SI Figure 1 Questionnaire for populations at higher risk for diabetes

Questionnaire for populations at higher risk for diabetes

General information

1. Address: _____
2. Contact information (telephone number, etc.): _____
3. Name: _____
4. Sex: _____
5. Ethnicity:☐ Han; ☐Others: please specify: _____
6. Date of birth: _____
7. Age: _____
8. Identity number: _____
9. Educational background:
   ☐Bachelor degree or above; ☐ high school; ☐primary school; ☐ Illiterate
10. Occupation: _____
11. Annual income (RMB):
    ☐<5000; ☐5000-10000; ☐10000-30000; ☐30000-100000; ☐>100000; ☐unknown.
12. Number of People in Household: _____
13. Height (cm): _____
14. Weight (kg): _____
15. Systolic blood pressure (mmHg): _____
16. Diastolic blood pressure(mmHg): _____
17. Waist circumference (cm): _____
18. Hip circumference (cm): _____
19. Reasons for OGTT screening: （multiple choice）
    ☐Family history; ☐Overweight or obesity; ☐Previously identified impaired fasting glucose or impaired glucose tolerance; ☐Previous gestational diabetes; ☐PCOS; ☐Hypertension; ☐Dyslipidemia; ☐Others: please specify: _____

Smoking history

1. How often do you smoke?
   ☐ Daily. Initial smoking age: _____;
   ☐ Occasionally;
   ☐ Never.

Alcohol consumption history

1. Have you drunk at least 12 times in the last 12 months?
   ☐ No; ☐Yes.

Tea consumption history

1. Do you have the habit of drinking tea? (Drinking tea nearly every day):
   ☐No; ☐Yes.
2. How long have you been drinking tea?
   ☐< 1 year; ☐1-5 years; ☐6-10 years; ☐>10 years.
3. Which type of tea do you usually drink? (Select all that apply)?
   ☐Black tea; ☐Green tea; ☐White tea; ☐Dark tea; ☐Yellow tea; ☐Oolong tea.
4. What is the concentration of tea you usually drink (250ml per cup)? (Show diagram)
   ☐Strong (>3g tea/cup); ☐Medium (1-3g tea/cup); ☐Light tea (<1g tea/cup).
5. How many cups of tea do you usually drink for one day (250ml per cup)?
6. How often do you drink coffee?
   ☐No; ☐Occasionally; ☐Often.
7. How many cups of coffee do you usually drink for one day (100ml per cup)?
   _____

Eating habits

1. Do you adopt a healthy diet? (Low-fat, low-calorie or low-salt):
   ☐Never; ☐Basically no; ☐Occasionally; ☐Often; ☐Every day.
2. Do you weigh yourself?
   ☐Never; ☐Every day; ☐Every week; ☐Every month; ☐Every season; ☐Every year.
3. What is your highest weight? _____
4. How old are you when you gain the most weight? _____
5. How long did you maintain your highest weight? _____
6. How often do you drink sugar drinks?
   ☐Never; ☐No more than once in a week; ☐2-4 times a week; ☐5 or more times a week.
7. Do you pay attention to your diet and follow a special diet?
   ☐No; ☐Yes.
8. What is your staple food?
   ☐Rice; ☐Mantou; ☐Noodle; ☐ Chinese pancake; ☐Others: please specify_____.
9. How much staple food do you eat every day?
10. The reason you pay attention to your diet: (multiple choice)
    ☐Lose weight; ☐Diabetes; ☐Hypertension; ☐Hyperlipidemia; ☐Others: please specify_____.

Physical activities

1. What level of physical activity during your work time?
   ☐High; ☐Moderate; ☐Low; ☐None.
2. What level of physical activity during your leisure time?
   ☐High; ☐Moderate; ☐Low; ☐None.
3. How much time do you spend doing vigorous-intensity activity (carrying or lifting heavy loads, digging or construction work, etc.) on weekdays? _____
4. How much time do you spend doing moderate-intensity activity (walking, bicycling, etc.) on weekdays? _____
5. How much time do you spend doing light-intensity activity (reading, writing, watching TV, etc.) on weekdays? _____

6. How much time do you spend sitting on weekdays? _____
7. How much time do you spend sleeping or resting on weekdays? _____
8. How much time do you spend doing vigorous-intensity activity on weekdays? _____
9. How much time do you spend doing vigorous-intensity activity on weekends? _____
10. How much time do you spend doing moderate-intensity activity on weekends? _____
11. How much time do you spend doing light-intensity activity on weekends? _____
12. How much time do you spend sitting on weekends? _____
13. Which type of activity do you usually do: （multiple choice）
    ☐No; ☐Walking; ☐Dancing; ☐Running; ☐Tai chi; ☐Bicycling; ☐Swimming; ☐Jumping rope; ☐Volleyball; ☐Basketball; ☐Badminton; ☐Fishing; ☐Table tennis; ☐Skating; ☐Others.
14. For the past year

Type of activity	How many months do you take the activity	How many weeks a month	How many times a week	How much time once

15. For the past week

Type of activity	How many times?	How many hours each time?

Family history of diabetes

Relationship with you	please specify the number of members If the relationship is brother, sister or child	Please specify the relationship with you if the relationship is others
☐Father ☐Mother ☐Brother or sister ☐Child ☐Others		

History of hypertension and Dyslipidemia

1. Have you ever experienced hypertension?
   ☐Yes ☐no

2. Date diagnosed with hypertension? _____
3. Are you taking medicine for hypertension?
   ☐Yes ☐no
4. Medications for hypertension? _____
5. Have you ever experienced dyslipidemia?
   ☐Yes ☐no
6. Date diagnosed with dyslipidemia? _____
7. Are you taking medicine for dyslipidemia?
   ☐Yes ☐no
8. Medications for dyslipidemia? _____

History of other diseases

Have you ever experienced any of the following conditions?

1. Hypertension ☐Yes ☐no
2. Dyslipidemia ☐Yes ☐no
3. Acute myocardial infarction ☐Yes ☐no
4. Stroke ☐Yes ☐no
5. End-stage renal disease ☐Yes ☐no
6. Cancer Yes ☐no

PHQ-9

1. Little interest or pleasure in doing things:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
2. Feeling down, depressed, or hopeless:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
3. Trouble falling or staying asleep, or sleeping too much:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
4. Feeling tired or having little energy:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
5. Poor appetite or overeating:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
7. Trouble concentrating on things, such as reading the newspaper or watching television:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.
9. Thoughts that you would be better off dead, or of hurting yourself:
   ☐0: Not at all; ☐1: several days; ☐2: More than half the days; ☐3: Nearly every day.

Sleep condition (Pittsburgh Sleep Quality Index):

1. During the past month, what time have you usually gone to bed at night? _____
2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? _____
3. During the past month, what time have you usually gotten up in the morning? _____
4. During the past month, how many hours of actual sleep did you get at night? _____
5. During the past month, how many minutes of actual sleep did you get at night? _____
6. Cannot get to sleep within 30 minutes:
   ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
7. Wake up in the middle of the night or early morning:
   ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
8. Have to get up to use the bathroom:
   ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
9. Cannot breathe comfortably:
   ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
10. Cough or snore loudly:
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
11. Feel too cold:
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
12. Feel too hot:
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
13. Have bad dreams:
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
14. Have pain:
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
15. Other reason(s), please describe: _____:
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
16. During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”):
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three

or more times a week.

17. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity:
    ☐Not during the past month; ☐Less than once a week; ☐Once or twice a week; ☐Three or more times a week.
18. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done:
    ☐No problem at all; ☐Only a very slight problem; ☐Somewhat of a problem; ☐A very big problem.

Diagram of tea concentration in a 250ml cup