

Type I · II	
ID :	Record : Initial / After 6 months / After 12 months

Behavior-Related Questionnaire

Please choose one of the number following each question below that matches to your current status and mark it with a circle.

★Physical activity habits:

Have you changed your behavior or have it in your mind to increase physical activity?

1. No. (Not willing to.)
2. I have it in my mind and I am willing to, but have not started it yet.
3. Yes. Once or twice in a week.
4. Yes. Three times usually in a week.
5. Yes. Four to five times in a week but less than 6 months.
6. Yes. Four to five times in a week for more than 6 months.



★Eating habits:

Do you keep in mind to take amount of palm size of Protein foods group at breakfast?

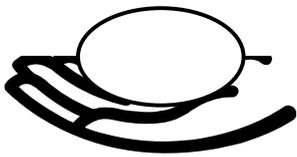
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6. Yes. Four to five times in a week for more than 6 months.

Protein foods group:
Food that contains Meat / Fish /
Egg / Beans

At dinner, are you trying to keep the amount of protein foods group as much as two palms?

1. No. (Not willing to.)
2. I have it in my mind and I am willing to, but have not started it yet.
3. Yes. Once or twice in a week.
4. Yes. Three times usually in a week.
5. Yes. Four to five times in a week but less than 6 months.
6. Yes. Four to five times in a week for more than 6 months.

Portion size referred to as
“one hand full”



Do you keep in mind not to eat more than adequate amount of those when there are more than two kinds of “diet in high carbohydrates” in a meal?

1. No. (Not willing to.)
2. I have it in my mind and I am willing to, but have not started it yet.
3. Yes. Once or twice in a week.
4. Yes. Three times usually in a week.
5. Yes. Four to five times in a week but less than 6 months.
6. Yes. Four to five times in a week for more than 6 months.

Examples of food and beverage that is “Diet in high carbohydrates”:

Rice / Bread / Noodles / Pumpkins / Fruits (Sweet Tomato) / Macaroni / Vermicelli / Dumplings / Pancakes / Jam / Honey / Candy / Vegetable Juice / Tomato Juice, etc.

Clinical history of diabetes:

Less than a year / One to five years / Six to ten years / Ten years or more / Unknown

Family history of diabetes:

Yes: Grand-father / Grand-mother / Father / Mother / Sisters and brothers

None

Unknown

Exercising habits:

Yes. More than ten minutes of adequate exercise 1 or 2 times a week / 3 or 4 times a week / more than 5 times a week

Drinking habits Frequency 1 or 2 times a week / 3 or 4 times a week / more than 5 times a week

Smoking habits Frequency 1 or 2 times a week / 3 or 4 times a week / more than 5 times a week