S1 Text – Questionnaire about life style -

Name ________ Age ______ sex

Occupation __________________________

Do you have smoking habit? _________

How many cigarettes do you smoke?
_________ (number) for ________ years

Did you used to smoke?
_________ (number) for ________ years

How many hours do you walk in everyday life?
(include walking as exercise)
_________ hours

What kind of exercise do you do, and how
many hours do you do it a week?
I do ________ for _____ hours a week for
exercise.

How many people are you living together,
including yourself? _________

<Eating and drinking habit>

Coffee ___ cups a day

Green tea ___ cups a day

Alcohol ___ cups of _____ a day

Fruit ___ (number) a day

How many days do you eat meat a week?
___ days a week

How many days do you eat fish a week?
___ days a week