Supplementary document

Survey questionnaire on metabolic syndrome（MS） among adult residents

Questionnaire code:

Township (Street) Name: Village (Neighborhood Committee) Name:

A Part1 Basic Information			
A1	Name:		
A2	Phone Number:		
A3	Sex	1 Man 2 Woman	
A4	Age	□□Years-old	
A5	Height	□□□. □CM	
A6	Weight	□□□. □KG	
A7	Waist circumstance	□□□. □CM	
A8	Hip	□□□. □CM	
A9	Your ethnicity	1 Han nationality 2 Zhuang nationality 3 Manchu nationality 4 Hui nationality 5 Miao nationality 6 Uygurs nationality	7 Yi nationality 8 Tuchia nationality 9 Mongol ethnic nationality 10 Korean nationality 11 Zang nationality 12 the others nationality…….→ Please choose
A10	Your current marital status	1 Unmarried 2 Married 3 Live together	4 Bereft of one's spouse 5 Divorce 6 Separation
A11	Your cultural level	1 Not receiving formal school education 2 Primary school not yet graduated 3 Primary school graduation 4 Junior high school graduation 5 High school/vocational school/technical school 6 College graduation 7 Undergraduate graduation 8 Graduate or above	
A12	Your career	1 Production personnel in agriculture, forestry, animal husbandry, fishery, and water conservancy industries……..→ 2 Production and transportation equipment operators and related personnel…….. → 3 Business or service industry personnel……. →	A12b A12b A12b

		4 Directors of state organs, party and mass organizations, enterprises, or public institutions……→ 5 Office staff and relevant personnel…… → 6 Professional and technical personnel…… → 7 Military…… → 8 Other workers……→ 9 On campus students…… → 10 Unemployed…… → 11 Housework……→ 12 The retired……→	 A12b A12b A12b A12b A14 A14 A14 A12a
A12a	Your occupation before retirement	1 Production personnel in agriculture, forestry, animal husbandry, fishery, and water conservancy industries 2 Production and transportation equipment operators and related personnel 3 Business or service industry personnel 4 Directors of state organs, party and mass organizations, enterprises, or public institutions 5 Office staff and relevant personnel 6 Professional and technical personnel 7 Military 8 Other workers……	
A12b	Your profession belongs to	1 Occupations primarily based on static (or mental labor) 2 Occupations dominated by dynamic (or physical labor)	
A13	Per capita income (yuan/year)	1 Below 10000 2 10000-20000 3 20000-35000 4 35000-55000 5 55000-70000 6 Over 70000	
A14	Do you currently participate in medical insurance?	1 Yes 2 No……→	B1
A14a	Have you participated in any of the following basic medical insurance?	1 Basic medical insurance for urban employees 2 Basic medical insurance for urban and rural residents 3 Medical insurance for urban residents 4 New rural cooperative medical care 5 free medical care 6 None of the above	
A14b	Have you purchased commercial medical insurance?	1 Yes 2 No	
B Part2 Smoking Situation			
Current smoking situation			

B1	Do you smoke now? smoke every day, not every day, or not?	1 Yes, I smoke every day……….. → 2 Yes, but not every day 3 I used to smoke, but now I don't smoke 4 Never smoke…………………. →	B2 B11
Used to determine the current smoking status of the survey subjects, ask questions, and select only one option.			
B1a	Have you ever smoked every day before?	1 Yes 2 No	
	Investigator's note: If B1 chooses 2 and B1a chooses 2, jump to………………………………→ If B1 chooses 3 and B1a chooses 2, jump to………………………………→		B3 B7
B2	When did you start smoking every day? *Investigator's note: Fill in "-9" for "unclear".*	□□years old	
Investigator's note: If B1 selects 3 and B1a selects 1, jump to………………………………………………………… →			*B7*
B3	How many mechanical cigarettes do you currently smoke on average per day (week)? I*nvestigator's note: Daily smokers answer option 1, non-daily smokers answer option 2.*	1 □□Cigarette /day 2 □□Cigarette /week 3 Non-smoking mechanism cigarettes	
Smoking cessation behavior			
B4	Have you ever quit smoking in the past? (Here quitting smoking refers to seriously considering quitting smoking and taking action.)	1 Yes, within the past 12 months 2 Yes, 12 months ago 3 No	
B5	Which of the following options best fits your idea of quitting smoking?	1 Preparing to quit smoking within a month 2 Consider quitting smoking within 12 months 3 I will quit smoking, but not within 12 months.................................... → 4 Don't want to quit smoking 9 I don't know	B11
B7	How long have you stopped smoking? *(Investigator's note: This only includes cases where the survey subjects have completely quitted smoking, and occasional smoking is not included. Please note that only one item can be filled in.)*	a □□Years b □□Months c □□Weeks d □□Days	
Electronic cigarettes			
B11	Have you ever heard of electronic cigarettes?	1 Yes 2 No…………………….…...…. →	B13
B12	How many days have you used e-cigarettes in the past 30 days?	1 Never used it before…………. → 2 1-2days 3 3-5 days	B13

		4 6-9 days 5 10-19 days 6 20-29 days 7 30 days	
B12a	When did you start using e-cigarettes?	□□□□	
Second hand smoke exposure			
B13	What are the usual number of days per week you are exposed to second-hand smoke? (Second hand smoke refers to the smoke exhaled by smokers and emitted from the end of cigarettes while smoking.)	1 Everyday 2 On average, there are 4-6 days per week 3 On average, there are 1-3 days per week 4 Not have 9 I don't know/I can't remember clearly	
C Part3 Dietary Conditions			
C5	Have you taken salt reduction measures?	1 Yes 2 No…….. →	C12
C5a	If yes, which of the following salt reduction measures have you taken?		
1	Restrict the consumption of processed foods.	1 Yes 2 No	
2	Pay attention to the salt (or sodium) content on the food label.	1 Yes 2 No	
3	Reduce dining out (include takeout).	1 Yes 2 No	
4	Reduce salt when cook food.	1 Yes 2 No	
5	Eat less food with high salt content, such as pickled food, fermented bean curd milk, Salted duck egg, soy sauce, yellow sauce, etc.	1 Yes 2 No	
6	No additional salt added when eat at the dining table.	1 Yes 2 No	
7	Use restricted salt tools, such as salt control spoons.	1 Yes 2 No	
8	Use low sodium salts.	1 Yes 2 No	
C12	Have you ever drunk alcohol?	1 Drinking within 30 days 2 30 days ago, drank within 12 months…. → 3 I drank alcohol 12 months ago…….. → 4 I have never drunk alcohol before…..… →	 C14 C15 C15
C13	In the past 30 days, how many times have you drunk more than 150ml of high alcohol liquor, or 200ml of low alcohol Baijiu (Chinese liquor), or 3 and a half bottles of beer, or 6 cans of beer, or 450ml of yellow rice wine/rice wine, or 1200ml of wine, or 1500ml of highland barley wine?	□□Times	
C14	How often have you been drinking alcohol in the	1 Everyday	

	past 12 months? *(Investigator's note: Options need to be read out)*	2 5-6 days/week 3 3-4 days/week 4 1-2 days/week 5 1-3 days/month 6 Less than 1 day/month
C15	How often have you been ordering takeout or dining out for meals or late nights in the past 12 months? *(Excluding ordering only beverages, snacks, fresh produce, etc.)*	□Times/day □Times/week □Times /month □Times /year

Please recall whether you have eaten the following foods in the past 12 months under normal circumstances, and estimate the frequency and amount of consumption of each type of food.
In IPAD, click on the food name in red font to query the food map.

C16	C17 Whether to consume 1 Yes,2 No	Consumption frequency (fill in only one item)				C22 Average consumption per session
		C18 Times/day	C19 Times/week	C20 Times /month	C21 Times /year	
Food type						
1	Grains	□	□	□	□□	□□□g
Weight conversion: *A bowl of rice=4 liang of cooked rice=1.8 liang of raw rice=90 grams of raw rice; One steamed bread=2.5 liang cooked weight=1.5 liang raw flour=75g raw flour.* *A bowl of boiled noodles=3 liang cooked weight=1 liang of raw flour=60 grams of raw flour; A slice of bread=35 grams of flour; A cupcake=25 grams of flour.*						
2	Fresh vegetables	□	□	□	□□	□□□□g
Fresh vegetables include all untreated vegetables. When filling in, the consumption frequency of all vegetables should be accumulated, and the weight of the edible portion should be recorded. For example, if you eat eggplant, cowpeas, tomatoes, and cabbage once a week, the total frequency of fresh vegetable consumption is 7 times per week. Fill in "1" in the "frequency/day" column. *Edible portion:* *Carrots: Tomatoes, Chinese cabbage: 95% -100%; Pumpkin, winter melon, green pepper: 85%;Lentils, Dutch beans, spinach, cucumber, eggplant: 90%;Celery stem: 70%.*						
3	Fresh fruits	□	□	□	□□	□□□□g
Record by weight of edible parts. In a few regions, fruit consumption has strong seasonality, and can be recorded based on the total number of consumption times per year, averaging to monthly, weekly, or daily, rounded to the nearest whole number. For example, melons (such as watermelons and cantaloupes) should be consumed once a week in June and three times a week from July to August during the summer, while apples are consumed more frequently at other times, totaling 28 times per year. Fill in "2" in the "frequency/month" column. *Edible portion:* *Banana, mango, watermelon: 60%; Pineapple and lychee: 70%; Longan: 50%; Orange: 77%.*						
4	Animal meat	□	□	□	□□	□□□g
Refers to the raw weight of unprocessed fresh animal meat, including pork, beef, lamb, and other edible parts. *Edible portion:*						

Raw pork ribs: 70%; Pig trotters: 60%.						
4a	Poultry meat	□	□	□	□□	□□□g
Refers to the raw weight of unprocessed fresh poultry meat, including chicken, duck, goose, and other edible parts.						
4b	Aquatic products	□	□	□	□□	□□□g
Refers to the edible weight of untreated fresh animal aquatic products, including fish, shrimp, crabs, shellfish, etc.						
4c	Fresh eggs (eggs/duck eggs/goose eggs, etc.)	□	□	□	□□	□eggs
	Milk and milk products	□	□	□	□□	□□□□ml
This includes animal liquid milk, milk powder, yogurt, and cheese.						
4e	Nut	□	□	□	□□	□□□□g
4f	Beans and soy products	□	□	□	□□	□□□□g
Including soybeans (soybeans/green beans/black beans, etc.), soybean milk, bean curd jelly served with sauce, tofu, rolls of dried bean milk creams (including Rolls of dried bean milk creams, oil skin, etc.), shredded tofu (bean curd skin, dried tofu, etc.).						
5	Carbonated beverages	□	□	□	□□	□□□□ml
6	Non-carbonated sugary drinks (including commercially available tea drinks and fruit juice drinks)	□	□	□	□□	□□□□ml
7	High spirit (≥ 42℃)	□	□	□	□□	□□□□ml
8	Low alcohol spirit (<42℃)	□	□	□	□□	□□□□ml
9	Beer（4℃）	□	□	□	□□	□□□□ml
10	Yellow wine or rice wine（18℃）	□	□	□	□□	□□□□ml
11	wine（14℃）	□	□	□	□□	□□□□ml
Barley wine and other non-listed alcoholic beverages are included in the corresponding alcoholic beverages based on their alcohol content.						
C23	How often have you consumed tea in the past 12 months (excluding commercially available beverages)?	1 Everyday 2 5-6days/week				

	(Investigator's note: options must be read out)	3 3-4 days/week 4 1-2 days/week 5 1-3 days/month 6 Less than 1 day/month	
C24	How often have you been drinking coffee in the past 12 months? *(Investigator's note: options must be read out)*	1 Everyday 2 5-6days/week 3 3-4 days/week 4 1-2 days/week 5 1-3 days/month 6 Less than 1 day/month	
Inquire about the frequency of coffee consumption among survey respondents in the past 12 months. Can read the available time to the other party for selection. *Be careful, not to consider the amount of coffee consumed each time, as drinking coffee is considered one time.*			
C25	How often have you consumed spicy food in the past 12 months? *(Investigator's note: options must be read out)*	1 Everyday 2 5-6days/week 3 3-4 days/week 4 1-2 days/week 5 1-3 days/month	
C26	How old have you been eating spicy food since?	□□Years-old	
C27	What kind of spicy food do you usually like to eat?	1 Slight spiciness 2 Medium spiciness 3 Intense spiciness	
C28	What is the main source of spicy seasoning commonly used when you eat spicy food?	1 Chili sauce 2 Chili oil 3 Dried chili peppers 4 Fresh chili peppers 5 Other or unclear	
D Part4 Physical activity			
The following questions are about how you usually engage in various physical activities (including farm work, work, household chores, transportation related physical activities, exercise, or entertainment activities) in a week. Please answer them:			
D1	Do you have high-intensity activities in your work, farm work, and household activities that last for more than 10 minutes? (High intensity activities refer to activities that require significant physical exertion, such as moving heavy objects, digging, or causing a significant increase in breathing and heartbeat) *Investigator's note: A physical activity classification table can be presented.*	1 Yes 2 No……..……..→	D6
For certain occupational groups that engage in high-intensity activities for a long time, such as construction workers, professional athletes, etc., if their breathing and heartbeat only slightly increase during high-intensity activities, they are also calculated as moderate intensity activities.			
D2	How many days in a week do you usually engage in	□Days	

	high-intensity activities in your work, farm work, and household chores?		
"Usually within a week" refers to the week of high-intensity activities, rather than the average situation over a period of time. 1-7 days is a valid answer.			
D3	How much time does it usually take to engage in high-intensity activities in your work, farm work, and household chores within a day? *Investigator's note: If the duration of each activity is less than 10 minutes, it will not be counted.*	□□Hours□□Minutes	
D4	What are the days of high-intensity household activities?	□Days	
Investigator's note: If "0" is filled in, it will redirect to……→			*D6*
D5	How much time do you usually accumulate in a day for high-intensity activities in your household chores? *Investigator's note: If the duration of each activity is less than 10 minutes, it will not be counted.*	□□Hours□□Minutes	
D6	Do you have moderate intensity activities in your work, farm work, and household activities that last for more than 10 minutes?	1 Yes 2 No……..→	D11
If the activity causes a slight increase in breathing and heart rate, it is considered a moderate intensity activity.			
D7	How many days of the week do you usually engage in moderate intensity activities in your work, farm work, and household chores?	□Days	
D8	How much time do you usually accumulate in a day for the above-mentioned moderate intensity activities in your work, farm work, and household chores? *Investigator's note: If the duration of each activity is less than 10 minutes, it will not be counted.*	□□Hours□□Minutes	
Consider a typical day situation that the survey subjects can recall. Only consider moderate intensity activities that last for 10 minutes or more. Activities lasting less than 10 minutes are not counted. For agricultural physical activity time, special attention should be paid to excluding midway rest time.			
D9	What are the days of moderate intensity household activities?	□Days	
Investigator's note: If "0" is filled in, it will redirect to……→			*D11*
D10	How long does it usually take to engage in the above moderate intensity household chores in your daily routine? *Investigator's note: If the duration of each activity is less than 10 minutes, it will not be counted.*	□□Hours□□Minutes	
Traffic related physical activity The following questions do not include the submitted agricultural physical activities and work and household physical activities mentioned above.			
Before starting the inquiry, be sure to introduce the physical activities related to transportation to the survey subjects. For example, walking or cycling to/from work, going to/from school, shopping, visiting family and friends, or working in			

the fields.			
D11	Have you ever walked or rode a bicycle for at least 10 minutes while going out?	1 Yes 2 No……→	D14
D12	How many days within a week do you usually walk or ride a bicycle for at least 10 minutes when going out?	□Days	
D13	How long do you usually walk or ride a bicycle within a day?	□□Hours□□Minutes	
Entertainment activities and exercise The following issues do not include physical activities related to agriculture, work, household chores, and transportation as mentioned above.			
Introduce entertainment activities and exercise to the survey subjects, including all non-competitive sports and exercises. It should be noted that this refers to regular rather than occasional activities, and does not include any activities that have been inquired about above.			
D14	Do you engage in high-intensity exercise or entertainment activities that last at least 10 minutes and cause a significant increase in breathing and heartbeat? Such as long-distance running, swimming, playing football, etc. *Investigator's note: A physical activity classification table can be presented.*	1 Yes 2 No……→	D17
D15	How many days do you usually engage in high-intensity exercise or entertainment activities mentioned above within a week? (1-7 days is a valid answer)	□Days	
D16	How much time do you usually accumulate to engage in high-intensity exercise or entertainment activities mentioned above within a day?	□□Hours□□Minutes	
D17	Do you engage in moderate intensity exercise or recreational activities that last at least 10 minutes and cause slight increases in breathing and heartbeat? Such as brisk walking, practicing Tai Chi, etc. *Investigator's note: a physical activity classification table can be presented.*	1 Yes 2 No……→	D20
D18	How many days do you usually engage in the above moderate intensity exercise or entertainment activities within a week?	□Days	
D19	How much time do you usually accumulate to engage in the above-mentioned moderate intensity exercise or entertainment activities within a day? *Investigator's note: If the duration of each activity is less than 10 minutes, it will not be counted.*	□□Hours□□Minutes	
Total static behavior			
D20	How much time do you usually spend sitting, leaning, or lying down in a day? (including time spent sitting, working,	□□Hours□□Minutes	

	studying, reading, watching TV, using the computer, resting, and all other static behaviors, but excluding sleeping time)	
Static behavior in leisure time		
D21a	What is the average amount of time you spend watching TV every day in your spare time?	□□Hours□□Minutes
D21b	What is the average amount of time you spend on computers (including desktops, laptops, tablets, etc.) every day in your spare time?	□□Hours□□Minutes
D21c	What is the average daily time you spend using your phone in your spare time?	□□Hours□□Minutes
D21d	What is the average amount of time you spend on reading (paper materials) every day in your spare time?	□□Hours□□Minutes
Sleeping behavior		
D22	How much time do you usually sleep in a day? (Fill in the cumulative length of sleep in a day under normal circumstances, including nap time)	□□Hours□□Minutes
D22a	How long does it take to take a nap?	□□Hours□□Minutes
D22b	Have you had the following sleep problems at least 3 days a week in the past 30 days?	
1	Snoring, suffocation, or suffocation.	1 Yes 2 No
2	Difficulty falling asleep (sleeping for more than 30 minutes).	1 Yes 2 No
3	Awakening twice or more in the middle.	1 Yes 2 No
4	Take sleeping pills (Western medicine or traditional Chinese medicine) at least one day to help with sleep.	1 Yes 2 No
5	Going to bed early and having difficulty falling asleep again.	1 Yes 2 No
6	Feeling drowsy during the day.	1 Yes 2 No

E Part5 Weight, Blood pressure, Blood sugar, Blood lipids, Family history, and other information

E1 Weight and its control

E1a	Have you measured your weight in the past 30 days?	1 no measured 2 measured, Within 7 days 3 measured, 7 days ago
E1b	What do you think of your current weight status?	1 Thin 2 Normal 3 Overweight 4 Obesity
E1c	Have you taken any measures to control your weight in the past 12 months?	1 Measures have been taken to reduce weight 2 Measures have been taken to

		maintain weight 3 Measures have been taken to gain weight……..…→ 4 No measures taken……→	 E2a E2a
Not taking measures refers to a series of planned and proactive behaviors aimed at controlling weight, with a duration of no less than one week.			
E1d	What are the methods you use to maintain or lose weight?		
1	Control diet	1 Yes	2 No
2	Physical exercise	1 Yes	2 No
3	Drug	1 Yes	2 No
4	Smoke	1 Yes	2 No
5	Others	1 Yes	2 No
Control diet: *reduce carbohydrate and lipid intake, increase vegetable and fruit intake, adjust dietary structure, etc;* *Exercise: mainly refers to regular physical exercise, occasionally not counting;* ***Medication:*** *Following medical advice or purchasing medication to control weight after seeking medical treatment;* *All measures should be aimed at controlling weight as the ultimate goal, and if the behavior is ancillary to other purposes, it cannot be considered as a method of weight control.*			
E2 Blood pressure and its control			
E2a	When was the last time you took your blood pressure?	1 Within 1 month 2 Within 3 months 3 Within 6 months 4 Within 12 months 5 12 months ago 6 I have never taken my blood pressure before……..…→ 9 Can't remember clearly	 E3a
E2aa	What is the highest value you have ever measured for blood pressure?	Systolic pressure:□□□mmHg Diastolic pressure:□□□mmHg 9 can't remember clearly	
E2b	Did you know your blood pressure before participating in this survey?	1 Above normal range 2 Belongs to the normal range 3 Below normal range 9 I don't know	
E2c	Have you ever been diagnosed with hypertension by a township health center, community health service center, or higher-level medical institution?	1 Yes, the first diagnosis was made on□□□□year□□months or□□years-old 2 No……..……→	 E3a
E2d	Have you visited a township health center, community health service center, or higher-level medical institution due to hypertension in the	1 Township health centers or community health service centers 2 County (district) and above level medical institutions	

	past two weeks?	3 No	
E2e	Have you taken measures to control blood pressure?	1 Yes 2 No……..……→	E2f
E2ea	If so, what measures have you taken to control blood pressure?		
1	Take medicine according to the doctor's advice	1 Yes 2 No	
2	Take medicine when symptomatic	1 Yes 2 No	
3	Control diet	1 Yes 2 No	
4	Reduce salt intake	1 Yes 2 No	
5	Increase exercise	1 Yes 2 No	
6	Blood pressure monitoring	1 Yes 2 No	
7	Others, please specify_____	1 Yes 2 No	
E2f	Have you taken antihypertensive drugs in the past 2 weeks?	1 Yes 2 No……→	E2g
E2fa	How many antihypertensive drugs have you taken in the past 2 weeks?	□Kinds	
E2g	Have you participated in the follow-up management of hypertension provided by primary health care institutions? (refers to receiving regular or irregular inspection, treatment, reasonable diet and exercise guidance in community health service centers / stations, township health centers / village clinics)	1 Yes 2 No……→ 9 I don't know……→	E3a E3a
E2h	Have doctors in primary health care institutions provided you with any examination or guidance in the past 12 months?	1 Yes 2 No……→	E3a
E2ha	If yes, what specific inspections or instructions have been provided?		
1	Measure blood pressure	1 Yes,□□□Times / year 2 No	
2	Medication guidance	1 Yes,□□□Times / year 2 No	
3	Dietary guidance	1 Yes 2 No	
4	Physical activity instruction	1 Yes 2 No	
5	Quit smoking or smoke less	1 Yes 2 No 3 I don't smoke now	
6	Abstain from alcohol or drink less	1 Yes 2 No 3 I never drink	

E3 Blood glucose and its control			
E3a	How long is the distance between your last blood pressure measurement and now?	1 Within 1 month 2 Within 3 months 3 Within 6 months 4 Within 12 months 5 12 months ago 6 Never measured blood pressure...→ 9 Can't remember clearly	E4a
E3b	Before taking part in this survey, do you know your blood glucose?	1 Above normal range 2 Within the normal range 3 Below normal range 9 I don't know	
E3c	Have you been diagnosed with diabetes by doctors in township health centers or community health service centers or medical institutions of higher level? *Investigator note: gestational diabetes mellitus is not included.*	1 Yes, the first diagnosis was made on□□□□year□□months or□□years-old 2 No……→	E4a
E3d	In the past 2 weeks, have you been to a township health center or community health service center or a medical institution at a higher level due to diabetes?	1 Township health centers or community health service centers 2 County (district) and above level medical institutions 3 No	
E3e	Do you take measures to control blood glucose?	1 Yes 2 No……→	E3f
E3ea	If yes, which of the following measures have you taken to control blood glucose?		
1	oral medication	1 Yes 2 No	
2	Insulin injection	1 Yes 2 No	
3	Control diet	1 Yes 2 No	
4	Increase exercise	1 Yes 2 No	
5	Blood glucose testing	1 Yes 2 No	
6	Other, please explain	1 Yes 2 No	
E3f	Have you participated in the follow-up management of diabetes provided by primary medical and health institutions?	1 Yes 2 No……→ 9 I don't know……→	E4a E4a
E3g	Have primary healthcare institutions provided you with any examinations or guidance in the past 12 months?	1 Yes 2 No……→	E4a
E3ga	If so, what specific checks or guidance have been provided?		
1	Measure blood pressure	1 Yes,□□□Times / year	

		2 No
2	Measure blood sugar	1 Yes,□□□Times / year 2 No
3	Medication guidance	1 Yes,□□Times / year 2 No
4	Dietary guidance	1 Yes 2 No
5	Physical activity guidance	1 Yes 2 No
6	Quit smoking or smoke less	1 Yes 2 No 3 I don't smoke now
7	Quit or drink less alcohol	1 Yes 2 No 3 I never drink
E4 Blood lipids and their control		
E4a	How long has it been since you last measured your blood lipids?	1 Within 1 month 2 Within 3 months 3 Within 6 months 4 Within 12 months 5 12 months ago 6 I have never tested my blood lipids before 9 Can't remember clearly
E4b	Have you been diagnosed with dyslipidemia by doctors from township health centers, community health service centers, or higher-level medical institutions?	1 Yes , the first diagnosis was made on□□□□year□□months or□□years-old 2 No
E4d	Have you taken measures to control blood lipids?	1 Yes 2 No
E4da	If so, what measures have you taken to control blood lipids?	
1	Take medication according to medical advice	1 Yes 2 No
2	Control diet	1 Yes 2 No
3	Increase exercise	1 Yes 2 No
4	Blood lipid monitoring	1 Yes 2 No
5	Other, please explain_____	1 Yes 2 No

E5 Family history

	Do your relatives suffer from the following diseases? 1 Yes, 2 No, 3 No brothers and sisters, 9 Don't know/Don't know				
	a grandfather/gran	b grandmother/gra	c father	d mother	e brother/sisters

		dfather	ndmother			
E5a	Hypertension	□	□	□	□	□
E5b	Coronary heart disease	□	□	□	□	□
E5c	Cerebral apoplexy	□	□	□	□	□
E5d	Diabetes	□	□	□	□	□
E5e	Malignant tumors	□	□	□	□	□
E5f	gout	□	□	□	□	□
E5g	Chronic kidney disease	□	□	□	□	□
E5h	Allergic rhinitis	□	□	□	□	□
E5i	Asthma	□	□	□	□	□