

**Table S1 Questionnaire for Disabilities among the Population Group of over 7 Years Old.**

<p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1. The respondents to this questionnaire are members among the population group over 7 years;</li> <li>2. The surveyors have at least graduated from senior high school;</li> <li>3. The surveyor are not allowed to add or cut down any part of the content of the questionnaire so as to keep its trueness;</li> <li>4. The surveyors must ask the respondents the following 6 questions one by one. If there is any question, please select “Yes” and fill in the Screening Delivery Receipt.</li> </ol> <p><b>Instruction:</b></p> <p>We will ask you several questions on the health condition of you and your family members, please cooperate with us!</p>
<p>1. Do you or any of your family members has eyesight problem? (Can not see clearly or can not see at all)?</p> <p style="text-align: center;">Yes</p>
<p>2. Do you or any of your family members has hearing problem? (Can he or she answer your question when asking from behind)?</p> <p style="text-align: center;">Yes</p>
<p>3. Do you or any of your family members has any problem in verbal communication, i.e. cannot speak, speak unclearly and have difficulty in verbal communication?</p> <p style="text-align: center;">Yes</p>
<p>4. Do you or any of your family members has difficulty in:</p> <ol style="list-style-type: none"> <li>(1) Walking, standing, sitting or climbing upstairs?</li> <li>(2) Holding, writing, washing or dressing by hand in daily life?</li> </ol> <p style="text-align: center;">Yes</p>
<p>5. Do you or any of your family has any members who</p> <ol style="list-style-type: none"> <li>(1) is unable to finish normal learning activities (being late for school, having a poor score,, failing to go up to the next grade, or falling out of school midway)?</li> <li>(2) Needs help because of poor living capability or poor working capability?.</li> </ol> <p style="text-align: center;">Yes</p>
<p>6. Do you or any of your family has any problem bellow:</p> <ol style="list-style-type: none"> <li>(1) Has a poor memory (forgetful)?;</li> <li>(2) Has difficulty in concentration (easy to wander off)?;</li> <li>(3) Has difficulty in controlling their moods (moody, too joyful or joyless)?</li> <li>(4) Has strange behaviour that is out of the ordinary (language and behavior which can not be understood or accepted by a normal person)?</li> <li>(5) Has been addicted to alcohol or drugs (often drinks alcohol with an empty stomach (no less than five times per week) ; or takes in excess hypnotic drugs)?</li> </ol> <p><b>For those aged from 7 to17 years old, please answer the following questions:</b></p> <ol style="list-style-type: none"> <li>(1) Are you/they lack of eye contact, listening but not hearing?</li> <li>(2) Are you/they lonely with narrow interests, and often addicted monotonous and repeated activities?</li> <li>(3) Is there any language or non-language barrier to intercommunication?</li> </ol> <p style="text-align: center;">Yes</p>