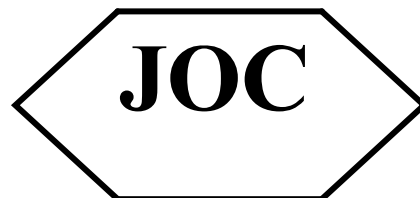


Declaration

This study employed a self-administered Health Assessment Questionnaire as the data collection tool. The questionnaire was systematically designed to assess the health status and potential influencing factors among occupational steel workers in the Beijing-Tianjin-Hebei region. The questionnaire features a comprehensive structure. It first ensures ethical compliance through an informed consent form. Subsequently, it collects sociodemographic characteristics including personal identification, ethnicity, place of birth, residence, marital status, education level, income, health insurance coverage, and specifically incorporates information related to female physiology and fertility. Regarding health status assessment, the questionnaire thoroughly investigates personal history of common diseases (such as hypertension, diabetes, etc.) and family members' medical conditions. For behavioral lifestyle factors, it thoroughly assessed smoking, alcohol consumption, tea drinking, dietary patterns (e.g., salt preference, frequency of various food intakes), physical activity levels, and earphone usage habits. Addressing the occupational characteristics of the steel industry, the questionnaire featured a specialized occupational exposure module covering employment type, tenure, job rotation, shift patterns, workplace protective measures, and physical labor intensity. Additionally, the questionnaire emphasized mental health dimensions, measuring occupational stress through multidimensional indicators (including job demands, autonomy, and interpersonal support) and sleep quality (such as sleep duration across shifts, difficulty falling asleep, sleep quality, and daytime functioning). It innovatively incorporated an assessment of nocturnal light exposure, addressing bedroom light-blocking conditions, nighttime light intensity, and external light sources. Finally, objective physiological indicators—including height, weight, blood pressure, neck circumference, abdominal circumference, waist circumference, hip circumference, and grip strength—were measured and recorded by professionals, providing multidimensional data support for subsequent analyses.

The specific questionnaire content is as follows.

Survey Form
Number



Health Assessment Checklist

Name of Examinee: _____

Investigator: _____

Verifier: _____

Survey Date: ——

Verification Date: ——

Health Examination for Occupational Populations in the Beijing-Tianjin-Hebei Region Steel Workers
Health Assessment Checklist

Consent Form

Dear Employee:

You are invited to participate in the National Key Research and Development Program: Health Examination for Occupational Populations in the Beijing-Tianjin-Hebei Region. This study will be conducted among workers from various factories of the Tangshan Iron and Steel Group Co., Ltd., who participate in occupational and general health examinations, on a voluntary basis. The study has been approved by the Ethics Committee of North China University of Science and Technology.

Some content of this document is required by regulations, and to protect the rights of participating workers, this document has been reviewed and approved by the Ethics Committee.

Purpose and Content

To understand the health status of steel workers, including health-related events, distribution, and influencing factors. This is an observational study and will not involve any medication or interventions. In addition to standard occupational and general health examinations, necessary health questionnaires and additional tests (e.g., waist circumference, hip circumference, body composition analysis, bone density) will be conducted.

Approximately 5 mL of fasting venous blood will be collected for further testing and biobank establishment.

The study will last 8 years, during which follow-ups will be conducted to inform you of any health changes.

Potential Risks

The risks of this study will not exceed those of routine occupational and general health examinations.

Benefits

You will gain a comprehensive understanding of your health status and receive expert advice. Additional test results will be promptly provided, along with health risk assessments and guidance for further actions or medical consultations.

Confidentiality

Your personal information and records will be stored securely by hospitals, researchers, and relevant authorities. The Ethics Committee may access your records. Public reports will not disclose your identity. You may review or modify your information at any time.

Voluntary Participation

Participation is entirely voluntary. You may refuse or withdraw at any time without penalty.

Participant Consent Statement:

I have read and discussed this study with the research team, understood its purpose, risks, and benefits, and voluntarily agree to participate.

Participant Signature: _____

Date: _____

ID: _____

Part 1: Personal Information and Demographic Characteristics

1	Identity Information (ID Scan): Ethnicity: ☐ 11. Manchu ☐ 01. Han ☐ 66. Other _____ Father's Ethnicity: ☐ 11. Manchu ☐ 01. Han ☐ 66. Other _____ Mother's Ethnicity: ☐ 11. Manchu ☐ 01. Han ☐ 66. Other _____ Actual Date of Birth (Gregorian Calendar): Year Month Day
2	Place of Birth: ☐ 1.Urban ☐ 2.Rural Birth Address: _____ Province/Autonomous Region _____ City/Prefecture _____ District/County _____ Town/Township _____ Village (If born in a rural area and later moved to urban, specify: Moved to urban in Year Month) Current Residence: ☐ 1.Urban ☐ 2.Rural Current Address: _____ Province/Autonomous Region _____ City/Prefecture _____ District/County _____ Town/Township _____ Village
3	Marital Status: ☐ 1.Unmarried ☐ 2.Married ☐ 3.Remarried ☐ 4.Divorced ☐ 5.Widowed
4	Education Level: ☐ 1. Illiterate ☐ 2.Primary School ☐ 3.Junior High School (Vocational School) ☐ 4.Senior High School (Technical School) ☐ 5.College/Undergraduate ☐ 6.Postgraduate or Above
5	Personal Income: Monthly Income: _____ RMB or Annual Income: _____ RMB or Household Income: _____ RMB/year Household Members: ____ Persons
6	For Females: Menstrual Status: 1.Age at Menarche: Years (0 if not yet occurred) 2.Menstrual Regularity: ☐ 1.Regular ☐ 2.Irregular ☐ 3.Menopause Age at Menopause Years (0 if not yet occurred)
7	Health Insurance Coverage (Multiple Choices): ☐ 1.Public Medical Service ☐ 2.Urban Employee Medical Insurance ☐ 3.Urban Resident Medical Insurance ☐ 4.New Rural Cooperative Medical Scheme ☐ 5.Commercial Insurance ☐ 6.Medical Assistance ☐ 7.No Insurance ☐ 8.Other

Part 2: Disease Status

8

Personal Medical History

Hypertension: ☐ 0.No ☐ 1.Yes ☐ 99.Unknown

Highest Blood Pressure: Systolic ☐☐☐ mmHg Diastolic ☐☐☐ mmHg

Diagnosis Date: ☐☐☐☐ Year ☐☐ Month

Diagnosing Hospital: ☐ 1.Provincial ☐ 2.Municipal ☐ 3.County ☐ 4.Village Clinic ☐ 5. Home

Antihypertensive Medication: ☐ 0.Not taken today ☐ 1.Regular use ☐ 2.Occasional use ☐ 3.Not taken

Fracture History: ☐ 0.No ☐ 1.Yes **First Fracture Cause:** ☐☐☐☐ Year ☐☐ Month

First Fracture Cause: ☐ 1.Traumatic ☐ 2.Non-traumatic

Diabetes: ☐ 0. No ☐ 1. Yes **Highest Blood Glucose:** ☐ mmol/L **Diagnosis Date:** ☐ 4. Other (e.g., village clinic)

Diagnosing Hospital: ☐ 1. Provincial ☐ 2. Municipal ☐ 3. County

Treatment (Multiple Choices):

☐ 0. No medication today ☐ 1. Dietary control ☐ 2. Exercise ☐ 3. Hypoglycemic drugs

☐ 4. Insulin ☐ 5. Traditional Medicine ☐ 6. No treatment

Other Diseases (e.g., heart disease, cancer, tuberculosis, asthma, gastrointestinal diseases):

_____ Diagnosis Date: ☐☐☐☐ Year ☐☐ Month

_____ Diagnosis Date: ☐☐☐☐ Year ☐☐ Month

_____ Diagnosis Date: ☐☐☐☐ Year ☐☐ Month

_____ Diagnosis Date: ☐☐☐☐ Year ☐☐ Month

Family Medical History (Multiple Choices)

Hypertension in Family: ☐ 0. No ☐ 1. Yes ☐ 99. Unknown

- ☐ 1. Grandfather ☐ 2. Grandmother ☐ 3. Maternal Grandfather ☐ 4. Maternal Grandmother
☐ 5. Father ☐ 6. Mother ☐ 7. Siblings ☐ 8. Children

9 Diabetes in Family: ☐ 0. No ☐ 1. Yes ☐ 99. Unknown

- ☐ 1. Grandfather ☐ 2. Grandmother ☐ 3. Maternal Grandfather ☐ 4. Maternal Grandmother
☐ 5. Father ☐ 6. Mother ☐ 7. Siblings ☐ 8. Children

Cancer in Family: ☐ 0. No ☐ 1. Yes ☐ 99. Unknown

- ☐ 1. Grandfather ☐ 2. Grandmother ☐ 3. Maternal Grandfather ☐ 4. Maternal Grandmother
☐ 5. Father ☐ 6. Mother ☐ 7. Siblings ☐ 8. Children

Other Diseases in Family: ☐ 0. No ☐ 1. Yes ☐ 99. Unknown

- ☐ 1. Grandfather ☐ 2. Grandmother ☐ 3. Maternal Grandfather ☐ 4. Maternal Grandmother
☐ 5. Father ☐ 6. Mother ☐ 7. Siblings ☐ 8. Children__

Part 3: Lifestyle

Smoking Status

Do you smoke?

☐ **2. Current smoker**

Age started smoking: ☐☐ Years

Common tobacco types and amounts:

(1) Cigarettes: ☐☐ sticks/day

(2) Loose tobacco: ☐☐ liang/month

(3) Other: ☐☐ sticks/day

☐ **1. Quit smoking (abstinent for >6 months)**

Age started smoking: ☐☐ Years

Common tobacco types and amounts:

(1) Cigarettes: ☐☐ sticks/day

(2) Loose tobacco: ☐☐ liang/month

(3) Other: ☐☐ sticks/day

Age quit: ☐☐ Years

Reason for quitting: 1. ☐ Illness 2. ☐ Voluntary 3. ☐ Advice

☐ **0. Never smoked**

10

11	Alcohol Consumption Do you drink alcohol? ☐ 0. Never ☐ 1. Quit drinking (abstinent for >6 months) Age started drinking: Years Age quit: Years Reason for quitting: 1. ☐ Illness 2. ☐ Voluntary 3. ☐ Advice ☐ 2. Current drinker Age started drinking: Years Alcohol Types and Consumption (Specify one amount per type): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">Weekly Frequency</th> <th style="width: 15%;">Monthly Frequency</th> <th style="width: 15%;">Yearly Frequency</th> <th style="width: 15%;">Amount per Session</th> </tr> </thead> <tbody> <tr> <td>Baijiu(liang):</td> <td> </td> <td> </td> <td> </td> <td> liang</td> </tr> <tr> <td>Wine/Fruit Wine (liang):</td> <td> </td> <td> </td> <td> </td> <td> liang</td> </tr> <tr> <td>Beer (bottles):</td> <td> </td> <td> </td> <td> </td> <td> bottles</td> </tr> <tr> <td>Other (liang):</td> <td> </td> <td> </td> <td> </td> <td> liang</td> </tr> </tbody> </table>						Weekly Frequency	Monthly Frequency	Yearly Frequency	Amount per Session	Baijiu(liang):				liang	Wine/Fruit Wine (liang):				liang	Beer (bottles):				bottles	Other (liang):				liang
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	Do you drink tea? ☐ 0. No ☐ 1. Yes																													
12	Dietary Habits Salt Preference: ☐ 1. Light ☐ 2. Moderate ☐ 3. Salty Iodized salt ☐ 1. Never ☐ 2. Always ☐ 3. Previously Weekly Breakfast Days: Days Weekly Food Consumption: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Food Type</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Rice</td> <td>☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily</td> </tr> <tr> <td>Wheat Products</td> <td>☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily</td> </tr> <tr> <td>Other Staples</td> <td>☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily</td> </tr> <tr> <td>Red Meat</td> <td>☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily</td> </tr> <tr> <td>Poultry</td> <td>☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily</td> </tr> <tr> <td>Fish</td> <td>☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily</td> </tr> <tr> <td>Eggs</td> <td>☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily</td> </tr> </tbody> </table>					Food Type	Frequency	Rice	☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily	Wheat Products	☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily	Other Staples	☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily	Red Meat	☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily	Poultry	☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily	Fish	☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily	Eggs	☐ Never ☐ 1/month ☐ 1-3 days/week ☐ 4-6 days/week ☐ Daily									
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13	Physical Activity (Leisure-time, regular, health-oriented activities lasting >20 minutes per session, e.g., running, swimming, cycling, hiking, ball games, dancing, gym, walking) ☐ 1. 5-7 days/week ☐ 2. 3-4 days/week ☐ 3. 1-2 days/week ☐ 4. ≤3 days/month ☐ 5. Never		
14	Headphone Usage: Daily Usage Time: ☐ 1.Never ☐ 2.<1h ☐ 3.1~2h ☐ 4.≥2h <table border="1"> <tr> <td> Volume Level: ☐ 1. <60% Continuous Usage Duration: ☐ 1. <1h </td> <td> ☐ 2. ≥60% ☐ 2. ≥ 1h </td> </tr> </table>	Volume Level: ☐ 1. <60% Continuous Usage Duration: ☐ 1. <1h	☐ 2. ≥60% ☐ 2. ≥ 1h
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Part 4: Work Conditions

15	Employment Type: ☐ 1.Contract Worker ☐ 2.Labor Dispatch ☐ 3.Other																																			
16	Employment Start Date: Year Month Age at Employment Start: Year																																			
17	Current Workplace: ☐ 1.South Ironmaking ☐ 2.Stainless Steel ☐ 3.Power ☐ 4.North Ironmaking ☐ 5.Long Products ☐ 6.Heavy Machinery ☐ 7.Hot Rolling ☐ 8.Cold Rolling ☐ 9.Coking ☐ 10.Meijin ☐ 11.Maintenance ☐ 12.Logistics ☐ 13.New Ventures ☐ 14.Other: Current Job Title: _____ Job Changes: ☐ 0.No ☐ 1.Yes <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Start Date</th> <th style="width: 10%;">End Date</th> <th style="width: 10%;">Workplace</th> <th style="width: 10%;">Team</th> <th style="width: 10%;"></th> <th style="width: 10%;">Job Title</th> <th style="width: 10%;">Hazardous Substances</th> </tr> </thead> <tbody> <tr> <td> - </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>_____</td> <td>_____</td> </tr> <tr> <td> - </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>_____</td> <td>_____</td> </tr> <tr> <td> - </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>_____</td> <td>_____</td> </tr> <tr> <td> - </td> <td> </td> <td> </td> <td> </td> <td> </td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Start Date	End Date	Workplace	Team		Job Title	Hazardous Substances	-					_____	_____	-					_____	_____	-					_____	_____	-					_____	_____
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18	Shift Work: ☐ 0.Never ☐ 1.Past ☐ 2.Current Shift Cycle: 1.Weekly 2.Monthly 3.Bimonthly 4.Quarterly 5. Other: _____ Shift Type: 1. Fixed Day Shift 2. Three Shifts, Two Rotations 3. Four Shifts, Three Rotations <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Start Date</th> <th style="width: 15%;">End Date</th> <th style="width: 15%;">Shift Type</th> <th style="width: 15%;">Shift Cycle</th> <th style="width: 15%;">Work Hours (hours/day)</th> <th style="width: 15%;">Rest Days (days/month)</th> </tr> </thead> <tbody> <tr> <td> - </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> - </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> - </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Start Date	End Date	Shift Type	Shift Cycle	Work Hours (hours/day)	Rest Days (days/month)	-						-						-																
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19	Protective Measures Dust Control Effectiveness: ☐ 1.Poor ☐ 2.Fair ☐ 3 Good. PPE Provided (Multiple Choices): ☐ 1.Masks ☐ 2.Earplugs ☐ 3.Gloves ☐ 4.Rubber Boots ☐ 5.Work Uniform ☐ 6.Other_____ Mask Usage: ☐ Never ☐ 1-2 days/week ☐ 3-4 days/week ☐ 4. Daily Earplug Usage: ☐ Never ☐ 1-2 days/week ☐ 3-4 days/week ☐ 4. Daily Glove Usage: ☐ Never ☐ 1-2 days/week ☐ 3-4 days/week ☐ 4. Daily Other Comments:_____																
20	Physical Labor Intensity <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Activity Type (Multiple Choices)</th> <th style="text-align: left;">Frequency (days/week)</th> <th style="text-align: left;">Time 1 (hours/day)</th> <th style="text-align: left;">Time 2 (minutes/day)</th> </tr> </thead> <tbody> <tr> <td>☐ Extreme Intensity</td> <td>☐</td> <td>☐☐</td> <td>☐☐</td> </tr> <tr> <td>☐ High Intensity</td> <td>☐</td> <td>☐☐</td> <td>☐☐</td> </tr> <tr> <td>☐ Moderate Intensity</td> <td>☐</td> <td>☐☐</td> <td>☐☐</td> </tr> </tbody> </table>	Activity Type (Multiple Choices)	Frequency (days/week)	Time 1 (hours/day)	Time 2 (minutes/day)	☐ Extreme Intensity	☐	☐ ☐	☐ ☐	☐ High Intensity	☐	☐ ☐	☐ ☐	☐ Moderate Intensity	☐	☐ ☐	☐ ☐
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☐ High Intensity	☐	☐ ☐	☐ ☐														
☐ Moderate Intensity	☐	☐ ☐	☐ ☐														

Part 5: Mental and Sleep Health

21	Occupational Stress 1. Job demands effort ☐ ☐ ☐ ☐ 2. Overtime required ☐ Almost never ☐ Occasionally ☐ Often ☐ Always 3. Sufficient time to complete tasks ☐ Almost never ☐ Occasionally ☐ Often ☐ Always 4. Conflicting task requirements ☐ Almost never ☐ Occasionally ☐ Often ☐ Always 5. Work pace ☐ Slow ☐ Slightly fast ☐ Fast ☐ Very fast 6. Autonomy in task execution ☐ Almost none ☐ Occasionally ☐ Often ☐ Always 7. Decision-making authority ☐ Almost none ☐ Occasionally ☐ Often ☐ Always
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8. Influence over work matters ☐ Almost none ☐ Occasionally ☐ Often ☐ Always

9. Need to learn new skills ☐ Almost none ☐ Occasionally ☐ Often ☐ Always

10. Job repetitiveness ☐ Low ☐ Slightly high ☐ High ☐ Very high

11. Job requires creativity ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

12. Technical skill requirements ☐ Low ☐ Slightly high ☐ High ☐ Very high

13. Task variety ☐ Almost none ☐ Occasionally ☐ Often ☐ Always

14. Opportunity to utilize strengths ☐ Almost none ☐ Occasionally ☐ Often ☐ Always

15. Supervisor concern for welfare ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

16. Supervisor listens to feedback ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

17. Supervisor support ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

18. Supervisor organizational skills ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

19. Colleague competence ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

20. Colleague concern ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

21. Colleague attitude ☐ Very unfriendly ☐ Unfriendly ☐ Friendly ☐ Very friendly

22. Colleague assistance ☐ Almost never ☐ Occasionally ☐ Often ☐ Always

Sleep Status

Total sleep time during shifts:

Day Shift: hours (Night: , Day:)

Evening Shift: hours (Night: , Day:)

Night Shift: hours (Night: , Day:)

Rotating Shift: hours (Night: , Day:)

Used sleep aids in the past year? ☐ 1. No ☐ 2. Yes

Weekly medication frequency:

☐ 1. <1 day ☐ 2. 1-2 days ☐ 3. 3-5 days ☐ 4. Almost daily

Weekly snoring frequency:

☐ 1. Rarely ☐ 2. 1-2 days ☐ 3. 3-5 days ☐ 4. Almost daily

Sleep Quality

Time to fall asleep (>30min = difficulty):

☐ 1. No issue ☐ 2. Slight delay ☐ 3. Significant delay ☐ 4. Severe delay/no sleep

Nighttime awakenings:

☐ 1. None ☐ 2. Slight ☐ 3. Significant ☐ 4. Severe/no sleep

Early waking:

☐ 1. None ☐ 2. Slight ☐ 3. Significant ☐ 4. Severe/no sleep

Total sleep time:

☐ 1. Sufficient ☐ 2. Slightly insufficient ☐ 3. Significantly insufficient ☐ 4. Severe insufficiency/no sleep

Sleep satisfaction:

☐ 1. Satisfied ☐ 2. Slightly dissatisfied ☐ 3. Significantly dissatisfied ☐ 4. Severely dissatisfied/no sleep

Daytime mood:

☐ 1. Normal ☐ 2. Slightly low ☐ 3. Significantly low ☐ 4. Severely low

Daytime function (energy, memory):

☐ 1. Unaffected ☐ 2. Slightly affected ☐ 3. Significantly affected ☐ 4. Severely affected

Daytime sleepiness:

☐ 1. None ☐ 2. Slight ☐ 3. Significant ☐ 4. Severe

Part 6: Light Exposure at Night

24	Close curtains when sleeping? ☐ 0. No ☐ 1. Yes
	Sleep with lights on? ☐ 0. No ☐ 1. Yes
	Bedroom brightness: ☐ Almost dark ☐ Dimly lit ☐ Clearly visible ☐ Bright enough for reading
	External light sources near bedroom (e.g., billboards, streetlights)? ☐ 0. No ☐ 1. Yes
	Turn on lights when waking at night? ☐ 0. No ☐ 1. Yes
	Nightly light usage frequency: ☐ ☐ times

Physical Examination Results

1	Height: ☐ ☐ ☐ ☐ cm Weight: ☐ ☐ ☐ ☐ kg
2	Blood Pressure: Systolic: ☐ ☐ ☐ mmHg Diastolic: ☐ ☐ ☐ mmHg
3	Neck Circumference (cm): 1. ☐ ☐ ☐ ☐ 2. ☐ ☐ ☐ ☐ 3. ☐ ☐ ☐ ☐
	Abdominal circumference (cm): 1. ☐ ☐ ☐ ☐ 2. ☐ ☐ ☐ ☐ 3. ☐ ☐ ☐ ☐
	Waist circumference (cm): 1. ☐ ☐ ☐ ☐ 2. ☐ ☐ ☐ ☐ 3. ☐ ☐ ☐ ☐
	Hip circumference (cm): 1. ☐ ☐ ☐ ☐ 2. ☐ ☐ ☐ ☐ 3. ☐ ☐ ☐ ☐
4	Grip Strength (measured twice):
	Dominant Hand: ☐ 1. Left ☐ 2. Right
	Left Hand: ☐ ☐ ☐ ☐ kg
	Right Hand: ☐ ☐ ☐ ☐ kg

Questionnaire Completeness: ☐ 0. No ☐ 1. Yes