

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