

## Supplementary information

**Title: The prevalence of pre-diabetes and diabetes and their associated factors in Northeast China: a cross-sectional study.**

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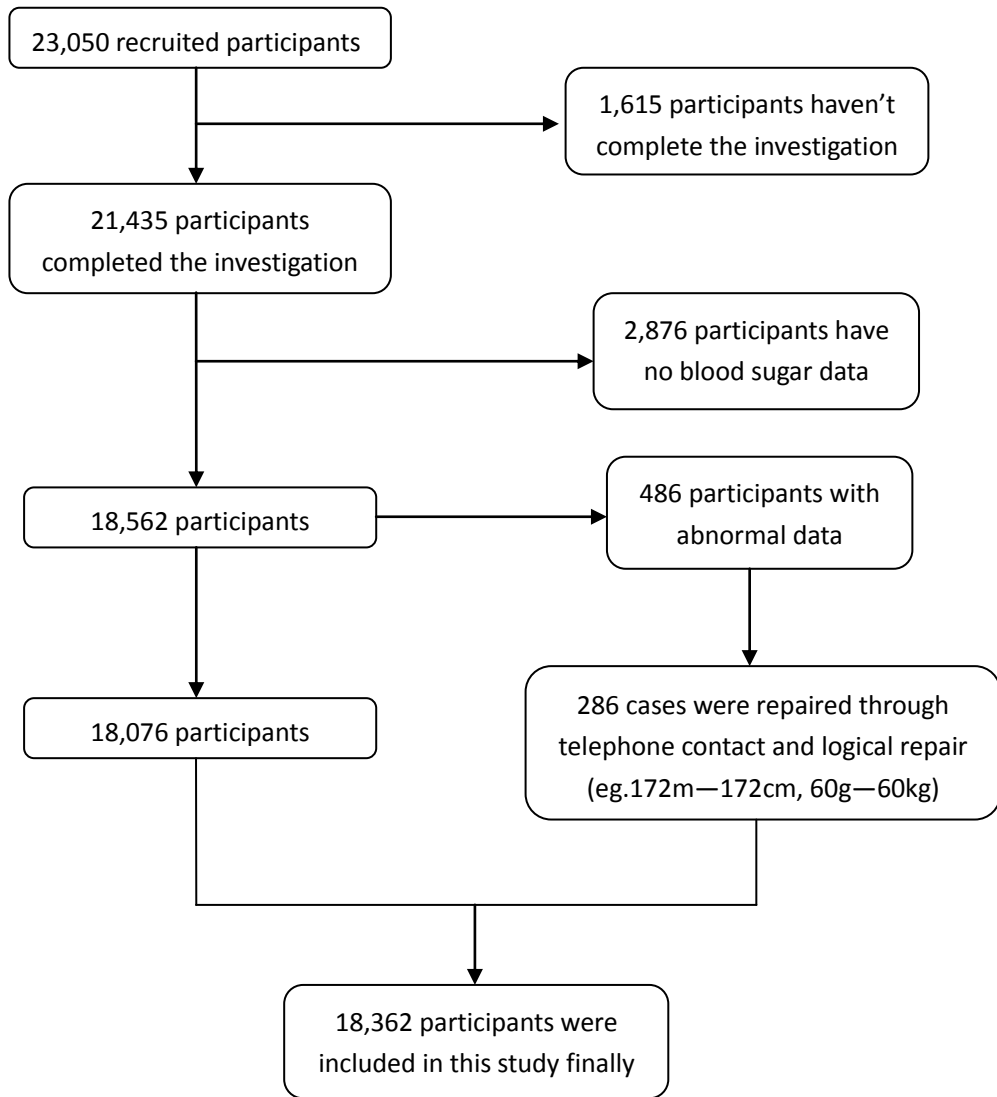
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**Figure 1: Sample processing flow chart**

## Personal health questionnaire

Code : 

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(District / Street / Investigation point / Surveyed family / Investigator)

Name : \_\_\_\_\_

Tel. number: \_\_\_\_\_

District / county: \_\_\_\_\_

Township / street / functional units: \_\_\_\_\_

Village / neighborhood committee / group: \_\_\_\_\_

**Health Department of Jilin Province**  
**College of public health, Jilin University**  
**Jilin Center for Disease Control and Prevention**

**June 2012**

## **Informed consent**

The investigation of adult chronic diseases and its risk factors in Jilin province was led and coordinated by the Department of health of Jilin province. The school of public health of Jilin University and the Center for Disease Prevention and Control of Jilin Province has been jointly organized. The purpose is to grasp the distribution of the related risk factors of chronic diseases in different regions and different populations of the whole province. It provides a scientific basis for health departments to formulate and evaluate health policies and interventions. Your participation in this survey is the random selection we have chosen in the whole province. The survey includes questionnaire survey, anthropometry, blood pressure measurement, and electrocardiogram and blood biochemical examination. The blood biochemical examination required 3~5ml blood (empty stomach). All of the investigations and tests we have carried out are free of charge. If you agree to take part in the survey, we will give you the physical examination and test results as soon as possible after the completion of the investigation. Meanwhile, we guarantee that all the questions that may be related to your personal and family privacy in the investigation are strictly confidential. This survey will take about half an hour. Please forgive us for the inconvenience. If you have a problem that you don't understand, or if you have any suggestions, please bring it up and we will try our best to solve it.

If you agree to take part in our investigation, please sign it below. Thank you !

Signer's signature (cannot write by the index finger):

\_\_\_\_\_

Date of filling:

\_\_\_\_\_

Health Department of Jilin Province  
College of public health, Jilin University  
Jilin Center for Disease Control and Prevention

Start time:\_\_\_\_\_

### Part 1: Demographics

- A1** Date of birth: \_\_\_\_\_Year\_\_\_\_\_Month\_\_\_\_\_Day
- A2** Sex: 1. male 2. female
- A3** Nation: 1. Han 2. Man 3. Mongolian 4. Korean 5. other\_\_\_\_\_
- A4** Education level : 1. Primary school and below 2. Junior middle school 3. High school 4. undergraduate 5. graduate students and above
- A5** Marital status: 1. married or cohabiting 2. single or separated 3. widowed or divorced 4. other\_\_\_\_\_
- A6** Occupation: 1. students 2. manual workers 3. mental workers 4. retirees 5. Others
- A7** Per capita monthly income of the family (Yuan): 1. <1000 2. 1000~ 3. 2000~ 4. 3000~ 5. 5000~ 6. unclear

### Part 2: Smoking situation

#### Active smoking

- B1** Do you smoke now? 1. yes 2. no
- B2** You smoke average of \_\_\_\_\_ cigarettes a day, a total of \_\_\_\_\_ took years
- B3** If you have quit smoking, how many years have you been smoking cessation? \_\_\_\_\_ years

#### Passive smoking (Note: smokers jump to C1)

- B4** Whether there is a passive smoking (Smoke inhaling smoke from other people for more than 15 minutes)? 1. almost no (jump to C1) 2. occasionally 3. often 4. everyday
- B5** Passive smoking places (Multiple choices) 1. home 2. workplace 3. restaurants 4. entertainment places 5. other \_\_\_\_\_

### Part 3: Drinking situation

- C1** Do you drink now?? 1. yes 2. no
- C2** The frequency of drinking is: 1. <1 /week 2. 1~2 times/week 3. 3~5 times/week 4. 6~7 times/week
- C3** Drinking type: 1. liquor 2. beer 3. wine 4. other\_\_\_\_\_

### Part 4: Diet situation

- D1** Whether the diet is regular? 1. yes 2. no
- D2** What is the taste of the diet? 1. salty 2. light 3. moderate
- D3** Eating habits: 1. meatarian diet 2. vegetarian diet 3. balanced diet 4. other
- D4** What kind of staple food is the main type? 1. rice 2. coarse cereals 3. flour 4. other\_\_\_\_\_
- D5** How many staples are eaten on an average day? \_\_\_\_\_g
- D6** Do you have breakfast every day? 1. yes 2. no
- D7** Food consumption frequency
- D7a.** Fresh Vegetables 1. eat regularly or almost every day 2. Sometimes 3. seldom or never eat
- D7b.** Fresh fruit 1. eat regularly or almost every day 2. Sometimes 3. seldom or never eat
- D7c.** Meat and poultry 1. eat regularly or almost every day 2. Sometimes 3. seldom or never eat
- D7d.** Aquatic product 1. eat regularly or almost every day 2. Sometimes 3. seldom or never eat
- D7e.** Eggs and bean products 1. eat regularly or almost every day 2. Sometimes 3. seldom or never eat
- D7f.** Milk and dairy products 1. eat regularly or almost every day 2. sometimes 3. seldom or never eat

## Part 5: Physical activity

**E1** What kind of transportation do you often use?? 1. Bicycles, 2. Walking, 3. Bus or driving

**E2** Does you often take exercise? 1. Never 2. Sometimes 3. Often

**E3** where do you take exercise? 1. Home 2. Around the place of residence  
3. to a special site (gym, etc.)

## Part 6: Health condition

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### Number System

### Disease

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**F1** Infectious and parasitic diseases 1. hepatitis 2. Tuberculosis 3. other \_\_\_\_\_

**F2** Tumor 1. liver cancer 2. lung cancer 3. gastric cancer 4. colon cancer 5. breast cancer 6. cervical cancer 7. prostate cancer 8. thyroid cancer 9. leukemia in 10. other \_\_\_\_\_

**F3** Blood system and immune related diseases 1. anemia 2. rheumatism 3. other \_\_\_\_\_

**F4** Endocrine, nutritional and metabolic diseases 1. diabetes 2. hyperlipidemia 3. hyperthyroidism 4. Osteoporosis 5. Gout 6. other \_\_\_\_\_

**F5** Mental and behavioral disorders 1. schizophrenia 2. depressio 3. other \_\_\_\_\_

**F6** Nervous system disease 1. cognitive impairment 2. epilepsy 3. Parkinson's 4. other \_\_\_\_\_

**F7** Ophthalmic and appendage disease 1. cataract 2. Glaucoma 3. other \_\_\_\_\_

**F8** Circulatory disease 1. hypertension 2. cerebrovascular disease 3. angina pectoris 4. acute myocardial infarction 5. cor pulmonale 6. varicose veins of lower extremity 7.

- other \_\_\_\_\_
- F9** Respiratory diseases 1. chronic obstructive pulmonary emphysema and 2. asthma 3. nasopharyngitis  
4. chronic bronchitis 5. other \_\_\_\_\_
- F10** Digestive system disease 1. gastric and duodenal ulcers, 2. fatty liver and 3. liver cirrhosis 4. cholecystitis, 5. gallstones 6. abdominal hernia 7. other \_\_\_\_\_
- F11** The musculoskeletal system and connective tissue diseases 1. rheumatoid arthritis 2. intervertebral disc disease in 3. other \_\_\_\_\_
- F12** Diseases of genitourinary system 1. nephritis 2. urolithiasis 3. prostatitis 4. gynecologic inflammation 5. breast disease 6. other \_\_\_\_\_
- F13** Injury, poisoning, etc 1. injury (trauma, burn) 2. Poisoning 3. other \_\_\_\_\_
- F14** Other 1. \_\_\_\_\_ 2. \_\_\_\_\_
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### **Hypertension control**

**F15** How long is the last time to measure the blood pressure distance? (Excluding the survey in this survey)

1. Within 30 days 2. Over 30 days 3. Never measured 4. Not clear

**F16** Do you take measures to control your blood pressure? 1. yes 2. no

**F17** What measures are taken to control blood pressure? (Multiple choices)

1. take medicine according to doctor's advice 2. control diet 3. moderate exercise  
4. other, please specify \_\_\_\_\_

### **Blood glucose control**

**F18** How long is the last time to measure the blood sugar distance? (Excluding the survey in this survey)

1. Within 30 days 2. Over 30 days 3. Never measured 4. Not clear

**F19** Do you take measures to control your blood sugar?

1. yes 2. no

**F20** What measures are taken to control blood sugar? (Multiple choices)



1. take medicine according to doctor's advice 2. control diet 3. moderate exercise 4. other, please specify \_\_\_\_\_

### **Blood lipid control**

**F21** How long is the last time to measure the blood lipid distance? (Excluding the survey in this survey)

1. Within 30 days 2. Over 30 days 3. Never measured 4. Not clear

**F22** Whether is your dyslipidemia diagnosed by a district or more hospital?

1. yes 2. No

**F23** Do you take measures to control your blood lipid?

1. yes 2. no

**F24** What measures are taken to control blood lipid? (Multiple choices)

1. take medicine according to doctor's advice 2. control diet 3. moderate exercise 4. other, please specify \_\_\_\_\_

### **Family history of major chronic diseases**

**F25** Did your grandparents, parents, and brothers and sisters have been diagnosed with the following chronic diseases by a county (District) or above hospital? (Multiple choices)

1. had not been diagnosed with any chronic disease
2. circulatory system diseases (hypertension, angina, myocardial infarction, cerebrovascular disease, etc.)
3. diabetes
4. respiratory system diseases (such as chronic bronchitis, emphysema, asthma)
5. tumor
6. hyperlipidemia
7. other, please specify \_\_\_\_\_
8. unclear

**Menopause** (only for 35 years old and above)

**F26** Do you have a menopause? 1. Yes, age of menopause:\_\_\_\_\_ 2. no

The end time of the survey:\_\_\_\_\_

## Part 7: Anthropometric results

**G1** Height: \_\_\_\_\_ cm

**G2** Weight: \_\_\_\_\_ kg

**G3** Waist: \_\_\_\_\_ cm

**G4** Hipline: \_\_\_\_\_ cm

**G5** Somatic activity: 1. freely 2. Inability or involuntary tremor 3. paralysis 4. Limited activity

**G6** Blood pressure: \_\_\_\_\_/\_\_\_\_\_ (mmHg)

**G7** Heart rate: \_\_\_\_\_times/min

**G8** Electrocardiogram: 1. normal 2. Roughly normal 3. abnormal  
\_\_\_\_\_

**G9** Blood biochemistry: 1. Blood sugar: \_\_\_\_\_mmol/L

2. TG: \_\_\_\_\_mmol/L

3. TC: \_\_\_\_\_mmol/L

4. LDL: \_\_\_\_\_mmol/L

5. HDL: \_\_\_\_\_mmol/L

**Surveyor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Quality controller's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_