Examination ID: _____

Questionnaire for Occupational Population of Sinopec

Part I: Basic Information

1. Sex:

① Male ② Female

2. Age: ____ years

3. Ethnicity:

① Han ② Zhuang ③ Yao ④ Miao ⑤ Other: _____

4. Educational attainment:

① Junior high school or below ② Senior high school or technical secondary school ③ Junior college or vocational college ④ Bachelor's degree or above

5. Marital status:

① Married ② Unmarried ③ Other

6. Household registration:

① Urban ② Rural

7. Average monthly income (CNY):

① <2,000 ② 2,000–3,000 ③ 3,001–4,000 ④ 4,001–5,000 ⑤ ≥5,001

8. .Have you been diagnosed by a physician with any of the following

diseases? (Select all that apply):

① None ② Hematologic diseases (e.g., leukemia, aplastic anemia, non-Hodgkin lymphoma)

③ Respiratory diseases (e.g., COPD, chronic bronchitis, asthma, pneumoconiosis)

④ Severe underlying diseases (e.g., cancer, severe liver/kidney disease, heart failure)

⑤ Neuropsychiatric disorders (e.g., epilepsy, schizophrenia, Alzheimer's disease)

⑥ Sleep disorders (e.g., obstructive sleep apnea, narcolepsy)

⑦ Hyperuricemia ⑧ Diabetes mellitus ⑨ Hypertension

⑩ Hyperlipidemia

Other:_____

Part II: Lifestyle Factors

1.Do you consume alcohol? (Currently drinking beer or liquor at least 3 times per week for ≥6 months):

① Yes ② No (skip to question 3)

2.Duration of alcohol consumption:

① <1 year (including occasional or recent drinking) ② 1–4 years ③ 5–9 years ④ 10–14 years ⑤ 15–19 years ⑥ ≥20 years

3.Do you smoke? (Currently smoking at least 1 cigarette per day for ≥6 months):

① Yes ② No (skip to question 5)

4.Duration of smoking:

① <1 year (including occasional or recent smoking) ② 1–4 years ③ 5–9 years ④ 10–14 years ⑤ 15–19 years ⑥ ≥20 years

5.Do you drink a glass of water on an empty stomach in the morning?

① Yes ② No, too troublesome ③ Occasionally, when I remember

6.Which of the following best describes your water drinking habit?

① Drink when thirsty ② Drink when I remember ③ Drink on a strict schedule

7. How much water do you drink per day?

① <500 mL ② 500–1,000 mL ③ 1,001–1,500 mL

④ 1,501–2,000 mL ⑤ ≥2,001 mL ⑥ Not fixed, drink according to thirst

8. What type of water do you usually drink?

① Cold tap water ② Boiled tap water ③ Mineral water

④ Tea (e.g., green tea, semi-fermented tea, fermented tea)

⑤ Beverages (e.g., tea drinks, carbonated drinks, fruit/vegetable drinks, protein drinks including milk, yogurt, soy milk, energy drinks, coffee drinks, etc.) ⑥ Other

9.How often do you consume beverages per week?

① Never ② ≤1 time ③ 2–3 times ④ ≥4 times

10.In the past 7 days, on how many days did you engage in vigorous physical activities, such as heavy lifting, digging, aerobic exercise, or fast cycling?

①1day/week ②2–3days/week ③4–5days/week ④6–7days/week

⑤ No vigorous activity (→ skip to question 11)

10.1 On those days, how much time did you usually spend on vigorous physical activity?

①<10minutes ②10–30minutes ③31–60minutes ④61–120minutes

⑤ >120 minutes

11.In the past 7 days, on how many days did you engage in moderate physical activities, such as carrying light loads, cycling at a regular pace, or playing doubles tennis? Please do not include walking.

①1day/week ②2–3days/week ③4–5days/week ④6–7days/week

⑤ No moderate activity (→ skip to question 12)

11.1 On those days, how much time did you usually spend on moderate physical activity?

① <10 minutes ② 10–30 minutes ③ 31–60 minutes ④ 61–120 minutes ⑤ >120 minutes

12.In the past 7 days, on how many days did you walk for at least 10 minutes at a time?

①1day/week ②2–3days/week ③4–5days/week ④6–7days/week

⑤ No walking (→ skip to question 13)

12.1 On those days, how much time did you usually spend on walking?

① <10 minutes ② 10–30 minutes ③ 31–60 minutes ④ 61–120 minutes ⑤ >120 minutes

13.In the past 7 days, on average, how much time did you spend sitting on workdays (e.g., office work, watching TV, commuting)?

① <4 hours ② 4–6 hours ③ 7–9 hours ④ >10 hours

Part III: Occupational Factors

1.Your job position:

①Station manager ②Bookkeeper ③Measurer ④Safety officer

⑤Equipment administrator ⑥ Convenience store clerk

⑦ Card seller ⑧ Cashier ⑨ Fuel attendant ⑩ Other: _____

2.Work seniority: ____ years

3.Daily working hours:

① <8 hours ② 8–9 hours ③ 10–11 hours ④ ≥12 hours

4.Shift work system:

① Fixed day shift ② Fixed night shift ③ Two shifts (day/night rotation) ④ Three shifts (day/night rotation) ⑤ Four shifts (day/night rotation) ⑥ Irregular shift rotation (day/night shifts alternate randomly without fixed schedule) ⑦ Other: _____

5.Number of night shifts in the past month: ____ days

6.Have you been exposed to organic solvents (e.g., gasoline/diesel vapors, cleaning agents) at your workplace for ≥6 months?

① Yes ② No

7.Have you been exposed to heavy metals (e.g., lead from vehicle exhaust) at your workplace for ≥6 months?

① Yes ② No

8.How would you rate your work intensity?

① Very high ② Relatively high ③ Moderate ④ Relatively low ⑤ Very low

9.Main occupational hazards you are exposed to at your workplace (Select all that apply):

① None ② Noise ③ Ultraviolet radiation ④ Fuel vapors and vehicle exhaust ⑤ Extreme temperatures (heat or cold) ⑥ Skin contact with gasoline/diesel ⑦ Odor or contact with cleaning agents/solvents ⑧ Prolonged standing ⑨ Repetitive movements (e.g., operating fuel nozzles) or awkward postures (e.g., bending for inspections) ⑩ Circadian rhythm disruption due to shift work ⑪ Other (please specify): _____

10.How many hours per day are you exposed to the above factors? ____ hours

Part IV: Personal Protective Equipment

1.Do you wear professional work clothes at work?

① Yes ② No

2.Do you wear gloves at work?

① Yes ② No

3.Do you wear professional rubber shoes at work?

① Yes ② No

4.Do you wear professional protective masks at work?

① Yes ② No

5.Do you think the current protective equipment is sufficient?

① Yes ② No

Part V: Sleep Factors (SRSS Scale)

1.Please answer the following questions based on your sleep status in the past month.

2.Do you think you usually get enough sleep?

① Too much sleep ② Just enough ③ Slightly insufficient ④ Insufficient ⑤ Far from enough

3.Do you feel fully rested after sleep?

① Fully rested ② Rested ③ Slightly rested ④ Not rested ⑤ Not rested at all

4.Do you doze off during the day after sleeping at night?

① 0–5 days ② Rarely (6–12 days) ③ Sometimes (13–18 days) ④ Often (19–24 days) ⑤ Always (25–31 days)

4.On average, how many hours do you sleep per night?

① ≥9 hours ② 7–8 hours ③ 5–6 hours ④ 3–4 hours ⑤ 1–2 hours

5.Do you have difficulty falling asleep?

① 0–5 days ② Rarely (6–12 days) ③ Sometimes (13–18 days) ④ Often (19–24 days) ⑤ Always (25–31 days)

6.Do you wake up easily in the middle of sleep?

① 0–5 days ② Rarely (6–12 days) ③ Sometimes (13–18 days) ④ Often (19–24 days) ⑤ Always (25–31 days)

7.Do you have difficulty falling back asleep after waking up?

① 0–5 days ② Rarely (6–12 days) ③ Sometimes (13–18 days) ④ Often (19–24 days) ⑤ Always (25–31 days)

8.Do you have many dreams or are you often awakened by nightmares?

① 0–5 days ② Rarely (6–12 days) ③ Sometimes (13–18 days) ④ Often (19–24 days) ⑤ Always (25–31 days)

9.Do you take sleeping pills to help you sleep?

① 0–5 days ② Rarely (6–12 days) ③ Sometimes (13–18 days) ④ Often (19–24 days) ⑤ Always (25–31 days)

10.How do you feel after insomnia?

① No discomfort ② Indifferent ③ Sometimes irritable and restless ④ Palpitations, shortness of breath ⑤ Fatigue, listlessness, low efficiency