

Specimen
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**CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY
2015 PHYSICAL EXAM AND BIOSPECIMEN QUESTIONNAIRE (Part 1)**

(For all participants)

Province 11 Beijing 21 Liaoning 23 Heilongjiang 31 Shanghai __ T1
32 Jiangsu 37 Shandong 41 Henan 42 Hubei
43 Hunan 45 Guangxi 52 Guizhou 55 Chongqing

Urban Site: 1 Rural Site: 2 _ T2

City: _____ County: _____ _ T3

1 First city

1 First county

2 Second city

2 Second county

3 Third county

4 Fourth county

Neighborhood: _____

Village (Town): _____ __ T4

01 First [urban] neighborhood

01 County town neighborhood

02 Second [urban] neighborhood

02 First village

03 Third suburban village (neighborhood)

03 Second village

04 Fourth suburban village (neighborhood)

04 Third village

05 Fifth [urban] neighborhood

05 County town neighborhood

06 Sixth [urban] neighborhood

06 Fourth village

07 Seventh suburban village (neighborhood)

07 Fifth village

08 Eighth suburban village (neighborhood)

08 Sixth village

09 Ninth [urban] neighborhood

09 County town neighborhood

10 Tenth [urban] neighborhood

10 Seventh village

11 Eleventh suburban village (neighborhood)

11 Eighth village

12 Twelfth suburban village (neighborhood)

12 Ninth village

Household Number: _____ _ T5

Name : _____ Line Number: _____ _ line

Telephone Number: _____

Interview Date: ____Year __Month _ _ T7

_Day

Completion Evaluation: 1 Good 2 OK 3 Poor _ CO

Interviewer Name: _____ Number: _____ _ T6c

Supervisor Name: _____ Number: _____ _ T6d

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Part I. Items need to be completed. Please check (✓) at the corresponding box if data or biospecimen received.

Table 1. Anthropometric data

	Height	Weight	Body composition	Blood pressure	Waist/Hip/Upper arm circumference	Skinfold thickness
Participants	All participants		≥ 5 years	≥ 7 years		
Interviewer name						
Date data collected						
Supervisor name						
Date reviewed						

Table 2. Biospecimen

	Blood	Feces	Urine	Toenail	Buccal swabs
Participants	≥ 7 years	≥ 18 years		≥ 2 years	< 7 years
Interviewer name					
Date data collected					
Supervisor name					
Date reviewed					

Part II. PHYSICAL MEASUREMENTS QUESTIONNAIRE (for all participants)

Household Number: _____ Line number: _____ T5

Name: _____ Line number: _____ line

1. Date of birth: ____year ____month ____day ----- AA3
 * Record western calendar, if possible, use the same date of birth in household questionnaire and first page of this questionnaire.

2. According to which calendar type? _ AA4
 1 western calendar
 2 lunar calendar

3. Age (years): _____ age
 * Record 018 if 18.00-18.99 years, 019 if 19.00-19.99 years, etc.

4. Sex: _____ gender
 1 Male
 2 Female

*** Before taking physical measurements, check line number on cover page, and birth date, age and sex on page 1. If the information on this page does not match that on cover and page 1, you may have the wrong person. You must resolve this problem before recording physical measurements.**

*** Items 5-11-30 should be measured by a physician, nurse, health worker or other health professional.**

5. Temperature (°C): _____ temp

6. Blood pressure (mmHg) (for participants age 7 and older):
 (1) _____ (Systolic)/ _____ (Diastolic) ___ / ___ systol1/diastol1
 (2) _____ (Systolic)/ _____ (Diastolic) ___ / ___ systol2/diastol2
 (3) _____ (Systolic)/ _____ (Diastolic) ___ / ___ systol3/diastol3

7. Height (cm): _____ height

8. Weight (kg): _____ weight

Table 1. Whole body composition (for participants age 5 and older, read from body composition monitor)

9	Body fat (%)	___ P500	13	Energy required (kcal)	___ P504
10	Weight of muscle (kg)	___ P501	14	Body age (years)	___ P505
11	Weight of bone (kg)	___ P502	15	Body water (%)	___ P506
12	BMI	___ P503	16	Visceral fat level	___ P507

Part III. 2015 BLOOD COLLECTION QUESTIONNAIRE
(Participants age 7 years old and older)

I. Disease history (Ask participants the following questions before drawing blood)

1. Have you been ill in the past 24 hours (e.g. cold, flu, fever, vomiting)? _ Y11
 0 No (X) Yes 1 Yes
2. Did you have any of these symptoms in the past 24 hours?
 - (1) Fever, sore throat, cough, asthma 0 no 1 yes 9 unknown _ Y12
 - (2) Diarrhea, Stomachache 0 no 1 yes 9 unknown _ Y13
 - (3) Headache, dizziness 0 no 1 yes 9 unknown _ Y14
 - (4) Rash, dermatitis 0 no 1 yes 9 unknown _ Y15
 - (5) Heart diseases/Chest pain 0 no 1 yes 9 unknown _ Y16
 - (6) Other infectious diseases 0 no 1 yes 9 unknown _ Y17
 - (7) Other noncommunicable diseases 0 no 1 yes 9 unknown _ Y18
3. Are you currently taking any prescription or non-prescription medication? _ Y19
 0 no (skip to Question 5) 1 Yes
4. What are you taking? List all medication (as many as 5 medicines)
 1. _____ _ Y19a
 2. _____ _ Y19b
 3. _____ _ Y19c
 4. _____ _ Y19d
 5. _____ _ Y19e
5. Have you had coffee, tea, or alcohol (beer, wine, liquor) in the past 24 hours? _ Y20
 0 No 1 Yes
6. Did you take any vitamin or mineral supplement in the past 24 hours? _ Y21
 0 No 1 Yes
7. What time and date did you last eat, including candy and chewing gum? Y22
 Date: ____ Year __ Month __ Day -----
 Time: __ Hr __ Min --:--
8. What time and date did you last drink anything other than water and tea without sugar? Y23
 Date: ____ Year __ Month __ Day -----
 Time: __ Hr __ Min --:--
9. When did you go to bed last night? Y24
 Date: ____ Year __ Month __ Day -----
 Time: __ Hr __ Min --:--
10. When did you get up this morning (__ Hr __ Min)? --:-- Y25
11. Do you have any bleeding disorders? _ Y26
 0 No 1 Yes 9 Unknown

INTERVIEWER NAME _____ **INTERVIEWER ID** _____ ___ Y29

II. Blood Draw

*** To interviewers: prepare for drawing blood samples, and complete the following section.**

1. Was any blood drawn? _ Y30
0 no, reasons _____
1 Yes

2. Was the two-minute limit for the tourniquet exceeded? _ Y31
0 No
1 Yes

3. What time was blood drawn (_ _ Hr _ _ Min)? _ _ : _ _ Y32

PHLEBOTOMIST NAME _____ PHLEBOTOMIST ID _ _ _ _ Y33

Part IV. 2015 URINE COLLECTION QUESTIONNAIRE

(Participants age 18 years old and older)

1. Does your work involve any of the following types of activity?
 - 1 Mining (if yes, specify_____) 0 No 1 Yes 9 Unknown __ P1
 - 2 Delivering or handling of coal 0 No 1 Yes 9 Unknown __ P2
 - 3 Fertilizer or pesticide/herbicide manufacturing 0 No 1 Yes 9 Unknown __ P3
 - 4 Use/apply fertilizer or pesticides/herbicides frequently 0 No 1 Yes 9 Unknown __ P4
 - 5 Use of chemical wood preservatives or treatments(if yes, specify_____) 0 No 1 Yes 9 Unknown __ P5
 - 6 Smelting of metals, ores or coke/coal 0 No 1 Yes 9 Unknown __ P6
2. When did you collect the first urine sample (Month: Day)? __ :__ P7
3. At what time did you collect the urine sample (hours: minutes)? __ :__ P8
4. To interviewer, at what time did you receive the urine sample (hours: minutes)? __ :__ P9
5. To interviewer, at what time did you freeze the urine sample (hours: minutes)? __ :__ P10
6. When did you collect the second urine sample (Month: Day)? __ :__ P11
7. At what time did you collect the urine sample (hours: minutes)? __ :__ P12
8. To interviewer, at what time did you receive the urine sample (hours: minutes)? __ :__ P13
9. To interviewer, at what time did you freeze the urine sample (hours: minutes)? __ :__ P14

Part V. 2015 FECES COLLECTION QUESTIONNAIRE

(For all subjects age 18 and older)

1. Has a doctor or nurse ever told you that you have a bowel disorder, such as inflammatory bowel disease (including ulcerative colitis and Crohn's disease) or irritable bowel syndrome? __ P21
 - 0 No
 - 1 Yes

2. Do you currently have diarrhea? __ P22
 - 0 No
 - 1 Yes

3. Are you currently taking antibiotics? __ P23
 - 0 No (skip to question 5)
 - 1 Yes

4. How long have you been taking antibiotics? __ P24
 - ___ Months *If "unknown", record -9; if <1 month, record 00. __ P24
 - ___ Weeks *If "unknown", record -9; if <1 week, record 00. __ P25
 - ___ Days * If "unknown", record -9. __ P26

5. Have you used antibiotics in the past 6 months? __ P27
 - 0 No (skip to question 8)
 - 1 Yes

6. Did you taken any of the following antibiotics in the last 6 months?

1	Cephalexin (Keflex)	0 No	1 Yes	9 Unknown	__ P28
2	Sulfamethoxazole (Bactrim)	0 No	1 Yes	9 Unknown	__ P29
3	Amoxicillin (Amoxil)	0 No	1 Yes	9 Unknown	__ P30
4	Tetracycline (Sumycin)	0 No	1 Yes	9 Unknown	__ P31
5	Ciprofloxacin (Cipro)	0 No	1 Yes	9 Unknown	__ P32
6	Metronidazole (Flagyl)	0 No	1 Yes	9 Unknown	__ P33
7	Amoxicillin and Clavulanic Acid (Augmentin)	0 No	1 Yes	9 Unknown	__ P34
8	Rifaximin (Xifaxan)	0 No	1 Yes	9 Unknown	__ P35
9	Clarithromycin (Biaxin)	0 No	1 Yes	9 Unknown	__ P36
10	Minocycline (Minocin)	0 No	1 Yes	9 Unknown	__ P37
11	Azithromycin (Zmax)	0 No	1 Yes	9 Unknown	__ P38
12	Other (_____)	0 No	1 Yes	9 Unknown	__ P39

7. How long ago did you complete your course of antibiotics?
 - ___ Months *If "unknown", record -9; if <1 month, record 00. __ P40
 - ___ Weeks *If "unknown", record -9; if <1 week, record 00. __ P41
 - ___ Days * If "unknown", record -9. __ P42

8. Have you used any products in the last 4 weeks that contain specific bacteria (probiotics) or are designed to promote the growth of specific bacteria (prebiotics) [e.g., Acidophilus, Lactobacillus G.G., Culturelle, Danactive, Saccharomyces boulardii (Florastor), Flora-Q, VSL #3]? _ P43
 0 No
 1 Yes
9. Have you used any non-steroidal anti-inflammatory drugs [NSAIDs, e.g. Ibuprofen (Advil, Motrin, Nuprin), Naproxen (Aleve), Aspirin, Celecoxib (Celebrex)] in the last 2 weeks? _ P44
 0 No
 1 Yes
10. Have you used any antacids (e.g. Maalox, Mylanta, Tums) in the last 2 weeks? _ P45
 0 No
 1 Yes
11. Have you taken any proton pump inhibitors [PPI's, e.g. Lansoprazole (Prevacid), Pantoprazole (Protonix), Omeprazole (Prilosec, Zegerid), Rabeprazole (Aciphex), Dexlansoprazole (Kapidex), Esomeprazole (Nexium)] in the last 4 weeks? Note: These are commonly used to treat heartburn or acid reflux. _ P46
 0 No
 1 Yes
12. Have you eaten yogurt designed to help regulate the digestive system such as Activia or Dannon Live in the last 4 weeks? _ P47
 0 No
 1 Yes
13. Have you had prior surgery to remove part of your bowel? _ P48
 0 No
 1 Yes
14. Do you have any pets (e.g., dogs, cats, birds, gerbils, mice, ferrets, or fish) or livestock (e.g., chicken, pigs, or dogs) in your house or yard? _ P49
15. At what time did you defecate (hours: minutes)? __ :__ P50
16. To interviewer, at what time did you receive the fecal sample (hours: minutes)? __ :__ P51
17. To interviewer, at what time did you freeze the fecal sample (hours: minutes)? __ :__ P52

Part VI. 2015 TOENAIL COLLECTION QUESTIONNAIRE

(For all subjects age 2 and older)

1. Do you use toenail polish regularly? _ P61
 - 0 no, never used it (skip to question 4)
 - 1 used it before, but did not use again for more than one year
 - 2 used it last year
 - 3 use it sometimes
 - 4 use it always

2. Is there any toenail polish on your toes right now? _ P62
 - 0 no
 - 1 yes

3. When did you use toenail polish last time? _ P63
 - 1 within one month
 - 2 between one and six months
 - 3 between Six months and one year
 - 4 over one year

4. Do you use any medication on your toes? _ P64
 - 0 no
 - 1 yes, (specify_____)

5. Do you have onychomycosis, thickened or hardened toes? _ P65
 - 0 no
 - 1 yes, (specify_____)

Part VII. 2015 BUCCAL SWAB COLLECTION QUESTIONNAIRE

(For all subjects under age 7)

Name: _____

Line number: _____

___ LINE

1. To interviewer, have you collected buccal swabs from this child?

_ BS1

0 No

1 Yes

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CHINA ECONOMIC, POPULATION, NUTRITION, AND HEALTH SURVEY
2015 PHYSICAL EXAM AND BIOSPECIMEN QUESTIONNAIRE (Part 2)
(For all participants)

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32 Jiangsu 37 Shandong 41 Henan 42 Hubei
43 Hunan 45 Guangxi 52 Guizhou 55 Chongqing

Urban Site: 1 Rural Site: 2 _ T2

City: _____ County: _____ _ T3

1 First city 1 First county
2 Second city 2 Second county
3 Third county
4 Fourth county

Neighborhood: _____ Village (Town): _____ __ T4

01 First [urban] neighborhood 01 County town neighborhood
02 Second [urban] neighborhood 02 First village
03 Third suburban village (neighborhood) 03 Second village
04 Fourth suburban village (neighborhood) 04 Third village
05 Fifth [urban] neighborhood 05 County town neighborhood
06 Sixth [urban] neighborhood 06 Fourth village
07 Seventh suburban village (neighborhood) 07 Fifth village
08 Eighth suburban village (neighborhood) 08 Sixth village
09 Ninth [urban] neighborhood 09 County town neighborhood
10 Tenth [urban] neighborhood 10 Seventh village
11 Eleventh suburban village (neighborhood) 11 Eighth village
12 Twelfth suburban village (neighborhood) 12 Ninth village

Household Number: _____ _ _ _ T5

Name : _____ Line Number: _____ _ _ _ line

Telephone Number: _____

Interview Date: _ _ _ Year _ _ Month _ _ Day _ _ _ _ _ T7

Completion Evaluation: 1 Good 2 OK 3 Poor _ CO

Interviewer Name: _____ Number: _____ _ _ T6c

Supervisor Name: _____ Number: _____ _ _ T6d

*** Below will be completed by person who processes blood samples**

1. Were blood spots collected? _ Y34
 0 No
 1 Yes
2. Were blood samples prepared for a routine blood test? _ Y35
 0 No
 1 Yes
3. Were blood samples prepared for biochemistry test? _ Y36
 0 No
 1 Yes
4. Were blood samples prepared for HbA1c test? _ Y37
 0 No
 1 Yes
5. What time was specimen Tube 1 (EDTA plasma tube) spun (_ Hr _ Min)? _ : _ Y38
6. What time was specimen Tube 2 (Serum Separate Tube) spun (_ Hr _ Min)? _ : _ Y39
7. What time were specimens stored at 4 °C (_ Hr _ Min)? _ : _ Y40
8. Indicate the vials were filled by entering number (0,1, 2) in box.

Tube	Handling	Aliquoting/Labeling Y41	Status
4 ml lavender	Rack /centrifuge	__number of fresh whole blood stored (for HbA1C test), blue cap	4 °C
		__number of EDTA plasma aliquots stored, green cap	Freeze
		__number of buffy coat aliquots stored, white cap	Freeze
		__number of RBC aliquots stored, red cap	Freeze
4 ml red x 2 tubes	Rack /centrifuge	__number of serum aliquots stored, yellow cap	Freeze

Staff Name: _____ **Staff ID:** _____ _ _ Y42

Processing Date: _ _ _ _ Year _ _ Month _ _ Day _ _ _ _ _ Y43

III. Test Results

Laboratory Name: _____

ID Number: _____

--- Y44

Tests	Equipment model	Methods
Blood Routine Tests		
Blood Glucose Tests		
HbA1c Test		

Biomarker	Test Results	
Hemoglobin (g/L)		Y46
White Blood Cells (10^9)		Y46_1
Red Blood Cells(10^{12})		Y46_2
Platelets (10^9)		Y46_3
Hematocrit (%)		Y46_4
Mean Corpuscular Volume (10^{-15} L)		Y46_5
Plateletcrit (%)		Y46_6
Blood glucose (mmol/L)		Y48
HbA1c (mmol/L)		Y50

Exam Date: ___Year __Month __Day

----- Y51

Please paste the original test report below

<p>PASTE ORIGINAL TEST REPORTS HERE</p>
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