

# Supplementary Materials

ID \_\_\_\_\_ Date of entry \_\_\_\_\_

1. When were you diagnosed as having diabetes?  
\_\_\_\_\_ years or \_\_ For the first time
2. Please show height and body weight.  
\_\_\_\_ cm \_\_\_\_ kg
3. What was your weight when you were 20 years old and what is your maximum weight so far and how old were you at that time?  
20 year old \_\_\_\_kg Maximum body weight \_\_\_\_ kg and \_\_\_\_ years old
4. Do you have some relatives who had diabetes?  
\_\_ None \_\_ Father \_\_ Mother \_\_ The others
5. Regarding smoking: please check one of the boxes.  
\_\_ Current smoker \_\_ Past smoker \_\_ Never smoker  
If check current smoker or past smoker, how many cigarettes per day have you smoking (or smoked) for how many years?  
\_\_\_\_ / day and \_\_\_\_ years
6. Regarding drinking. Do you drink alcohol? Please check one of the boxes.  
\_\_ Every day or almost every day \_\_ 3 to 4 times per week \_\_ 1 to 2 times per week  
\_\_ Less than once a week \_\_ None
7. Regarding exercise. Do you exercise regularly? Please check one of the boxes.  
\_\_ Yes \_\_ No  
If yes, what kind of exercise do you do and for how long?  
What kind \_\_\_\_\_  
How long \_\_\_\_\_ hour per \_\_ month \_\_ week \_\_ day