

MB11a. Have you been diagnosed with atrial fibrillation by a physician? MB11a |__|

1... yes → MB11b. In which year and month were you first diagnosed with the disease?

_____year__month MB11b |__|__|__|__|__|

2... no

MB12a. Have you ever had heart valve replacement surgery? MB12a |__|

1... yes → MB12b. In which year and month did you first have the operation?

_____year__month MB12b |__|__|__|__|__|

2... no

MB13a. Have you been diagnosed with fatty liver disease by a physician? MB13a |__|

1... yes → MB13b. In which year and month were you first diagnosed with the disease?

_____year__month MB13b |__|__|__|__|__|

2... no

MB14a. Have you been diagnosed with psoriasis by a physician? MB14a |__|

1... yes → MB14b. In which year and month were you first diagnosed with the disease?

_____year__month MB14b |__|__|__|__|__|

2... no

MB15a. Have you been diagnosed with hepatitis by a physician? MB15a |__|

1... yes → MB15b. In which year and month were you first diagnosed with the disease?

_____year__month MB15b |__|__|__|__|__|

MB15c. Hepatitis type

1... Hepatitis A 2...Hepatitis B 3...Hepatitis C 4... Other types 5... Unknown

MB15c |__|

2... no

We would like to know whether you have ever been diagnosed with these diseases by a physician or examination since your last follow-up.

MB16a. Have you been diagnosed with diabetes by a physician? MB16a |__|

1... yes 2... no (jump to MB17)

MB16b. In which year and month were you first diagnosed with the disease?

_____year__month MB16b |__|__|__|__|__|

	1...yes 2...no	___year___month	_____	c __ __ __
MB31. Gout	1...yes 2...no	___year___month	_____	a __ b __ __ __ __ c __ __ __
MB32. Hyperlipidemia	1...yes 2...no	___year___month	_____	a __ b __ __ __ __
d. Have you taken medication for this for more than a month?	1...yes 2...no			c __ __ __ d __
MB33. Other diseases	1...yes 2...no	___year___month	_____	a __ b __ __ __ __
d. Specify:_____				c __ __ __ d __ __ __

MB34. Have you had any operations since the last survey?

a. Site and name of operation	b. Reason for operation	c. Date of operation	MB34a	MB34b	MB34c
1. _____	_____	___year___month	__ __ __	__ __ __	__ __ __ __ __
2. _____	_____	___year___month	__ __ __	__ __ __	__ __ __ __ __
3. _____	_____	___year___month	__ __ __	__ __ __	__ __ __ __ __

MB35. We would like to know whether you regularly took these vitamins or health products in the past year (at least three times a week for more than two months).

Vitamin or health products	Ever taken	a. times/week	b. months
1. Vitamin A + D	1 yes 2 no MB35a_1 __	__ times MB35b_1 __ __	__ months MB35c_1 __ __
2. Vitamin B	1 yes 2 no MB35a_2 __	__ times MB35b_2 __ __	__ months MB35c_2 __ __
3. Vitamin C	1 yes 2 no MB35a_3 __	__ times MB35b_3 __ __	__ months MB35c_3 __ __
4. Vitamin E	1 yes 2 no MB35a_4 __	__ times MB35b_4 __ __	__ months MB35c_4 __ __
5. Multivitamin	1 yes 2 no MB35a_5 __	__ times MB35b_5 __ __	__ months MB35c_5 __ __
6. Other vitamin	1 yes 2 no MB35a_6 __	__ times MB35b_6 __ __	__ months MB35c_6 __ __
7. Calcium tablet	1 yes 2 no MB35a_7 __	__ times MB35b_7 __ __	__ months MB35c_7 __ __
8. Fish oil	1 yes 2 no MB35a_8 __	__ times MB35b_8 __ __	__ months MB35c_8 __ __
9. Ganoderma lucidum, its product and Reishi Spore Powder	1 yes 2 no MB35a_9 __	__ times MB35b_9 __ __	__ months MB35c_9 __ __
10. Other_____	1 yes 2 no MB35a_10 __	__ times MB35b_10 __ __	__ months MB35c_10 __ __

11. Other ____	1 yes 2 no MB35a_11 _	__ times MB35b_11 _	__ months MB35c_11 _
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MB36a. How much ginseng have you taken in the past year? ____ in liang (50g) MB36a |_|_|.|_|

MB36b. How many tablets or capsules (pills) of ginseng have you taken in the past year? MB36b |_|_|_|_|

1...month → MB36c. taken for ____ months MB36c |_|_|

2... year ____ tablets (pills) or capsules

MB37. Have you ever continuously taken Chinese herbal medicine or Chinese patent medicine for more than three months continuously during the past two years?

1...yes→ MB37a. Have taken for ____ months MB37a |_|_|

MB37b. Reason for taking Chinese herbal medicine or Chinese patent medicine: MB37b |_|_|

1. For general health 2. Chronic disease (specify: ____) 3. Others (specify: _____)

2. no

We would like to know if you have issues with oral hygiene.

MB38. Loose teeth: 1. none 2. 1-5 teeth 3. 6-10 teeth 4. > 10 teeth 8. unknown MB38 |_|

MB39. When did you loose teeth in your adulthood (specifically permanent teeth)? MB39 |_|

1. never lost teeth 2. <30 years old 3. 30-60 years old 4. > 60 years old 8. Unknown

We would like to know if you have issues with sleep.

MB40. Do you often loose sleep (difficulty falling asleep or staying asleep, or interrupted sleep)? MB40 |_|

1... yes→ MB40a. How frequent?

1. __times in a month or 2. __times in a week MB40a |_|_|_|_|

MB40b. Sustained years: ____years MB40b |_|_|

2... no

3... Regularly take sleeping pills or other drugs to help sleep (such as Melatonin)

MB41. Do you often feel like you didn't get enough sleep when you get up in the morning? MB41 |_|

1... yes→ MB41a. How often?

1. __times in a month or 2. __times in a week MB41a |_|_|_|_|

MB41b.Sustained years: __years MB41b |_|_|

2... no

MB42. We would like to know how many days you felt the following conditions in the last week.

Symptom	Encountered days in the last week	
1. Can't get rid of depressed feelings even with the help from relatives and friends	___ days	MB42_1 __
2. In a blue mood	___ days	MB42_2 __
3. Can't cheer up	___ days	MB42_3 __
4. Weeping	___ days	MB42_4 __
5. Feel like you couldn't go on with your routine/living	___ days	MB42_5 __
6. Feel like you have so much to say but can't find the appropriate chance to say.	___ days	MB42_6 __
7. Feel that nobody can be trusted	___ days	MB42_7 __

Thank you very much for participating this health survey research!

MB43. Relation of the respondent to study participant: _____ MB43 |__|

1. self 2. spouse 3. children 4. other relatives 5. others 6. CDC 7. Public Security Bureau

MB44. 1. In home visit 2. Telephone interview 3. CDC 4. Public Security Bureau _____ MB44 |__|

MB45. Name of interviewer: _____ MB45 |__|__|__|

MB46. Date of interview: _____ MB46 |__|__|__|__|__|__|__|

MB47. Signature of interviewee: _____