

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:

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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