Questionnaire survey and record

Province ____________
County _____________
Name ____________
Address_________________________
Phone number __________

Excluded form

(a) How old are you? ________ (If age<20 or >60, then excluded)
(b) Do you have some reproductive dysfunctions or diseases (genital diseases such as cryptorchidism, inguinal hernia, varicocele, epididymitis, gonorrhea, chlamydia, and surgery for torsion of the testis) ?
   1. Yes (excluded)  2. No
(c) Do you have some chronic disease, such as diabetes, kidney disease, atherosclerosis, vascular disease, genital diseases, or hypertension?
   1. Yes (excluded)  2. No
(d) Do you work in factory related to Mn machining?
   1. Yes (excluded)  2. No
(e) Do you word in or live near factories related to metal machining, such as lead, cadmium, zinc, copper, etc.?
   1. Yes (excluded)  2. No
A. Demography characteristics

A1 Birth date: ______________
A2 Height : ______cm
A3 Weight : ______kg
A4 Education level:
   1. Illiteracy  2. Primary school  3. Junior high school
   4. Senior high school  5. Junior college or higher
A5 Registered residence: 1. Urban  2. Rural
A6 Occupation:
   4. Doctor/teacher/researcher  5. Other________
A7 Do you have sexual intercourse?  1. Yes  2. No (skip to A9)
A8 Age of first sexual intercourse?________year old
A9 Marriage status:
   1. Unmarried (skip to A11)  2. Married
A10 Age of married: __________
A11 Do you have child?  1. Yes  2. No
A12 Income: _______Yuan/person/year

B. Living status

B1 Birth place: 1. Urban  2. Rural
B2 How long do you live here? __________ year
B3 Did you ever have enuresis?  1. Yes  2. No
B4 Did you ever have mumps?  1. Yes  2. No
B5 Do you smoke?  1. Yes  2. No (skip to B7)
B6 Mean number of units smoked per day? ________
B7 Do you drink alcohol?  1. Yes  2. No (skip to B10)
   4. Other________
B9 Mean number of alcohol per day? ________
B10  Do you drink coffee?  
1. Yes  
2. No  
☐

B11  Do you drink tea?  
1. Yes  
2. No  
☐

B12  Do you work at sitting position long time?  
1. Yes  
2. No  
☐

B13  Do you contact with pesticide often?  
1. Yes  
2. No  
☐

B14  Do you contact with chemical materials, such as benzene, nitrogen sulfide, often?  
1. Yes  
2. No  
☐

B15  Do you use mobile phone every day?  
1. Yes  
2. No (skip to B17)  
☐

B16  Where the mobile phone is carried?  
1. Trouser pocket  
2. Bag  
3. Other place  
☐

B17  Do you use computer often?  
1. Yes  
2. No (finished)  
☐

B18  How long do you use computer per every day?  
_____ hours  
☐

Signature of interviewer:_____________

Data of examination:______________
## Records of semen quality examination

C1. Data for first semen sample collection:  
C2. Abstinence interval (day):  
C3. Examination time after ejaculation (minute):  
C5. Time for liquefaction (minute):  
C6. Stickiness (length of drawbench):  
C7. Agglutination: 1. No  2. Have  
C8. Volume (ml):  
C9. pH:  
C10. Motility (100 sperm)  
(a) rapid and linear progressive motility  
(b) sluggish linear motility  
(c) no linear  
(d) no motile  
C11. Density ($\times 10^6$/ml)  
C12. Total sperm count ($\times 10^6$)  
C13. Sperm viability (%)  
C14. Normal sperm forms (%)  

**Signature of examination person:**

**Data of examination:**