

ID:

Subjects:

1. KBD patients
2. Normal individuals

Survey on Disease Burden Analysis of Kashin-Beck Disease in Shaanxi Province

Excuse me. We are conducting a research survey on the disease burden of Kashin-Beck disease patients, in order to analyze the medical treatment policies and health resource allocation strategies for the Kashin-Beck disease population. This survey is conducted in a named format, and we will strictly protect your privacy. We hope to have your support and cooperation. We will also try to reflect the situation we have learned to relevant departments, hoping to help improve your life. Please carefully answer and fill out the following questions, and write the answers in the blank space after the question.

Name:

Telephone:

Address:

City:

Country(District):

Survey Results:

1. Completed
2. Partially Completed
3. Refused
4. Others, explain the reason:

Investigator's Signature:

Quality control personnel's signature:

Date:

Date:

Shaanxi Provincial Institute for Enndemic Disease Control

2019 March

Personal information		Answer
A1	Gender: 1. Male 2. Female	
A2	Ethnicity: 1. Han 2. Hui 3. Others, remark	
A3	Date of birth:	
A4	Education level: 1. Illiteracy 2. Primary 3. Junior or above	
A5	Marital status: 1. Unmarried 2. Married 3. Divorced 4. Widowed	
A6	Occupation: 1. Farmer 2. Others	
A7	Clinical grading of Kashin-Beck disease: 1. Grade I 2. Grade II 3. Grade III	
A8	Annual household income: (RMB)	
SF-36 Questionnaire		
B1	In general, would you say your health is: 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor	
B2	Compared to one year ago, how could you rate your health in general now? 1. Much better now than one year ago 2. Somewhat better now than one year ago 3. About the same 4. Somewhat worse now than one year ago 5. Much worse than one year ago	
The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?		
B3	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports 1. Yes, Limited a lot	

	<ul style="list-style-type: none"> 2. Yes, Limited a little 3. No, Not limited at all 	
B4	<p>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B5	<p>Lifting or carrying groceries</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B6	<p>Climbing several flights of stairs</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B7	<p>Climbing one flights of stairs</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B8	<p>Bending, kneeling, or stooping</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B9	<p>Walking more than a mile</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B10	<p>Walking several blocks</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B11	<p>Walking one block</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
B12	<p>Bathing or dressing yourself</p> <ul style="list-style-type: none"> 1. Yes, Limited a lot 2. Yes, Limited a little 3. No, Not limited at all 	
<p>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</p>		
B13	<p>Cut down the amount of time you spend on work or other activities</p> <ul style="list-style-type: none"> 1. Yes 	

	2. No	
B14	Accomplished less than you would like 1. Yes 2. No	
B15	Were limited in the kind of work or other activities 1. Yes 2. No	
B16	Had difficulty performing the work or other activities (for example, it took extra effort) 1. Yes 2. No	
During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?		
B17	Cut down the amount of time you spend on work or other activities 1. Yes 2. No	
B18	Accomplished less than you would like 1. Yes 2. No	
B19	Didn't do work or other activities as carefully as usual 1. Yes 2. No	
B20	Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups 1. Not at all 2. Slightly 3. Moderately 4. Severe 5. Very Severe	
B21	How much bodily pain have you had during the past 4 weeks? 1. None 2. Mild 3. Moderate 4. Severe 5. Very Severe	
B22	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely	
These questions are about how you feel and how things have been with you during the last 4 weeks.		

For each question, please give the answer that comes closest to the way you have been feeling.

B23	Did you feel of pep? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B24	Have you been a very nervous person? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B25	Have you felt so down in the dumps that nothing could cheer you up? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B26	Have you feel calm and peaceful? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B27	Did you have a lot of energy? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B28	Have you felt downhearted and blue? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	

B29	Did you feel worn out? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B30	Have been a happy person? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B31	Did you feel tired? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
B32	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? 1. All of the time 2. Most of the time 3. A good bit of time 4. Some of the time 5. A little bit of time 6. None of the time	
How true or false is each of the following statements for you?		
B33	I seem to get sick a little easier than other people 1. Definitely true 2. Mostly true 3. Don't know 4. Mostly false 5. Definitely false	
B34	I am as healthy as anybody I know 1. Definitely true 2. Mostly true 3. Don't know 4. Mostly false 5. Definitely false	
B35	:I expect my health to get worse	

	<ol style="list-style-type: none">1. Definitely true2. Mostly true3. Don't know4. Mostly false5. Definitely false	
B36	My health is excellent <ol style="list-style-type: none">1. Definitely true2. Mostly true3. Don't know4. Mostly false5. Definitely false	