Interviews are based on voluntary participation

Questionnaire for Interviews to the Surviving Participants

Guarantee for interviewee

All individual information collected in this survey will be treated as strictly confidential. The record of your name and address will be used only in future follow-up surveys to enable us to contact with you. The computerized data resulting from this survey will not include your name and address. So, nobody will be able to identify any interviewee from the computerized data files. All of the questionnaires will be stored in the locked files containers.

Questionnaire No. _____

1. Interviewee's name:_____2. Sex: □ male □ female

3. Nationality: ____

4. Residents' health Record No.:

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

5. ID Card Number:

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

5.1 If your ID card indicates no birth date, please fill in your true date of birth:_____

6. Current Address: _____

detailed village or street address (including street, apartment #, etc.)

7. Tel No: _____ Contact person: _____

Tel. No. of Community Office _____ _____Person to contact at Community Office_____

8. Past disease history

(Which is the diagnostic hospital? 1= Central, municipalities and ministries affiliated hospitals 2= regional and provincial city hospitals 3= district and county hospitals 4= street, township level primary hospitals 5= health posts or private clinics)

Disease name	Yes or no 1 no 2 yes 9 don't know	Which is the diagnostic hospital?	Diagnosed and treatment by hospital? 1= no,2=yes	How long is the cumulative time?
1 Diabetes	|_|	|_|	|_|	|_||_|Year |_||_|Month
2 Stroke	|_|	|_|	|_|	|_||_|Year |_||_|Month
3 Hypertension	|_|	|_|	|_|	|_||_|Year |_||_|Month

4 Coronary heart disease	|__|	|__|	|__|	|__|__|Year |__|__|Month
4a Angina pectoris	|__|	|__|	|__|	|__|__|Year |__|__|Month
4b Myocardial infarction (MI)	|__|	|__|	|__|	|__|__|Year |__|__|Month
5 Heart failure	|__|	|__|	|__|	|__|__|Year |__|__|Month
6 Atrial fibrillation	|__|	|__|	|__|	|__|__|Year |__|__|Month
7 Dyslipidemia	|__|	|__|	|__|	|__|__|Year |__|__|Month
8 Chronic kidney disease	|__|	|__|	|__|	|__|__|Year |__|__|Month
9 Malignant tumor	|__|	|__|	|__|	|__|__|Year |__|__|Month
10 Others, please specify: _____	|__|	|__|	|__|	|__|__|Year |__|__|Month

9. Family history

Have any of your biological parents, siblings (same parents) and children been found to have the following diseases? ((1= no, 2= yes 9= unknown)								
Hypertension	__	Coronary heart disease	__	Diabetes	__	Stroke	__	Malignant tumor	__(If yes, the tumor name: _____)

10. Fracture history

1. Have you ever had a fracture? 1= no 2= at least 1 non-accident fracture 9= all accident fracture	|__|
If yes, 1.1 first fracture site: 1= lumbar vertebra 2= femur 3= other parts: _____	|__|
1.2 Age of the first occurrence (years old)	|__|__|

11. Medication use

Have you used antihypertensive drugs and other drugs in the past three months (a total of 7 days, excluding colds, acute diarrhea, etc.)? (Inform the patients to bring the medicine box packaging for baseline examination, each follow-up visit and physical examination.)

Type of medication	Common name (tick"√" in the □)	Product name or manufacturer	Dosage	Usage (times/day)	Cumulative usage time (only fill in days if it is less than one month)	Whether to bring the pill boxes 1=no 2=yes

antihypertensive drugs	Enalapril folic acid □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	enalapril □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	benazepril □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	captopril □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	Valsartan □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	Losartan □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	irbesartan □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	Micardis □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	amlodipine □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	nifedipine □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	nitrendipine □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	Nimodipine □			|__ |times daily	|__| |__| |__| Month |__|	
	bisoprolol □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	metoprolol □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	indapamide □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	DCT □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	triamterene □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	spirolactone □		|	|__ |Times	|__| |__| |__| Month |__| |__| days	
	reserpine □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	Jane chrysanthemum piece □		|	|__ |Times	|__| |__| |__| Month |__| |__| days	
	Robuum antihypertensive tablet □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	Beijing antihypertensive spirit □			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	other_____□			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	other_____□			|__ |times daily	|__| |__| |__| Month |__| |__| days	
	other_____□			|__ |times daily	|__| |__| |__| Month |__| |__| days	

Hypoglycemic drugs	melbine □			|__ |times daily	|___	|___	|___	Month	___	days	
	acarbose □			|__ |times daily	|___	|___	|___	Month	___	days	
	gliclazide □			|__ |times daily	|___	|___	|___	Month	___	days	
	glimepiride □			|__ |times daily	|___	|___	|___	Month	___	days	
	glipizide □			|__ |times daily	|___	|___	|___	Month	___	days	
	glibenclamide □			|__ |times daily	|___	|___	|___	Month	___	days	
	rosiglitazone □			|__ |times daily	|___	|___	|___	Month	___	days	
	insulin □			|__ |times daily	|___	|___	|___	Month	___	days	
	other □			|__ |times daily	|___	|___	|___	Month	___	days	
	other □			|__ |times daily	|___	|___	|___	Month	___	days	
	other □			|__ |times daily	|___	|___	|___	Month	___	days	
Lipid lowering drugs	Simvastatin □			|__ |times daily	|___	|___	|___	Month	___	days	
	atorvastati n □			|__ |times daily	|___	|___	|___	Month	___	days	
	Rosuvastati n □			|__ |times daily	|___	|___	|___	Month	___	days	
	fenofibrate □			|__ |times daily	|___	|___	|___	Month	___	days	
	bezafibrate □			|__ |times daily	|___	|___	|___	Month	___	days	
	Blood fat kang □			|__ |times daily	|___	|___	|___	Month	___	days	
	2-dimerthylpentanoic acid □			|__ |times daily	|___	|___	|___	Month	___	days	
	other □			|__ |times daily	|___	|___	|___	Month	___	days	
	other □			|__ |times daily	|___	|___	|___	Month	___	days	
	other □			|__ |times daily	|___	|___	|___	Month	___	days	
Antiplatelet/ anticoagulant drugs	aspirin □			|__ |times daily	|___	|___	|___	Month	___	days	
	clopidogrel □			|__ |times daily	|___	|___	|___	Month	___	days	
	warfarin □			|__ |times daily	|___	|___	|___	Month	___	days	
	other____ □			|__ |times daily	|___	|___	|___	Month	___	days	
	other □			|__ |times daily	|___	|___	|___	Month	___	days	
	other____ □			|__ |times daily	|___	|___	|___	Month	___	days	
vitamins	B vitamins □			|__ |times daily	|___	|___	|___	Month	___	days	
	D group of vitamins □			|__ |times daily	|___	|___	|___	Month	___	days	
	vitamin complex □			|__ |times daily	|___	|___	|___	Month	___	days	

	Others, please specify: _____			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
Chinese traditional medicine	Danshen drop pill □			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
	Tongxinluo capsule, □			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
	Stable heart particles □			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
	suxiao jiuxin pills □			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
	Liuwei Dihuang Wan □			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
	Thromboone capsule □			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
	Others, please specify: _____			|__ |times daily	|___||___ ||___ |Month |___ | | |days	
	Shenmai Injection □			|__ |times daily	|_| Times / year	
	Hematatone_____□ injection			|__ |times daily	Accumulated |__ | | __ |times	
	Other injection_____□			|__ |times daily	|_| Times / year	
	solution, __					
	Others, please specify: _____			|__ |times daily	Accumulated |__ | | __ |times	

Adverse events that occurred after taking statins 1=no 2=yes, if no, skip the following options

1. Gastrointestinal symptoms: ☐ Fatigue ☐ Loss of appetite ☐ Hatred of oil ☐ Distension and pain in liver area ☐ Upperabdominal discomfort, etc

2. Manifestations of portal hypertension : ☐ Ascites ☐ Jaundice ☐ Hepatomegaly ☐ Varicose veins

3. muscle injuries: ☐ Myalgia ☐ Muscle weakness ☐ Muscle spasm ☐ Weakness ☐ Fatigue ☐ Fever ☐ osteoarthralgia

4. biochemical examination abnormalities:

☐ ALT or TBil single item> 2 times ULN

☐ ALT, ALP and TBil simultaneously>ULN and at least of them>2 times ULN

☐ Ck>5 times ULN

☐ Myoglobin >ULN

If there is any abnormality, collect the test data results:.

ULN: _____; ALT:_____; TBIL:_____; ALP:_____;CX:_____; myoglobin:_____

The above adverse events, if any,

1,Is there any other reasonable explanation: 1=no,2=yes

2. Will it lead to drug-discontinuation or dose reduction?1=no,2=yes

12. career and living conditions

1. The nature of your work unit (fill in the work unit where you worked before retirement if you are retired): 1= administrative institution 2= large enterprises or companies (more than 300 people) 3= small business or self-employed people 4= farmers 5= other ( )	|__|
2, the current specific occupation (if currently engaged for less than 1 year, ask about the previous occupation for more than 1 year): 1= agriculture, forestry, animal husbandry,fishery, water conservancy production personnel 2= production, transportation equipment operatorsand related personnel 3= business, service personnel 4= head of state agencies, party and mass organizations, enterprises, public institutions 5= service staff and related personnel 6= professional and technical personnel 7= military 8= other workers 9= school students 10= unemployed 11= housework 12= retired and no longer working	|__||__|
3. What is your education level (note: the diploma recognized by the state shall prevail) 1= illiterate 2= self-study or private school 3= not graduated from primary school 4= graduated form primary school 5= graduated from junior high school 6= graduated from high school / technical secondary school / technical school 7= graduated form college 8=bachelor's degree 9= graduate student or above	|__|
3, your local living standard is in: 1= better 2= average 3= deviation	|__|
4. How intense is the physical labor in your daily work?1= light, 2= medium, 3= heavy	|__|
5. Does your main occupation and your daily life cause you psychological stress? 1= relaxed and not nervous 2= nervous 3= very nervous and stressed	|__|

6. How is your usual sleep quality at night?1= good, 2= average 3= poor	|__|
6.1 Do you have the nap habit?1= no 2= Yes	|__|
7. How long do you sleep for a day on average?1=5 hours 2 = 5 to 8 hours 3= 8 hours	|__|
7.1 Do you snore in your sleep?1= rarely or never 2= frequent snoring, but not heavy 3= loud snoring, sometimes makes you awake	|__|
8, are you left-handed or right-handed 1= left 2= right 3= left, but not completely	|__|
9, your current marital status is: 1= single 2= in marriage 3= divorced 4= widowed 5=others	|__|

13. Smoking status (smoking refers to at least one cigarette per day for more than one year, or more than 18 packs per year)

1. Do you currently smoke?**1= No (jump question 2) 2= Yes;**	|__|
. 1If so, what age did you start smoking?(years old)	|__||__|
1.2 How many cigarettes do you smoke on an average day?(conversions will be made for incomplete cigarettes smoking)	|__||__|
1.2.1 How many years have you been smoking like this?	|__||__|
1.2.2 Main types of cigarettes 1= cigarette 2= roll-your-own cigarettes 3= tobacco bag (hookah) 4= Other: ___ After answering, skip to drinking	|__|
2. Have you ever smoked cigarettes?'1=no (ask about drinking) 2=yes	|__|
2.1 If yes, at what age did you start smoking ?(years old)	|__||__|
2.2 How many cigarettes did you smoke per day on average at that time ?(conversions will be made for incomplete cigarettes smoking)	|__||__|
2.2.1 How many years had you been smoking like that?	|__||__|
2.2.2 Main types of cigarettes 1= cigarette 2= roll-your-own cigarettes 3= tobacco bag (hookah) 4= Other: ___	|__|
2.3 At what age did you stop smoking?(years old)	|__||__|
2.3. 1 Your reasons for quitting smoking 1= health reasons 2= economic reasons 3= recognize that smoking is harmful 4= family objections 5= Others(_____)	|__|

14. Drinking (drinking refers to drinking twice or more times per week for more than 1 year)

1. Do you currently drink alcohol?**1= No (jump question 2) 2= Yes**	|__|
1.1 At what age did you start drinking? (years old)	|__||__|
1.2 What kind of wine do you often drink?1= No;2= Yes	
1.2.1 | __ | white wine 1.2.2 | __ | wine (red wine) 1.2.3 | __ | __ | beer 1.2.4 | __ | rice wine or yellow rice wine 1.2.5 | __ | __ | other: _____	
1.3How much wine do you drink every week?	
1.3.1 liquor | __ | | __ | ounce 1.3.2 wine | __ | | __ |ounce 1.3.3 beer | __ | | | __ bottles .3.41 rice wine or rice wine | | | | __ | ounce 1.3.5 other: _____ After answering, skip to diet situation	
2. Have you ever drank alcohol?1=NO(skip the question) 2=yes	|__|
2.1 At what age did you start drinking alcohol (years old)	
2.2 What wine you used to drink?1= No;2= Yes	
2.2.1 | __ | liquor 2.2.2 | __ | wine (red wine) 1.2.3 | __ | beer 1.2.4 | __ | rice wine or yellow rice wine 1.2.5 | __ | Other: _____	
1.3 How much alcohol did you drink every week?	

1.3.1 liquor | __ | | __ | ounce 1.3.2 wine | __ | | __ | ounce 1.3.3 beer | __ | | | __ bottles .3.41 rice wine or rice wine | | | | __ |ounce 1.3.5 other: _____	
If not, 1.4.2 At what age did you stop drinking? Age _____ years (years old)	|__||__|
1.4.2.1 The reasons for quit drinking are 1= health reasons 2= economic reasons 3= recognize that drinking is harmful 4= family objections 5= other (_____)	|__|

15. Diet conditions

1. What is your main staple food?1= rice, 2= pasta 3= other (_____)	|__|
2. Your average daily amount of staple food (gram)	|__|__|
3. Cooking oil 1= complete vegetable oil 2=main vegetable oil 3= basically half and half 4= main animal oil	|__|
4. How many times do you eat tofu per week on average? 1= less than once or never 2=1-2times 3=3-5times 4= almost every day	|__|
5. How many times a week do you eat meat (chicken, duck, fish, pigs, cattle, sheep, etc.) 1= less than once or never 2=1-2times 3=3-5times 4= almost every day	|__|
6. What kind of meat do you often eat? 1=no meat 2= lean meat mainly 3=fat and lean 4=fat mainly	|__|
7, how much fruit and vegetable do you eat per week on average? 1= less than 1 catties 2=1kg-3kg 3=more than 3 pounds	|__|
8, Do your meals taste light(bland)or heavy(salty)? 1= light 2= average 3= heavy	|__|
9. Do you often take vitamin supplements? 1= no supplement 2= 1-2 times / week 3=3-5 times / week 4= almost every day	|__|
9.1 If you supplement the vitamin, the name of the vitamin is_____	

16. Female menstruation and reproductive history

1. At what age did you have your first menstruation?	|__|__|
2. How long does your period usually last on average?(days)	|__|__|__|
3. Is your menstruation regular?1= No,2= Yes	|__|
4. Do you have dysmenorrhea during menstruation?1= No,2= Yes	|__|
4.1 If you have dysmenorrhea, is it serious?1= light, 2= medium, 3= heavy	|__|
Are you menopausal? 1= No(skip to question 6) ,2= Yes	|__|
5.1 At what time did you go through menopause?	|__|__|
5.2 Do you use oestrogen replacement therapy (> half a year)?1= No,2= Yes	|__|
6. Are you in your period?1= No,2= Yes	|__|
7. Do you take birth control pills (> half a year)?1= No,2= Yes	|__|
8. How many times have you ever been pregnant?(Including all miscarriages, induced labour, live births)	|__|__|
9. Have you ever had an induced abortion?(Write the number of times, never= 0)	|__|
10. Have you ever had a spontaneous abortion?(Write the number of times, never=0)	|__|

17. Consultation room blood pressure (subjects should sit quietly and rest for at least 15 minutes)

17.1 Time since the last antihypertensive drug was taken (999= more than 7 days): |__| |__ | |__ | hours

17.2 If it has been more than 7 days since the last dose, explain the reason: ____.

17.3 Sitting blood pressure on the day, measurement time:_____

Right arm	
Blood pressure value (sitting position) (Systolic /Diastolic mmHg)	Pulse (beats / min)
First measurement _____/_____	_____
Second measurement_____/_____	_____
Third measurement____/_____	_____
Fourth measurement_____/_____	_____

18, You have had a history of hypertension for ____ years, the highest blood pressure has reached: _____ / _____mmHg.

19. Height: _____.____ cm; Weight: _____.___ kg;

Waist Circumference ____.__ cm; Hip circumference, _____.__ cm