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| **DEMOGRAPHIC CHARACTERISTICS QUESTIONNAIRE** |

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| 1. What is your gender? |
| (1) Male (2) Female |
| 2. What is your age? |
| (1) 60-74 years (2) ≥ 75 years |
| 3. What is your height? |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. What is your weight? |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. What is the highest degree or level of school you have completed? |
| (1) Elementary school (2) Middle school (3) High school (4) University and above |
| 6. What is your current employment status? |
| (1) Full time job (2) Without full time job (e.g. volunteer, part-time) (3) Retired |
| 7. What is your current marital status? |
| (1) Married (2) Single (3) Divorced (4) Widowed (5) Refuse to answer |
| 8. What is your living status? |
| (1) Alone (2) With other |
| 9. How would you evaluate your overall health? |
| (1) Good (2) Poor |
| 10. Are you habituated to balanced diet? |
| (1) Yes (2) NO |
| 11. Are you habituated to smoke? |
| (1) Yes (2) NO |
| 12. Are you habituated to alcohol? |
| (1) Yes (2) NO |
| 13. Do you currently suffer from any diseases? |
| (1) No (2) Hypertension (3) Blood lipid levels (4) Diabetes depression |

**Thanks for your answer!**