

MJ Health Resource Center Health Survey Database Variable Summary

Variable Name	Variable Label	Value Label
bloodtype	What is your blood type?	(1)A (2)B (3)O (4)AB (5)Don't Know
whichhand	Are you left-handed or right-handed?	(1)Left-handed (2)Right-handed
twins	Are you a twin?	(1)No (2)Yes
father	Your father is	(1)Chinese from Mainland China (2)Taiwanese (3) Hakka (4)Aborigines (5)Foreigner (6)Other
gfather_f	Your paternal grand father is	(1)Chinese from Mainland China (2)Taiwanese (3) Hakka (4)Aborigines (5)Foreigner (6)Other
gmother_f	Your paternal grand mother is	(1)Chinese from Mainland China (2)Taiwanese (3) Hakka (4)Aborigines (5) Foreigner (6)Other
mother	Your mother is	(1)Chinese from Mainland China (2)Taiwanese (3) Hakka (4)Aborigines (5) Foreigner (6)Other
gfather_m	Your maternal grand father is	(1)Chinese from Mainland China (2)Taiwanese (3) Hakka (4)Aborigines (5) Foreigner (6)Other
gmother_m	Your maternal grand mother is	(1)Chinese from Mainland China (2)Taiwanese (3) Hakka (4)Aborigines (5) Foreigner (6)Other
marriage	Marital Status	(1)Never married (2)Married (3)Divorced (4) Widowed
education	Educational Attainment	(1)Illiteracy (2)Elementary (3)Junior high (4) Senior High (5)Vocational (6)College/ University (7)Graduate School

occupation	Occupation	(11)Student (senior vocational, junior high/primary school) (12)Student (junior college, college/university) (13)Profession (lawyer, teacher, accountant, nurse, doctor) (14) Technician (engineer, architect, programmer) (15) Manager (middle or high level director) (16) Salesman (17) Service industry (catering, travel, hair stylist chauffeurs 08) (18) Clerk 06-07, 09-12 Civil servant (office work) 08 (19) Labor (20) Self-support (agriculture, fishing) (21) Self-support (<10 staff) (22)Self-support (>10 staff) (23)Artistry (24)Part-time (25)Retiree (26)Jobless
solvent	Chemical hazards (Organic solvents)	(1)Yes (0)No
asbestos	Powder hazards (Asbestos)	(1)Yes (0)No
radiation	Physical hazards (Loud Noise, radiation, vibration)	(1)Yes (0)No
ergonomic	Ergonomic hazards (Repetitive motion)	(1)Yes (0)No
nopolution	None	(1)Yes (0)No
famyearincome	Family Annual Income	(1)None (2)Less than NT\$400,000 (3) NT\$410,000-800,000 (4)NT\$810,000 - 1.2M (5)NT\$1.21-1.6M (6)NT\$1.61 -2M (7)More than

		NT\$2.01M
relate48b	Did you have pregnancy or childbirth experience?	(1)No (2)Yes
relate49b	The frequency of pregnancy	(1)0 (2)1 (3)2 (4)3 (5)4 (6)≥ 5 times
relate50b	The frequency of childbirth	(1)0 (2)1 (3)2 (4)3 (5)4 (6)≥ 5 times
firstchild	At what age, did you give your 1st birth? (Only female answers this question)	(1)Less than 19 (2)20~24 (3)25~29 (4)30~34 (5) Over 35 (6) None
suckle	Have you breastfed before?	【2002.01】 (1)No (2)Yes (3) Never given birth 【2007-2014.01】 (1)No (2)Yes 【2014.01】 (1)No (2)Yes (3)N/A
relate51b	Have you had contraception?	(1)No (2)Yes
relate52b	Contraception Type	(1)Condom (2)Oral Contraceptives (3) Intrauterine Device (4)Sterilization
relate37b	Have you gone through menopause (no menstruation in the past year)?	(1)No (2)Yes
relate38b	Yes. At what age did your periods stop?	(88) under age 40 (99),(999)other
relate39b	Year	(1)This year (2)Last year
relate40b	Month	
relate41b	Day (ten's place value)	
relate42b	Day (one's place value)	
infect	Are you allergic to (any 09 added) medicines?	(1)No (2)Yes (3)Don't Know(98 added)
mdrug01	None	(1)Yes (0)No

mdrug02	Medicines for gout (09-12) Uricosuric medicines (06-08)	(1)Yes (0)No
mdrug03	Cardiovascular medicines	(1)Yes (0)No
mdrug04	Medicine for hypertension	(1)Yes (0)No
mdrug05	Medicine for diabetes	(1)Yes (0)No
mdrug06	Thyroid inhibitor	(1)Yes (0)No
mdrug07	Medicine for high blood lipids	(1)Yes (0)No
mdrug08	Medicine for asthma	(1)Yes (0)No
mdrug10	Steroids	(1)Yes (0)No
mdrug11	Hormones	(1)Yes (0)No
relate53b	Do you take Hormone for a long period of time?	(1)No (2)Yes
mdrug12	Painkillers	(1)Yes (0)No
mdrug13	Medicine for gastrointestinal disorders	(1)Yes (0)No
mdrug14	Chinese medicine	(1)Yes (0)No
mdrug15	Medicine for mental illness	(1)Yes (0)No
mdrug09	Sedatives or sleeping pills	(1)Yes (0)No
mdrugother	Others	(1)Yes (0)No
mdrug18	Over-the-counter drugs	(1)Yes (0)No
Nopsick	Never had any of above medical conditions	(1)Yes (0)No
psick01	Nasopharyngeal carcinoma	(1)Yes (0)No
psick02	Lung cancer	(1)Yes (0)No

psick03	Breast cancer	(1)Yes (0)No
psick04	Stomach cancer	(1)Yes (0)No
psick05	Liver cancer	(1)Yes (0)No
psick06	Colorectal cancer	(1)Yes (0)No
psick07	Cervical cancer	(1)Yes (0)No
psick08	Other forms of cancer	(1)Yes (0)No
psick09	Hypertension	(1)Yes (0)No
psick10	Diabetes (mellitus 09 added)	(1)Yes (0)No
psick11	Cerebrovascular diseases (stroke 09 added)	(1)Yes (0)No
psick12	Cardiovascular diseases	(1)Yes (0)No
psick13	Hyperthyroidism	(1)Yes (0)No
psick14	Asthma	(1)Yes (0)No
psick15	Tuberculosis	(1)Yes (0)No
psick16	Peptic ulcer	(1)Yes (0)No
psick17	Hepatitis	(1)Yes (0)No
psick18	Liver cirrhosis	(1)Yes (0)No
psick19	Kidney disease (09-12) Nephritis (06-08)	(1)Yes (0)No
psick20	Kidney stone	(1)Yes (0)No
psick21	Gout (09-12) Rheumatism (06-08)	(1)Yes (0)No
psick22	Anemia	(1)Yes (0)No

psick23	Arthritis	(1)Yes (0)No
psick24	Others	(1)Yes (0)No
psick25	Prostate cancer	(1)Yes (0)No
psick26	Interstitial lung disease	(1)Yes (0)No
psick27	Chronic obstructive pulmonary disease	(1)Yes (0)No
psick28	Cystic fibrosis	(1)Yes (0)No
relate46b	Have you had any Gynecological diseases?	(1)No (2)Yes
opbrain_01	Brain	(0)No (1)Yes
opeye_01	Eye(s)	(0)No (1)Yes
opent_03	Ear, Nose, Throat (ENT) 09-12 ENT 06-08	(0)No (1)Yes
opt3_01	Thyroid	(0)No (1)Yes
oplung_01	Lung	(0)No (1)Yes
opheart_01	Heart	(0)No (1)Yes
opchest_01	Chest (including mastectomies)	(0)No (1)Yes
relate54b	Have you had breast operation?	(0)No (1)Yes
opstomach_01	Stomach	(0)No (1)Yes
opbubble_01	Gall bladder / bile duct	(0)No (1)Yes
opodigest_01	Gastrointestinal surgery (liver, pancreas, intestines, appendix, others)	(0)No (1)Yes
opcaecum_01	Appendectomy (vermiformis (caecum) resection 09 deleted)	(0)No (1)Yes

opur_01	Kidney	(0)No (1)Yes
opsubur_01	Prostate	(0)No (1)Yes
relate58b	Have you ever had operation because of hernia, varicocele or prostate?	(1)No (2)Yes
opfemal_01	Gynecological surgery (uterus, ovaries, fallopian tubes, others)	(0)No (1)Yes
relate47b	Have you had hysterectomy or other Gynecological surgery?	(1)No (2)Yes
opbone_01	Bone	(0)No (1)Yes
opother_01	Others	(0)No (1)Yes
opNo	Never	(0)Yes (1)No
rsickNo	Do Not have any of the above (following) medical conditions	(1)Yes (0)No
rsick01	Nasopharyngeal carcinoma	(1)Yes (0)No
rsick02	Lung cancer	(1)Yes (0)No
rsick03	Breast cancer	(1)Yes (0)No
rsick04	Stomach cancer	(1)Yes (0)No
rsick05	Liver cancer	(1)Yes (0)No
rsick06	Colorectal cancer	(1)Yes (0)No
rsick07	Cervical cancer	(1)Yes (0)No
rsick08	Other forms of cancer	(1)Yes (0)No
rsick09	Hypertension	(1)Yes (0)No

rsick10	Diabetes (mellitus 09 added)	(1)Yes (0)No
rsick11	Cerebrovascular diseases (stroke 09 added)	(1)Yes (0)No
rsick12	Cardiovascular diseases	(1)Yes (0)No
rsick13	Hereditary anemia	(1)Yes (0)No
rsick14	Other hereditary diseases	(1)Yes (0)No
rsick15	Prostate cancer	(1)Yes (0)No
relate55b	Does your mother or sister have breast cancer, ovarian cancer or endometrial cancer	(1)No (2)Yes
sameagehealth	How do you find your recent health status when compare with those of the same age group?	(1)Pretty good (2)Good (3)Average (4)A little bad (5)Very bad
relate05a	09-12: Do you experience edema in the lower limbs? 06-08: Were you feet swollen?	(1) Never (2) Occasionally (3) Often (4) Daily
relate21a	09-12: Do you have edema or deformity in the joints? 06-08: Are your joints swollen or deformed?	(1) Never (2) Occasionally (3) Often (4) Daily
relate07a	Do you hear any strange sounds from your chest while breathing?	(1) Never (2) Occasionally (3) Often (4) Daily
relate10a	Were there traces of blood in your phlegm?	(1) Never (2) Occasionally (3) Often (4) Daily
relate22a	Are you having any swallowing difficulties (lately 09 deleted)?	(1) Never (2) Occasionally (3) Often (4) Daily

relate23a	Are you experiencing any unusual lack of appetite (lately 09 deleted)?	(1) Never (2) Occasionally (3) Often (4) Daily
relate11a	When you are hungry, do you feel gastric discomfort? (09-12) did your stomach hurt? (06-08)	(1) Never (2) Occasionally (3) Often (4) Daily
relate12a	Do you feel stomachache after meal? (09-12) Did you feel stomach pains after a meal? (06-08)	(1) Never (2) Occasionally (3) Often (4) Daily
relate15a	Do you have bloody stools?	(1) Never (2) Occasionally (3) Often (4) Daily
relate16a	Do you have tarry stools?	(1) Never (2) Occasionally (3) Often (4) Daily
relate17a	Have your defecation habits changed (frequency, time, appearance, etc.)?	(1) Never (2) Occasionally (3) Often (4) Daily
relate24a	Are you experiencing haematuria (bloody urine) lately?	(1) Never (2) Occasionally (3) Often (4) Daily
relate29a	Do you experience tinnitus (ringing sound in the ears)?	(1) Never (2) Occasionally (3) Often (4) Daily
relate30a	Do you experience nausea?	(1) Never (2) Occasionally (3) Often (4) Daily
relate33b_01	In the last three months, have you lost weight by more than 4kg? (01-12) have you lost or gained weight in excess of 4 kg. ? (99-00)	(1)No (2)Yes
relate34b	In the past month, have you been coughing	(1)No (2)Yes

	non-stop?	
relate21b	Do you have hemorrhoids?	(1)No (2)Yes
relate22b	Has the size or color of your mole (09-12) changed?	(1)No (2)Yes
relate23b	Did you discover any abnormal lumps or wounds on your body for more than a month without healing?	(1)No (2)Yes
relate35b	Do you have any (09-12) a (06-08) hard mass on your neck?	(1)No (2)Yes
relate31b	Have you had any inflammation or white spots in your mouth for over a month?	(1)No (2)Yes
relate24b	Do you have any bleeding after sexual intercourse?	(1)No (2)Yes
relate25b	Were your breasts painful or did you detect any lumps on your breasts? (unrelated to menstruation)	(1)No (2)Yes
relate62b	Existing on:	(1)Left (2)Right (3)Both
relate26b	Are there any secretions coming out of your nipples or are you noticing any breast deformity?	(1)No (2)Yes
relate63b	Existing on:	(1)Left (2)Right (3)Both
relate27b	Do you have irregular menstruations?	(1)No (2)Yes

relate28b_03	Do you have profuse menstruation?	(1)No (2)Yes
relate29b	Do you have any unusual bleeding when not menstruating?	(1)No (2)Yes
relate43b	Did you bleed unusually during menstruation time?	(1)No (2)Yes
relate44b	Have you ever had dysmenorrhea?	(1)No (2)Yes
relate45b	How many days is your menstruation?	(1)under 4 days (2)5 days (3)6 days (4)over 7 days
relate30b	Were your testicles different in size?	(1)No (2)Yes
relate56b	Did the size of your testicles change in (recent 09 deleted) the past 6 months?	(1)No (2)Yes
relate57b	Are you having occasional pain in the testicles or scrotum?	(1)No (2)Yes
relate59b	Do you have urination problem?	(1)No (2)Yes
relate60b	Do you have to get up to urinate at night?	(1)No (2)Yes
relate61b	The frequency of urination at night?	(1)1-2 (2)3-4 (3)over 5 times
smokeorNot_03	Do you smoke?	(1) Not smoking (09-12) Do Not smoke (06-08) (2) Not smoking (09-12) Do Not smoke (06-08), but often inhale second-hand smoke (3)Has quit smoking (09-12) Used to smoke, but Not anymore (06-08) (4)Occasional smoker (09-12) Smoke sometimes (06-08) (5)Smoke daily (09-12)

		everyday (06-08)
smokeyear_96	How many years have you been smoking? (For those who have quit, please refer to past experience)	(1)under 1 year (2)1~3 (3)3~5 (4)5~10 (5)over 10 years
smokeyear_09	How many years have you been smoking? (For those who have quit, please refer to past experience.)	(1)under 1 year (2)1~3 (3)3~5 (4)5~10 (5)10~20 (6)over 20 years
nsmokeyear_09	If you no longer smoke, how many years has it been since you quit smoking?	(1)under 1 year (2)1~3 (3)3~5 (4)5~10 (5)10~20 (6)over 20 years
smokeamoun_03	How many cigarettes do you smoke everyday?(For those who have quit, please refer to past experience.)	(1)< $\frac{1}{2}$ pack (2) $\frac{1}{2}$ -1 pack (3) >1 pack
drinkorNot_98	Do you drink (alcohol 09 added)?	(1)None or <1 time a week (09-12) Do Not drink or less than once a week (06-08) (2)Has quit drinking (09-12) Used to drink, but Not anymore (06-08) (3)1-2 times a week (4)3-4 times a week (5)Drink daily (09-12) everyday (06-08)
drinkhabit_97	How many drinks do you consume every time?(For those who have quit, please refer to past experience.) (1 glass = 150cc.)	(1)< $\frac{1}{2}$ glass (2) $\frac{1}{2}$ - 1 glass (3)2-3 glasses (4) \geq 4 glasses
drinkyear	How many years have you been drinking?	(1)under 1 year (2)1~3 (3)3~5 (4)5~10 (5)over 10 years

drinkkind1	Drinks with <15% alcohol content (beer, rose red wine, grape wine, and champagne)	(1)Yes (0)No
drinkkind2	Drinks with 15.1%-30% alcohol content (shaoshing wine, rice wine, and plum wine)	(1)Yes (0)No
drinkkind3	Drinks with 30.1%-45% alcohol content (brandy, whisky, rum, rose liquor, Changchun liquor, LongFeng Liquor (09deleted) and Ginseng wine)	(1)Yes (0)No
drinkkind4	Drinks with >45% alcohol content (Damian wine, Chinese Sorghum wine, Wu Jia Pi,(09-12) Kaoliang liquor (06-08), Maotai, and vodka)	(1)Yes (0)No
cocohabit_98	Do you chew betel nuts?	(1)No (2)Used to , but not any more (3)1-3 times a week (4)4-5 times a week (5)Chew everyday
cocohabityear	How long have you chewed betel nut ?	(1)under 1 year (2)1~3 (3)3~5 (4)5~10 (5)10~15 (6)over 15 years
cocohabitamoun	How many betel nuts do you chewper day on average? (For those who have quit, please refer to past experience)	(1)under 5 (2)6-10 (3)11-15 (4)16-20 (5)over 21
ncocohabityear	If you no longer chew betel nut, How many years has it been since you quit chewing?	(1)under 1 year (2)1~3 (3)3~5 (4)5~10 (5)over 10 years
sleeptime_96	How long do you sleep every day?	(1)0~4 hrs (2)4~6 hrs (3)6~8 hrs (4)over 8hrs
sleeptime_09	How many hours do you sleep on average	(1)under 4 hrs (2)4-6 (3)6-7 (4)7-8 (5)8-9

	every day?	(6)over 9 hrs
sleepype	Did you sleep well in the past month? (09-12) What is your sleeping pattern in the last month? (06-08)	(1)hard to fall asleep (2)can sleep, but awakened easily (3)dreams a lot (4)need sedatives or sleeping pills to help (5) sleep soundly
workstreng	What is your level of activity at work?	(1)Light-mostly sedentary (sitting down): research, administration, management, housewife with No kids (09 deleted), school officials, student (excluding Phys. Ed. majors), and chauffeurs. (2) Moderate - mostly sitting and standing performing repetitive motions in the course of work: manufacturing, wholesaler, service industry (09-12), housewife with kids, doctor, and nurse, caretaker, farmers and fishermen during slow seasons (06-08). (3) Moderately heavy - standing and walking around most of the time: construction, student (Phys.Ed.majors), and farmers and fishermen during peak seasons. (4) Heavy - physical activities using the whole body: professional athletes, steel industry, and loading and moving industry.

heartdisease	Have your parents or siblings ever had any heart disease, or undergone heart bypass surgery or angioplasty, or suffered from a sudden death before the age of 55 (for male) or 65 (for female)?	(1)Yes (2)No
oldwound_ex	Do you have arthritis or any previous injuries that might prevent you from exercising?	(1)Yes (2)No
aboutbonejoints	Do you have any bone or joint abnormalities?	(1)Yes (2)No
chestpain_Noneex	Have you ever experienced chest pains when you are not exercising?	(1)Yes (2)No
chestpain_ex	Have you ever experienced chest pains when exercising?	(1)Yes (2)No
lostsense	Have you ever lost consciousness when exercising?	(1)Yes (2)No
firstsport	What is your regular exercise?	(1) Light exercise: gardening, sweeping the floor, mopping the floor, golf, Tai Chi, light aerobics, dancing (regular), and biking (slow speed). (2) Medium exercise: basketball, volleyball, table tennis, badminton, dancing (intensive), swimming (breast stroke) and brisk walking. (3) Heavy exercise: jogging (8 km/hr), mountain climbing, climbing the stairs, and swimming

		(freestyle and back stroke). (4)Intensive exercise: running (12 km/hr), rope-jumping, rowing, swimming (butterfly), and speed skating.
lightsport	What kind of exercise do you usually do? (multiple-choice) Light exercise: gardening, sweeping the floor, mopping the floor, golf, baseball, light aerobics, dancing (regular), biking(slow speed)	(1)Yes (0)No
meansport	Medium exercise: basketball, volleyball, table tennis, badminton, dancing (intensive), swimming (as wished), brisk walking	(1)Yes (0)No
heavysport	Heavy exercise: jogging (8 kilometers per hour), mountain climbing, climbing the stairs, swimming (freestyle and breaststroke)	(1)Yes (0)No
violtsport	Intensive exercise: running (12 kilometers per hour), jump rope, rowing, swimming (butterfly), speed skating	(1)Yes (0)No
sportorNot_98	How much time do you devote to regular exercise?	(1)None or less than 1 hrs a week (2)1~2 hrs a week (3)3~4 hrs a week (4)5~6 hrs a week (5)over 7 hrs a week ;
firstsportfrequ	How often do you exercise during the last two	(1)2-3 times a day (2)once a day (3)once every 2-3

	weeks?	days (4)once a week(5) none or rarely
firstsporttime	How many hours do you spend on exercise during the last two weeks?	(1)<0.5 hrs (2)0.5-1 hrs (3)1-2 hrs (4)over 2 hrs
firstsportbreath	During exercise, do you feel breathless?	(1)No change (2)Breathe slightly faster (3)Breathe heavily (4)Out of breath
secondsport	What is the second choice of exercise that you do regularly?	(1) Light exercise: gardening, sweeping the floor, mopping the floor, golf, Tai Chi, light aerobics, dancing (regular), and biking (slow speed). (2) Medium exercise: basketball, volleyball, table tennis, badminton, dancing (intensive), swimming (breast stroke) and brisk walking. (3) Heavy exercise: jogging (8 km/hr), mountain climbing, climbing the stairs, and swimming (freestyle and back stroke). (4)Intensive exercise: running (12 km/hr), rope-jumping, rowing, swimming (butterfly), and speed skating.
secondsportfrequ	How often did you exercise during the last two weeks?	(1)2-3 times a day (2)once a day (3)once every 2-3 days (4)once a week (5)none or rarely
secondsporttime	How many hours do you exercise each time during the last two weeks?	(1)<0.5 hrs (2)0.5-1 hrs (3)1-2 hrs (4)over 2 hrs
secondsportbreath	During exercise, do you feel breathless?	(1)No change (2)Breathe slightly faster (3) Breathe

		heavily (4) Out of breath
otherproblem_ex	Do you have difficulty engaging in intense physical exercise?	(1)Yes (2)No
cause_cantsport	Are there any other reasons that prevent you from exercising?	(1)Yes (2)No
weight_control	to control weight	(1)Yes (0)No
intensify_heartlung	to strengthen heart and lung function	(1)Yes (0)No
intensify_endurance	to enhance muscle strength and endurance	(1)Yes (0)No
improve_flexibility	to improve flexibility	(1)Yes (0)No
physical_fitness	to improve physical fitness	(1)Yes (0)No
reduce_pressure	to reduce stress	(1)Yes (0)No
exercise_others	for other reasons	(1)Yes (0)No
exercisepreiod	When do you exercise?	(1)in the morning (2)at Noon (3)in the afterNoon (4)at night
exercisetype	How many people do you exercise with?	(1)group of more than 10 people (2) group of less than 10 people (3)by myself (4) other members of an exercise class
	What kind of exercise do you usually do or like? (maximum of three answers)	
jogging	jogging	(1)Yes (0)No
speedwalking	power walking	(1)Yes (0)No
powerwalking	slow walking	(1)Yes (0)No

bicycle	cycling	(1)Yes (0)No
ballsports	ball sports	(1)Yes (0)No
gym	gym workout/weight training	(1)Yes (0)No
swimming	swimming	(1)Yes (0)No
ex_others	other form of exercise	(1)Yes (0)No
exercisecompared	Compared with the past 3 months, the amount of exercise you have completed in the past week is:	(1) more (2)less (3)the same
pulse_rate	What maximum heart rate (beats per minute) do you reach while exercising?	(1)130-140 (2)141-150 (3)151-160 (4)161-170 (5)171-180 (6)181 以上 (7)Don't Know
pulse_rate_avg	What is your average heart rate (beats per minute) during exercise?	(1)under 120 (2)120~140 (3)140~160 (4)over 160 (5)Don't Know
foodtime	Do you eat on time and in regular amounts?	(1)No (2)Yes
vegetarian	Are you vegetarian?	(1)No (2)Yes
food14_98	How many servings of rice or flour based products do you eat? (1 serving is equivalent to 1 bowl of rice, two rice bowls of noodles, four slices of thin bread, 1 round bread, 2 sets of baked wheat bread and twisted cruller)	(1) none or less than 1 serving a day (2) 1- 2 servings a day (3) 2 - 3 servings a day (4) 3 - 4 servings a day (5) 4 or more servings a day
food15_98	How many servings of the above rice or flour based products are whole cereal? (1 serving is	(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1

	equivalent to 4 slices of whole wheat bread, a bowl of brown rice or mixed grains, 8 level tablespoons of oatmeal)	serving a day (5) 2 or more servings a day
food16	How many servings of the above rice or flour based products are cooked in oil?(1 serving is equivalent to 1 bowl of fried rice, fried noodles, fried rice noodles or 2 sets of baked wheat bread and twisted cruller)	(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food17_98	How much root crops do you eat? (like sweet potato, potato, taro, corn)	(1) none or less than ½ bowl a week (2) ½ - 1 ½ bowl a week (3) 2-3 bowls a week (4) ½ bowls a day (5) 1 or more bowls a day
food18_98	How many servings of bread do you eat? (1 serving equivalent to 1 red bean bread or butter bread, 1 slice of cake or 15 cookies)	(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food09_98	How many servings of beans or bean products do you eat? (1 serving is equivalent to half a box of packaged tofu, 240 cc. of soybean milk, or 2 pieces of dried beancurd)	(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food07_98	How many servings of seafood do you eat? (1 serving is equivalent to 2 ounces of fish, 4 slices of row fish, 4 shrimps or 16 oysters)	(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food05_98	How many servings of eggs do you eat? (1	(1) none or less than 1 serving a week (2) 1-3

	<p>serving is equivalent to 1 chicken or duck egg or 5 quail eggs)</p>	<p>servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day</p>
food06_98	<p>How many servings of meat (includes pork, chicken, duck, beef, veal, lamb) do you eat? (1 serving is equivalent to 1 pork or beef steak, approximately palm size, or 1 chicken leg, 1 hamburger patty, or about 4 tablespoons of other lean meat)</p>	<p>(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day</p>
food08_98	<p>How many servings of innards organs (like liver, kidneys, heart, and intestines, and others) do you eat? (1 serving is equivalent to half a bowl of pork or chicken liver, 8 chicken hearts, or 4 tablespoon of cooked pork intestines)</p>	<p>(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day</p>
food03_98	<p>How much milk do you drink? (1 glass is equivalent to 240cc of fresh milk, 240cc of drying yogurt or 4 level tablespoons of powdered milk)</p>	<p>(1) none or less than 1 glass a week (2) 1-3 glasses a week (3) 4-6 glasses a week (4) 1 glass a day (5) 2 or more glasses a day</p>
food04_98	<p>How many servings of dairy products do you eat? (1 serving is equivalent to 1 slice of yogurt or cheese)</p>	<p>(1) none or less than 1 serving a week (2) 1-3 servings a week (3) 4-6 servings a week (4) 1 serving a day (5) 2 or more servings a day</p>
food10_98	<p>How many servings of light colored vegetables (like cabbage, pechay, cucumber, radish, and</p>	<p>(1) none or less than $\frac{1}{2}$ bowl a day (2) $\frac{1}{2}$ - 1 bowl a day (3) 1 - $1\frac{1}{2}$ bowls a day (4) $1\frac{1}{2}$ - 2</p>

	other light colored vegetables) do you eat?	bowls a day (5) 2 or more bowls a day
food11_98	How many servings of dark colored and green, leafy vegetables (like carrots, spinach, squash, tomatoes, and other dark green and yellow vegetables) do you eat?	(1) none or less than ½ bowl a day (2) ½ - 1 bowl a day (3) 1 - 1½ bowls a day (4) 1½ - 2 bowls a day (5) 2 or more bowls a day
food12_09	How many bowls of vegetables are fried with oil or with salad dressing? 09 added (This is mainly for calculating the fat intake and total calories)? (bowl/ day)	(1) none or less than ½ bowl a day (2) ½ - 1 bowl a day (3) 1 - 1½ bowls a day (4) 1½ - 2 bowls a day (5) 2 or more bowls a day
food13_98	How many servings of fruits do you eat? (1 serving is equivalent to half a medium sized apple, grapefruit or guava, 1 orange or kiwi, half a kilo of papaya or watermelon, 5 lychees , 12 grapes or dragon eYes)	(1) none or less than 1 serving a day (2) 1- 2 servings a day (3) 2 - 3 servings a day (4) 3 - 4 servings a day (5) 4 or more servings a day
food21_98	How many servings of your food intake are fried in oil? (1 serving is equivalent to half a bowl)	(1) none or less than 1 serving a week (2) 1 - 3 servings a week (3) 4 - 6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food19_09	Do you add jam or honey to your food? (1 serving is equivalent to 2 teaspoon of jam or honey)	(1) none or less than 1 serving a week (2) 1 - 3 servings a week (3) 4 - 6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food20_98	Do you add sugar to your coffee/tea; drink colas, fruit juices or other beverages? (like soft	(1) none or less than 1 cup a week (2) 1 - 3 cups a week (3) 4 - 6 cups a week (4) 1 cup a day

	drinks or green bean soups) (1 cup equivalent to 240c.c)	(5) 2 or more cups a day
food23_98	How many servings of preserved vegetables, processed meats (like ham, sausage, canned food) or preserved fish do you eat? (1 serving is equivalent to 1 tablespoon preserved vegetables, or half ounce of sausage or 2 slices of ham; or 1 tablespoon of canned meat)	(1) none or less than 1 serving a week (2) 1 - 3 servings a week (3) 4 - 6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food24_98	Do you eat instant noodles? (1 serving is equivalent to 1 bowl or a pack of instant Noodles)	(1) none or less than 1 serving a week (2) 1 - 3 servings a week (3) 4 - 6 servings a week (4) 1 serving a day (5) 2 or more servings a day
food25_98	Are you in the habit of dipping your food in soy sauce or other dips? (1 serving is equivalent to 2 teaspoons of soy sauce, ketchup, hot sauce, vinegar, 1 teaspoon of pepper salt)	(1) none or less than 1 serving a week (2) 1 - 3 servings a week (3) 4 - 6 servings a week (4) 1 serving a day (5) 2 or more servings a day
fod22No	Do you buy any nutritional supplement (ex. vitamin)? No	(1)Yes (0)No
fod22l	Vitamin C	(1)Yes (0)No
fod22m	Vitamin E	(1)Yes (0)No
fod22n	Calcium	(1)Yes (0)No
fod22o	Ferrous	(1)Yes (0)No
fod22p	Multi-Vitamin	(1)Yes (0)No

fod22q	Chitosan	(1)Yes (0)No
fod22r	Fiber	(1)Yes (0)No
fod22s	Fish oil with ω -3	(1)Yes (0)No
fod22t	Cod liver oil	(1)Yes (0)No
fod22u	Lecithin	(1)Yes (0)No
fod22v	Propolis	(1)Yes (0)No
fod22w	Algae	(1)Yes (0)No
fod22x	Pollen	(1)Yes (0)No
fod22y	Lactobacillus	(1)Yes (0)No
fod22z	Other herb	(1)Yes (0)No