### CHINA HEALTH AND NUTRITION SURVEY 2009 BLOOD COLLECTION QUESTIONNAIRE

# Specimen label

I. General Background (Ask participants the following questions before drawing blood)

1.	Name: Address:_							
2.	Individual ID:					T0		
3.	Date of birth Year Month Day?  * Record western calendar, if possible, use the same questionnaire and first page of this questionnaire.	e date	of birth in h	ousehold		Y1		
4.	According to which calendar type??  1 Western calendar	2	Lunar cale	ndar		_Y2		
5.	Age (year): ? * Record 018 if 18.00-18.99 yea	rs, etc				Y3		
6.	Gender? 1 Male	2	Female			_ Y4		
7.	Nationality: 01Han; 06 Miao; 09 Buyi; 11 Man; 15	Tujia	20 Other; -	9 Unknov	wn	Y5		
8.	Height (cm): ?					Y6		
9.	Weight (kg): ?					Y7		
10.	Blood pressure: (Systolic)/ (Diastolic) n	nmHgʻ	?			/Y8		
11.	Hip Circumference (cm):?					Y9		
12.	Waist Circumference (cm): ?					Y10		
13.	Have you been ill in the past 24 hours (e.g. cold, flu 0 No	ı, feve 1	r, vomiting) Yes	?		_ Y11		
14.	Did you have any of these symptoms in the past 24 (1) Fever, sore throat, cough, asthma (2) Diarrhea, Stomachache (3) Headache, dizziness (4) Rash, dermatitis (5) Heart diseases/Chest pain (6) Other infectious diseases (7) Other noncommunicable diseases	hours	0 no 0 no 0 no 0 no 0 no 0 no 0 no 0 no	1 yes 1 yes 1 yes 1 yes 1 yes 1 yes 1 yes	9 unknown 9 unknown 9 unknown 9 unknown 9 unknown 9 unknown	_ Y12 _ Y13 _ Y14 _ Y15 _ Y16 _ Y17 _ Y18		
15.	Are you currently taking any prescription or non-pr 0 no (skip to Question 17)	escrip	tion medicat Yes	tion?		_ Y19		
16.	What are you taking? List all medication							
17.	Have you had coffee, tea, or alcohol (beer, wine, liquor) in the past 24 hours?  _ Y20  _ No  1 Yes							
18.	Did you take any vitamin or mineral supplement in 0 No	the pa	st 24 hours? Yes	?		_ Y21		
19.	What time and date did you last eat, including cand Date: Year Month Day Time: Hr Min	y and	chewing gui	m?		Y22 :Y23		
20.	What time and date did you last drink anything other Date: Year Month Day Time: Hr Min	er than	water and t	ea withou		Y24 :Y25		
21.	When did you go to bed last night ( Hr Min)	?				:Y26		
22.	When did you get up this morning ( Hr Min)	?				:Y27		
23.	Do you have any bleeding disorders?					_Y28		
	0 No 1	Yes		9 Un	known			
INTE	ERVIEWER NAME INTERVIEV	WER :	ID			Y29		

#### II. Blood Draw

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

## Specimen label

			arMonthDay	 Y43				
Staff	f Name:		Staff ID:	Y42				
tube	s	rifuge						
		Rack/cent	number of serum aliquots stored, yellow cap	Freeze				
			number of RBC aliquots stored, red cap	Freeze				
		111050	number of buffy coat aliquots stored, white cap	Freeze Freeze				
4 III lavelluei		rifuge	number of EDTA plasma aliquots stored, green cap					
4 ml lavender		Rack/cent	number of fresh whole blood stored (for HbA1C test), blue cap	4 °C				
	Tube	Handling	Aliquoting/Labeling	Status				
11.	Indicate t	he vials were	filled by entering number (0,1, 2) in box.					
10.	What time were specimens stored at 4 °C (HrMin)?:Y40							
	What time was specimen Tube 2 (Serum Separate Tube) spun (HrMin)?:Y39							
9.								
8.			nen Tube 1 (EDTA plasma tube) spun (_ Hr _ Min)? :	Y38				
7.	Were blood samples prepared for HbA1c test?  O No 1 Yes							
6.	Were blood samples prepared for biochemistry test?  0 No 1 Yes							
5.	Were blood samples prepared for a routine blood test?  0 No 1 Yes							
4.	Were blood spots collected?  0 No 1 Yes							
4	XX 1.1 -	- 1 4 11-		_ Y34				
* Be	low will be	completed l	by person who processes blood samples					
PHI	LEBOTOM	IIST NAME	PHLEBOTOMIST ID	Y33				
3.	What time was blood drawn (_ Hr _ Min)?::							
2.	Was the two-minute limit for the tourniquet exceeded?  O No  1 Yes							
1.	Was any 0	blood drawn' no, reasons_ Yes	?	_Y30				

Specimen label

#### **III. Test Results** Y44 Laboratory Name: \_\_\_\_\_ ID Number: 1. Blood Routine Test Results Equipment model: \_\_\_\_\_ RBC (x 10<sup>12</sup>) $PLT (x 10^9)$ Hb (g/L) WBC $(x 10^9)$ **Blood sample serial** # Y45 Y46 2. Blood Biochemistry Test Results Equipment model: \_\_\_\_\_ TG **Blood sample** Blucose ALT (U/L) TP (g/L) ALB (g/L) TC (mmol/L) serial# (mmol/L) (mmol/L) Y47 Y48 3. HbA1c Test Results Equipment model: HbA1c (mmol/L) **Blood sample serial #** Y49 Y50 Exam Date: \_\_\_\_Year \_\_Month \_\_Day Y51 ID Number: \_\_\_\_ Y52 Tester Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Y53 Please paste the original test reportS below PASTE ORIGINAL TEST REPORTS HERE