General Characteristics Questionnaire

Name : Sex : Age : Participant No. :

This questionnaire aims to gather basic information about general characteristics. Please read each question and either write your answer or mark your answer as a (V) in the appropriate box.

1. What are the first six digits of your Personal ID card? (Date of birth) ( )

2. What is your Phone number? ( )

3. What is your address? ( )

4. What is the highest degree or level of education you have completed?

☐ No formal Education ☐ Elementary ☐ Middle School ☐ High school ☐ Bachelor's

☐ Master's/Doctorate or higher

5. What is your marital status?

☐ married ☐ Single

6. What is your current living arrangement?

☐ Living Alone ☐ Living with Parents ☐ Living with Spouse ☐ Living with Spouse and Children

☐ Other

7. Please indicate any diseases and medication use that apply to your or your family members with a check(✔). (Multiple selections possible)

Disease/Condition	Self (Medication use)	Father	Mother	Sibling
(1) Hypertension	(O , X)			
(2) Diabetes	(O , X)			
(3) Dyslipidemia	(O , X)			
(4) Cancer	(O , X)			
(5) Cardiovascular Diease (CVD)	(O , X)			
(6) Liver Disease	(O , X)			
(7) Kidney Disease	(O , X)			
(8) Dementia	(O , X)			
(9) Other	( )			

8. How do you usually manage your living expenses? (Multiple selections possible)

☐ Through personal (or spouse's) income or pension

☐ Support from parent, children, or close relatives

☐ Government assistance

☐ Part time jobs or side work

☐ Other ( )

9. Have you often been unable to purchase desired food items due to high prices?

☐ Yes (Go to question 9-1) ☐ No

9-1. Please check the food items you have been unable to purchase.

☐ Grains ☐ Fresh vegetables or fruits ☐ Meat (beef, pork, poultry, etc.)

☐ Eggs ☐ Legumes, tofu, etc. ☐ Dairy products