I. Physical Examination

1. Age (years): __________

2. Weight (kg): __________

3. Height (cm): __________

4. Blood pressure (mmHg):
   a: _____/_____
   b: _____/_____
   c: _____/_____

5. Pulse (rate/minute)
   a: __________
   b: __________
   c: __________

6. Upper arm circumference (cm): __________

7. Triceps skin fold (mm): __________

   * Questions 8 - 9 are for members who are 16 and older.

8. If female, ask:
   a. Are you pregnant?
      0 no  1 yes
b. If "yes," ask: How many months? ______month(s) □U13
c. Are [you] lactating?  
0 no 1 yes  

U13

d. If under the age of 26, ask: Have [you] ever menstruated?  
0 no 1 yes  

e. If "yes," ask: What was your age when [you] first menstruated (years)? _____years  

U15

9. Examine whether the respondent has any of the following conditions:  
Goiter 0 no 1 yes  

U16
Angular stomatitis 0 no 1 yes  

U17
Scaling of the skin 0 no 1 yes  

U18
Keratosis follicularis 0 no 1 yes  

U19
Symmetrical dermatitis of hand 0 no 1 yes  

U20
Blindness in one eye 0 no 1 yes  

U21
Blindness in both eyes 0 no 1 yes  

U22
Loss of one arm or use of one arm 0 no 1 yes  

U23
Loss of both arms or use of both arms 0 no 1 yes  

U24
Loss of one leg or use of one leg 0 no 1 yes  

U25
Loss of both legs or use of both legs 0 no 1 yes  

U26

* Questions 10 - 11 are for those who are under 16.

10. If female, ask:  
a. Have you ever menstruated?  
0 no 1 yes  

U27
b. If "yes," ask: At what age did you first menstruate? ________years  

U28

11. Examine whether the respondent has any of the following conditions:  
Goiter 0 no 1 yes  

U29
Angular stomatitis 0 no 1 yes  

U30
Square head 0 no 1 yes  

U31
Blindness in one eye 0 no 1 yes  

U32
Blindness in both eyes 0 no 1 yes  

U33
Loss of one arm or use of one arm 0 no 1 yes  

U34
Loss of both arms or use of both arms 0 no 1 yes  

U35
Loss of one leg or use of one leg 0 no 1 yes □□U36
Loss of both legs or use of both legs 0 no 1 yes □□U37
Polio or degenerative muscle disease 0 no 1 yes □□U38

II. Hypertension History (ask only those who are 16 and older)
1. Do you have high blood pressure now? □□□U39
   0 no 1 yes 9 unknown
2. If yes, what is the duration of the high blood pressure? _______ years □□U40
3. Are [you] currently taking anti-hypertension drugs? □□□U41
   0 no 1 yes

III. Smoking History
1. Have you ever smoked cigarettes (including rolled or manufactured)? □□□U42
   0 never 1 yes
If “yes,” continue with the following questions; otherwise, skip to Question 6.
   2. How old [were you] when [you] started smoking? _________ age □□□U43
   3. Do [you] smoke cigarettes now? □□□U44
      0 no 1 yes
   4. If yes, how many cigarettes do [you] smoke per day? _________ number □□□U45
   5. If no, how long ago did [you] stop smoking? _________ months □□□□U46
6. Have you ever smoked a pipe? □□□□U47
   0 never 1 yes
If “yes”, continue with the following questions; otherwise, skip to Section IV.
   7. How old [were you] when [you] started smoking a pipe? _________ years □□□U48
   8. Do [you] still smoke now? □□□□U49
      0 no 1 yes

IV. Alcohol Consumption History
1. During the past year, have you drunk beer or any other alcoholic beverage? □□□□U51
   0 no 1 yes
2. If yes, how often do [you] drink? □ U52
   1. daily or almost everyday
   2. 3-4 times a week
   3. once or twice a week
   4. once or twice a month
   5. no more than once a month
   6. unknown

V. Injury History
1. Have you ever been so seriously injured that you were unable to work for at least two weeks? □ U53
   0 no  1 yes

If "yes", continue with the following questions; otherwise, skip to Section VI.

2. How old [were you] when injured (if injured more than once, ask about the latest injury)? □□ U54
   __________ years

3. How long [were you] unable to carry out normal activities due to injury? □□□ U55
   __________ weeks

VI. Current Health Status
1. Over the past three months have you had any difficulty in carrying out your daily activities and work due to illness? □ U56
   0 no  1 yes

2. If yes, how long did you have difficulty carrying out your normal daily activities and work? □□ U57
   __________ weeks

3. How is the present condition of your heart, your lungs, and your stomach? □ U58
   1. normal
   2. occasionally affect work or daily activities
   3. frequently affect work or daily activities
   4. unable to work or carry out daily activities

4. How is the present condition of your upper extremities, shoulders, neck, and upper back? □ U59
   1. functioning normally
   2. having some problems, but not affecting work or daily activities
   3. slightly affecting work and daily activities, some help is needed
   4. affecting work and daily activities, help is required

5. How is the present condition of your lower extremities and spinal cord, and does this affect [your] walking? □ U60
   1. functioning normally
   2. having some problems, but can still walk alone
   3. needing some help walking
   4. cannot walk, confined to bed, using wheelchair, or carried by others

6. How is the present condition of your hearing, eyesight, and speaking? □ U61
   1. functioning normally
   2. wearing glasses or hearing aid, or having some loss of ability
   3. deaf in one ear, blind in one eye, some loss of speech, or serious loss of vision, hearing or speech
   4. completely deaf, blind, or unable to speak
7. How is the present condition of your urine control and bowel control?
   1. normal
   2. nighttime or occasional loss of urine or bowel control
   3. frequent loss of urine or bowel control
   4. total loss of urine or bowel control

8. Do [you] have psychological or psychiatric problems?
   1. no, normal
   2. occasionally disrupts social or work activities
   3. frequently disrupts social or work activities
   4. under care in a hospital