times have you been in the hospit	al?		
D.2.2 How many days have you been in the hospita	al?		
D.2.3 How much did you spend in out of pocket ex number if only know total expenditure; fill in "-999" in D.3 During the past 12 months, how many months	f don't know)		
(AHM)? \Box_0 .None \Box_1 .Not sure if the medication taken was AHM \Box_2 . <2 months \Box_3 2-8 months \Box_4 9-11 months	you? \Box_1 . Self prescribed/bc \Box_2 . TCM doctor \Box_3 . Specialist (town o level) \Box_4 . Village doctor specialist	bught \Box_1 Village clinic \Box_2 . Township center \Box_3 . County hospitals \Box_4 . Pharmacies	
$\square_5 = 12$ months	$-\Box_{5.}$ Village doctor		
(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?		
	$\Box_{1.}$ Yes $\Box_{0.}$ No	□ _{9.} Dont' know	
D.4 During the past 12 months, how many months have you taken aspirin? \Box_0 .None \Box_1 .Not sure if the medication taken was Aspirin \Box_2 .<2 months \Box_3 .2-8 months \Box_4 9-11 months \Box_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 □ 1. Village clinic □ 2. TCM doctor □ 2. Township center □ 3. Specialist □ 3. County hospitals □ 4. Village doctor and specialist □ 5. Village doctor		
D.5 During the past month, have you taken any me	dications for your heart diseas	e, stroke, diabetes or hypertension?	
	o, go to PE.3 to ight and weight)		
D.5.1 Medicine (brand name)	D.5.2 Taken daily? (<u>></u> 25days in the last 30 days)	D.5.3 Prescribed by a village doctor?	
1.	$\Box_{1.}$ Yes $\Box_{0.}$ No	□ _{1.} Yes □ _{0.} No	
2.	$\Box_{1.}$ Yes $\Box_{0.}$ No	□ _{1.} Yes □ _{0.} No	
3.	$\Box_{1.}$ Yes $\Box_{0.}$ 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			

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PE.3.1 Height	PE.3.2 Weight		
Body not straight? \Box_1 .Yes \Box_0 .No			
(End of survey)			
Interviewer comments/impressions:			
□Interviewee understands questions well			
□Interviewee understands questions partly			
□Interviewee understands questions poorly			
Interviewer introspect the completeness of questionnaire. \Box			
Time of completion:			
Interviewer signature:			
Date of quality control review: 2012 month day. Time: Quality control reviewer signature:			