**MJ Health Resource Center Health Survey Database Variable Summary**

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| --- | --- | --- | --- |
| **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, programer) (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 |
| opfemale\_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 non-stop? | (1)No (2)Yes |
| 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 breast**s** 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)< pack (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)< glass (2) - 1 glass (3)2-3 glasses (4)≧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 every day? | (1)under 4 hrs (2)4-6 (3)6-7 (4)7-8 (5)8-9 (6)over 9 hrs |
| sleeptype | | 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 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 |
| firstsporttime | | How many hours do you spend onexercise 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 |
| exerciseperiod | | 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 equivalent to 4 slices of whole wheat bread, a bowl of brown rice or mixed grains, 8 level tablespoons of oatmeal) | (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 |
| 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 serving is equivalent to 1 chicken or duck egg or 5 quail eggs) | (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 |
| food06\_98 | | 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) | (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 |
| food08\_98 | | 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) | (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 |
| food03\_98 | | 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) | (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 |
| food04\_98 | | How many servings of dairy products do you eat? (1 serving is equivalent to 1 slice of yogurt or cheese) | (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 |
| food10\_98 | | How many servings of light colored vegetables (like cabbage, pechay, cucumber, radish, and other light colored 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 |
| 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 drinks or green bean soups) (1 cup equivalent to 240c.c) | (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 (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 |