

Questionnaire on Diabetes among the Lahu and Wa Ethnic Groups

No.:□□□□□

Name: _____ Gender: ① Male ② Female Age: _____ Zodiac Sign: _____

Ethnicity: _____ Occupation: _____ Contact Information: _____

Education Level: ① Illiterate ② Primary School ③ Junior High School ④ Senior High School ⑤

Technical Secondary School/Vocational High School ⑥ College or Above

Detailed Address: _____ District _____ County _____ Town (Township) _____ Village _____ Natural Village

How many people are in your household? _____

Relative	Name	Age	Zodiac Sign	Ethnicity	Education Level	History of Illnesses: 1 Diabetes, 2 Hypertension, 3 Dyslipidemia, 4 Cardiovascular Disease, 5 Other (Specify)	Alive	Cause of Death
Father								
Mother								
Paternal Grandfather								
Paternal Grandmother								
Maternal Grandfather								
Maternal Grandmother								

For married female respondents:

Child Order	Birth Weight (kg)	Gender	Neonatal Hypoglycemia	Amniotic Fluid Volume	Delivery Method	Gestational Diabetes	Remarks
First child							
Second child							
Third child							
Fourth child							
Fifth							

child							
Sixth child							

What is your household's average annual income? _____ yuan

How much is spent on food? _____ yuan/year/month/day

How would you rate your financial stress? Mild or none = 1, Moderate = 2, High or severe = 3

How would you rate your work stress? Never = 1, Occasionally = 2, Often = 3, Constantly = 4

How would you rate your family stress? Never = 1, Occasionally = 2, Often = 3, Constantly = 4

Have you experienced psychological trauma? 1) Yes 2) No

If yes, what was the trauma? Are you willing to discuss it with others? _____

Have you undergone surgery? If yes, what surgery? _____

History of Past Illnesses: 1 Hypertension 2 Cardiovascular Disease (①Stroke ②Myocardial Infarction) 3 Dyslipidemia 4 pancreatitis (If yes, what were the possible causes? ① Excessive alcohol consumption ② viral infection ③Unknown ④Other: _____) 5 mumps 6 Other (Please Specify): _____

Do you participate in the New Rural Cooperative Medical Scheme? 1) Yes 2) No, Why? _____

Have you heard of diabetes? 1) Yes 2) No

If yes, what are the symptoms of diabetes? 1) Frequent urination 2) Excessive thirst 3) Increased hunger 4) Weight loss

If yes, are you aware of the risk factors for diabetes? 1) No 2) Yes

If yes, what are the risk factors for diabetes? 1) Obesity 2) Alcohol consumption 3) Smoking 4) Overeating 5) Heredity

How can diabetes be prevented? 1) Exercise more 2) Eat more fiber-rich foods 3) Eat more whole grains 4) Reduce intake of high-fat and high-sugar foods 5) Prevent and correct obesity

How did you learn about diabetes? 1) Television 2) Doctor's advice 3) Newspapers/Magazines 4) Educational materials 5) Other: _____

What are the consequences of having diabetes? _____

Do you know how diabetes is treated? _____

Have you ever interacted with someone with diabetes? 1) Yes 2) No

Are you afraid of interacting with people with diabetes? 1) Yes 2) No, Why? _____

If someone in your family has diabetes, would you be willing to tell others? 1) Yes 2) No, Why? _____

Are there any folk beliefs about diabetes in your ethnic group? What are they? _____

What are your views on insulin therapy? _____

Do you have a religious belief? 1) Yes 2) No

Do you smoke? 1) Yes 2) No (Skip to Question 4)

If yes, how many cigarettes do you smoke per day? (If using a water pipe or other forms, convert to cigarette equivalents)

1) 1-5 2) 5-10 3) 10-15 4) 15-20 5) 20-25 6) 25-30 7) 35-40 8) Other: _____

Do you drink alcohol? 1) Yes 2) No (Skip to Question 6)

If yes, how much alcohol do you consume on average per day (in liang)?

1) 1-2 liang 2) 2-4 liang 3) 4-6 liang 4) 6-8 liang 5) 8 liang-1 jin

Do you like sweet foods? 1) Like 2) Dislike

What type of sugar do you usually consume? 1) Brown sugar 2) Glucose powder 3) White sugar 4) Saccharin 5) Candy 6) Malt sugar 7) Other: _____

What type of oil does your household primarily use?

1) Animal fat 2) Vegetable oil 3) Half animal fat, half vegetable oil 4) Other: _____

What proportion of your diet consists of vegetables? 1) Less than 50% 2) About 50% 3) More than 50%

Do you often drink coffee? 1) Often 2) Occasionally 3) Never

What type of work do you do?

1) Heavy physical labor 2) Moderate physical labor 3) Light physical labor 4) Mental labor

Do you engage in physical exercise? 1) No 2) Yes

If yes, what type of exercise?

1) Running 2) Walking 3) Cycling 4) Tai Chi 5) Stair climbing 6) Other: _____

How long do you exercise on average per day? _____ hours _____ minutes

What was your highest weight? _____ kg

Has your weight changed in recent years? 1) Yes 2) No

If yes, how has it changed?

1) Increased Why? _____

2) Decreased Why? ① Weight loss for figure ② Health education ③ Life stress ④ Illness ⑤ Other:

Measurements:

Height: _____ cm, Weight: _____ kg, Waist Circumference: _____ cm, Hip Circumference: _____ cm,

Blood Pressure: _____ mmHg, FPG: _____ mmol/L, 2hPG: _____ mmol/L.

Investigator: _____ Verifier: _____

_____ Year _____ Month _____ Day