

**CCHS**

China Cardiologist Heart Study

**QUESTIONNAIRE****FORM**

**INSTRUCTIONS:** This collection of information is estimated to average 10 minutes. Name and contact information must be entered above. Please enter the number so that the last digit appears in the rightmost box. Enter leading zeros where necessary to fill all boxes. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

**CCHS Center use only**

**Sequence Number**

1. Name: \_\_\_\_\_

2. Date of birth: /\_\_\_\_/\_\_\_\_(yyyy/mm)

3. Contact phone number: \_\_\_\_\_

4. Employer: Hospital name, district/county, city, province/municipality\_\_\_\_\_

**A. Personal information**

1. Hospital level:

2. Professional title: \_\_\_\_\_

3. Academic degree: \_\_\_\_\_

4. Area of expertise (multiple choices available):

- |  |   |
|--|---|
| <input type="radio"/> Atherosclerosis and coronary heart disease | <input type="radio"/> Hypertension                          |
| <input type="radio"/> Arrhythmia and electrophysiology           | <input type="radio"/> Blood lipid metabolism                |
| <input type="radio"/> Congenital heart disease                   | <input type="radio"/> Heart failure                         |
| <input type="radio"/> Pulmonary vascular disease                 | <input type="radio"/> Structural heart disease              |
| <input type="radio"/> Female cardiovascular disease              | <input type="radio"/> Senile cardiovascular disease         |
| <input type="radio"/> Basic-clinical combination                 | <input type="radio"/> Cardiovascular imaging                |
| <input type="radio"/> Interventional cardiology                  | <input type="radio"/> Cardiac intensive care and monitoring |
| <input type="radio"/> Others                                     |   |

**B. Survey information**

1. Gender:  Male  Female

2. Height: .\_\_\_\_cm

3. Weight: .\_\_\_\_kg

4. Are you currently taking the following medications? (multiple choices available)
- Antihypertensive drugs
  - Lipid-lowering drugs
  - Antidiabetic drugs
  - None
5. Do you have any of the following clinical conditions? (multiple choices available)
- None
  - Coronary heart disease
  - Heart failure
  - Diabetes
  - Chronic kidney disease
  - Peripheral vascular disease
  - Stroke/transient ischemic attack
6. Did you smoke  $\geq 1$  cigarette per day in the past 3 months?
- Yes
  - No
  - Never smoked
7. Do you have a first-degree male relative who suffered from a cardiovascular disease at  $<55$  years of age or a first-degree female relative who suffered from a cardiovascular disease at  $<65$  years of age?
- No
  - Yes

**C. Blood Pressure** (Please record the data in the last 2 weeks, If don't know, please fill in 999)

1. Average sitting systolic blood pressure: mmHg
2. Average sitting diastolic blood pressure: mmHg
3. Average heart rate: bpm

**D. Laboratory** (Please record the data of the most recent results within a year, If don't know, please fill in 999)

1. Fasting blood glucose: .mmol/L
2. Total cholesterol (TC): .mmol/L or .mg/dL
3. Low density lipoprotein-cholesterol (LDL-C): .mmol/L or .mg/dL
4. High density lipoprotein-cholesterol (HDL-C): .mmol/L or .mg/dL

5. Triglyceride (TG): □□.□mmol/L or □□□.□mg/dL

**Thank you very much for your help!**