**Questionnaire**

**A1.** Name：

Home address：

**A2.** Your age： years old（birth data： year month, based on the information on the ID card）

**A3.** Gender： 1. Male 2.Female

**A4.** Your educational level?

1. Middle school graduate or lower

2. High school graduate or higher (including special secondary school and technical school)

**A5.** Your current marital status?

1. Currently not married (including divorce and widowhood)

2. Currently not married

**A6.** Your family income monthly？

1. <=2000 2. >2000

**A7.** Do you have a family history of hypertension？

1. Yes 2. No

**A8.** Do you smoke？\_\_\_\_\_\_\_\_

1. Yes 2. No

**A9.** Do you have any confirmed diseases by professional doctor currently? \_\_\_\_\_\_\_

1. Yes ( Disease name:\_\_\_\_\_\_\_\_) 2. No