

**Supplement. Survey items of preventive care measures**

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**1. In the past year, have you had a flu vaccine?**1  Yes      2  No**2. Have you ever had a pneumococcal vaccine before?**1  Yes      2  No**3. Have you ever had a zoster vaccine before?**1  Yes      2  No**4. In the past 10 years, have you had a tetanus vaccine?**1  Yes      2  No**5. In the past year, have you had your blood pressure checked by a doctor, nurse, or other health care professional?**1  Yes      2  No**6. In the past year, has your doctor, nurse, or other health care professional asked you about your mood, such as whether you are anxious or depressed?**1  Yes      2  No**7. Have you ever had a bone density test before?**1  Yes      2  No**8. Do you currently smoke habitually?**1  Yes      2  No ⇒ Skip to Question 10**9. In the past year, were you advised by a doctor, nurse, or other health care professional to quit smoking?**1  Yes      2  No**10. On average, how much alcohol do you drink each day? Please answer in terms of sake.**1  180ml or more      2  Less than 180ml ⇒ Skip to Question 12**11. In the past year, has a doctor, nurse, or other health care professional advised you to cut back on drinking alcohol?**1  Yes      2  No**12. What is your current height and weight?**Height 

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 cm      Weight 


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 kg**13. In the past year, has a doctor, nurse, or other health care professional given you advice about diet or exercise to lose weight?**1  Yes      2  No**14. In the past 3 years, have you had a blood glucose test?**1  Yes      2  No

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**15. Have you had colon cancer or your entire colon removed?**

 1  No      2  Yes ⇒ Skip to Question 18

**16. Within the past year, have you had a blood stool test?**


1  Yes      2  No

**17. Within the past 10 years, have you had a colonoscopy?**

1  Yes      2  No

**18. Please answer the question for women only.**

**Have you had both breasts removed or have you ever had breast cancer?**


 1  No      2  Yes ⇒ Skip to Question 20

**19. Within the past 2 years, have you had a mammogram?**

1  Yes      2  No

**20. Please answer the question for women only.**

**Have you had a hysterectomy or have you ever had cervical cancer?**

 1  No      2  Yes

**21. Within the past 3 years, have you had a cervical cancer screening (Pap test)?**

1  Yes      2  No

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