

Quality Control Survey Questionnaire

1. Study ID:

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(The date & time of interview will be recorded by computer)

2. Name: _____; **Sex:** Male ☐ Female ☐; **Date of birth:** ____year ____month ____day

3. What is the highest level of school education you ever received?

- ☐ No formal school
 ☐ High school
- ☐ Primary school
 ☐ Technical school/college
- ☐ Middle school
 ☐ University

4. In general, how happy did you feel about participating in the original survey?

- ☐ Very happy, ☐ Fair, ☐ Not happy

5. How good did you rank the service given by our staff at the original survey?

- ☐ Very good, ☐ Fair, ☐ Not good

6. How relevant were the survey results & leaflet you received at the original survey?

- ☐ Very relevant, ☐ Fair, ☐ Not relevant

7. During the past 12 months, how often did you drink any tea?

- ☐ Never
- ☐ Only occasionally
- ☐ Only at certain seasons
- ☐ Every month but less than weekly
- ☐ Usually at least once a week

8. During the past 12 months, how often did you drink any alcohol?

- ☐ Never
- ☐ Only occasionally
- ☐ Only at certain seasons
- ☐ Every month but less than weekly
- ☐ At least once a week

9. How often do you smoke tobacco now?

- ☐ Do not smoke now
- ☐ Only occasionally
- ☐ Yes, on most days
- ☐ Yes, daily or almost every day

10. How frequently are you exposed to other people's tobacco smoke either at home, workplace or in public places? (i.e., a minimum of 5 consecutive minutes each time)

- ☐ Never or almost never
- ☐ Occasionally (<1 time/week)
- ☐ 1-2 days/week
- ☐ 3-5 days/week
- ☐ Daily or almost every day

11. During the past 12 months, how often did you do exercise in your leisure time?

- ☐ Never or almost never
- ☐ 1-3 times / month
- ☐ 1-2 times / week
- ☐ 3-5 times / week
- ☐ Daily or almost every day

For women only

12. Have you had your menopause?

- ☐ No
- ☐ Yes, currently
- ☐ Yes, had menopause → If so, age of menopause:

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Year

13. How many times have you ever been pregnant? (If none, put 0)

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Times

14. Have you ever used oral contraceptive pills?

- ☐ Never
- ☐ Past use
- ☐ Current use

15. Do you snore during sleep?

- ☐ Yes, Frequently,
- ☐ Yes, Sometimes,
- ☐ No / Don't know

16. How many hours do you typically sleep per day (incl. naps)?

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Hours

17. Physical measurements:

1). Did you take any drugs to lower blood pressure in the last two days? Yes ☐, No ☐

2). Blood pressure and heart rate:

First

Second

SBP

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mmHg

DBP

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--	--	--

mmHg

Heart rate

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Beats/min

3). Lung function:

First

Second

FEV1

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Liter

FVC

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Liter

Date of interview _____year _____month _____day, **Name of interviewer**_____