



# **JSTAR**

## 2011 Respondent Self-Completed Questionnaire

2nd wave (Tosu and Naha)

3rd wave (Adachi, Kanazawa, Shirakawa, Sendai, and Takikawa)

Research Institute of Economy, Trade and Industry

The University of Tokyo

Hitotsubashi University

District	Location	Applicable

Survey of Lifestyle and Health  
 “In support of better health care and pension policy”

Respondent Self-Completed Questionnaire

Introduction:

In this questionnaire, we ask about the topics that we were unable to cover in the interview, or that are more effectively answered on paper than in an interview. These questions are equally as important to the survey research as those asked in the interview. Please answer them to the best of your ability.

When you have completed filling out this form, please seal it in the envelope provided and hand it to the interviewer when (s)he visits, or mail it to us within 10 days (postage is paid).

We have also asked you to fill out a separate questionnaire about your diet. After analyzing your responses to this questionnaire, we will send you an analysis of the balance of your diet.

We strictly respect the confidentiality of your answers. They will not be used for any purpose other than research (including tax inquiries, commercial purposes, etc.). Even for research purposes, no individual identification will be possible.

2011

Organizations conducting this survey:

The University of Tokyo (national university)

Hitotsubashi University (national university)

Research Institute of Economy, Trade and Industry (incorporated administrative agency)

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(Mon-Fri, 10:00~18:00)

Key points for filling out this form

1. In general, the respondent should fill out the form on his or her own. If it is difficult for the respondent to fill out the form, a family member or caregiver may do so based on the respondent's answers. In that case, please make sure to enter the opinions of the respondent.
2. Most of the questions in the questionnaire beginning on the next page can be answered by circling the number of the best choice or by entering a number. Please mark clearly, using a pencil or ballpoint pen.
3. Please answer the questions in order. Unless instructed to skip, please try to answer every question. Thank you for your cooperation.

Please begin with Question 1 on the next page.

**First, we would like to ask about your health condition, health consciousness, and lifestyle habits.**

**1.** Which of the following statements most accurately describes the current status of your overall health condition? (Circle only one.)

1. Very good
2. Good
3. Relatively good
4. Poor
5. Very poor
6. Don't know

**2.** The questions in this section ask about your exercise habits. Please answer based on your experience during the past one-month period.

**2-1.** How much do you walk per day? Please include not only the time spent on walking for leisure or exercise but also that spent on walking for shopping, commuting to work, and running errands. (Circle only one.)

1. Hardly walk
2. Less than 30 minutes
3. 30 minutes or more but less than 60 minutes
4. 60 minutes or more but less than 90 minutes
5. 90 minutes or more
6. Unable to walk

**2-2.** How often do you do light exercise (e.g., ground golf, gateball [like croquet], jogging, radio calisthenics)?

1. Almost every day
2. 2-3 times a week
3. Once a week
4. 1-2 times a month
5. Several times a year
6. Hardly or never

**2-3.** How often do you do garden, grow vegetables, or care for animals?

1. Almost every day
2. 2-3 times a week
3. Once a week
4. 1-2 times a month
5. Several times a year
6. Hardly or never

**2-4.** How often do you do fairly strenuous exercise (e.g., tennis, soccer, swimming)?

1. Almost every day
2. 2-3 times a week
3. Once a week
4. 1-2 times a month
5. Several times a year
6. Hardly or never

**3.** Do you regularly smoke or did you do so in the past? (Circle only one.)

1. I smoke regularly now. (Go to question 3-1)
2. I used to smoke regularly in the past, but I have quit. (Go to question 4)
3. I have never smoked regularly. (Go to question 4)

**4.** How often did you drink alcoholic beverages in the past month? Select one from the options below. If you did, please also indicate how much you drank on average per occasion.

1. Every day
2. 5-6 times a week
3. 3-4 times a week
4. 1-2 times a week
5. A few times
6. Hardly or never

Amount per occasion

Beer: ( ) can(s) (350ml/can)

Sake: ( ) cup(s) (180ml/cup)

Distilled spirit (shochu, whiskey, etc.): ( ) glass(es) (180ml/glass)

Wine: ( ) glass(es)

Other (specify): \_\_\_\_\_ ( ) ml

**5-1.** In the past month, how long did it take on average for you to fall asleep after going to bed?

1. No more than 10 minutes
2. 11-30 minutes
3. 31-59 minutes
4. 1-2 hours
5. More than 2 hours

**5-2.** In the past month, how often did you wake up in the middle of the night and have difficulty going back to sleep?

1. Hardly or never
2. 1-2 times
3. 1-2 times a week
4. 3 times or more a week
5. Almost every day

**5-3.** In the past month, how often did you wake up in the early hours and have difficulty going back to sleep?

1. Hardly or never
2. 1-2 times
3. 1-2 times a week
4. 3 times or more a week
5. Almost every day

**5-4.** In the past month, did you sleep well at night?

1. Very well
2. Fairly well
3. Not so well
4. Very poorly

**5-5.** In the past month, did your family or anyone else complain about your snoring?

1. Often
2. Sometimes
3. Not often
4. Seldom
5. Do not know or have no one around to tell

**5-6.** How often do you wake up at night to urinate?

1. Never
2. Once per night
3. 2-3 times per night

4. 4-5 times per night
5. 6 times or more per night

6. In the past month, were you able to perform the following everyday activities without difficulty? Circle 1 to indicate “yes” if you had no difficulty, and 2 to indicate “no” if any difficulty. If an activity is not part of your daily activities, please respond based on whether or not you would be able to perform it regardless..

Activity	Yes	No
1. Going out alone using public transportation such as buses and trains	1	2
2. Shopping for daily necessities	1	2
3. Boiling water in a kettle	1	2
4. Paying bills	1	2
5. Making deposits in and withdrawals from your bank or postal account	1	2
6. Filling out documentation such as pension forms	1	2
7. Reading newspapers	1	2
8. Reading books and magazines	1	2
9. Taking interest in newspaper/magazine articles and TV programs featuring health	1	2
10. Visiting friends' homes	1	2
11. Giving advice to family members, friends, etc.	1	2
12. Visiting sick family members, friends, etc.	1	2
13. Talking to young people	1	2
14. Making phone calls without help	1	2
15. Taking medicine without help	1	2

7. This section asks about what activities you are trying to incorporate into your daily life. To what extent does each of the following statements apply to you? For each statement, circle the number corresponding to the answer that best applies to you.

	Completely	To some extent	Not sure	Not so much	Not at all
1. Trying to eat breakfast everyday	1	2	3	4	5
2. Trying to eat vegetables as often as possible	1	2	3	4	5
3. Trying to avoid taking too much salt	1	2	3	4	5
4. Trying to purchase pesticide-free, organically-grown vegetables and additive-free foods	1	2	3	4	5
5. Trying to read newspapers and books	1	2	3	4	5
6. Trying to use the hands and fingers	1	2	3	4	5
7. Trying to move around rather than sitting still	1	2	3	4	5
8. Trying to take interest in various things	1	2	3	4	5

8. This question asks about your physical and emotional conditions. Did you experience the following symptoms in the past week, and, if you did, how long did the symptom last? For each symptom, circle the number corresponding to the answer that best applies to you. If a symptom occurred but did not last one day, select 1 (Not at all).

	Not at all	1-2 days	3-4 days	5 days or more
1. Feeling uneasy about things you would usually not be concerned about	1	2	3	4
2. Poor appetite	1	2	3	4
3. Feeling depressed and unable to dispel the gloom despite encouragement from family and friends	1	2	3	4

4. Feeling capable of doing what an average person can do	1	2	3	4
5. Unable to concentrate on what you are doing	1	2	3	4
6. Feeling depressed	1	2	3	4
7. Feeling troublesome to do something you would usually do effortlessly	1	2	3	4
8. Feeling optimistic about the future	1	2	3	4
9. Feeling that your life has been a failure	1	2	3	4
10. Feeling fearful	1	2	3	4
11. Poor sleep	1	2	3	4
12. Feeling happy	1	2	3	4
13. Talking less than usual	1	2	3	4
14. Feeling lonely	1	2	3	4
15. Feeling that people are unfriendly	1	2	3	4
16. Feeling fun	1	2	3	4
17. Crying or feeling like crying	1	2	3	4
18. Feeling sad	1	2	3	4
19. Feeling that people dislike you	1	2	3	4
20. Feeling low on energy and finding everything takes effort	1	2	3	4

**9.** Are you satisfied or unsatisfied with your current life? (Circle only one.)

1. Satisfied
2. Relatively satisfied
3. Somewhat unsatisfied
4. Unsatisfied

**10A.** Did you or any of your family member(s) put off doctor or dentist visits during the past 12-month period despite being in need of treatment?

1. Yes (Go to 10A-1)
2. No (Go to 10B)

**10A-1.** (Please answer this question only if you selected answer 1 in question 10A)

What services or treatment did you or your family member(s) put off receiving? Select all that apply.

1. Outpatient examination
2. Medicine
3. Hospitalization for tests
4. Other (specify)
- 5.
6. Dental care
7. Hospital treatment

**10A-2.** (Please answer this question only if you selected answer 1 in question 10A)

Why did you or your family member(s) put off receiving the services or treatment? Select all that apply.

1. Busy with work or family responsibilities
2. Underestimated the seriousness
3. Worried about the cost
4. No insurance card
5. Unable to go alone
6. Did not know where to go to
7. No proper hospitals or clinics nearby
8. Other (specify)

**10B.** Did you or any of your family member(s) put off receiving or fail to receive necessary care services during the past two-year period?

1. Yes
2. No (Go to 11)

**10B-1.** (Please answer this question only if you selected answer 1 in question 10B.)

What services did you or your family member(s) put off receiving or fail to receive? Select all that apply.

1. Housekeeping
2. Meal delivery
3. Day stay services at care facilities
4. Residential nursing care
5. Home help services
6. Home visits for nursing and rehabilitation care services
7. Short-term stay services at care facilities
8. Other (specify)

**10B-2.** (Please answer this question only if you selected answer 1 in question 10B.)

Why did you or your family member(s) put off receiving or fail to receive the services?

1. No good services available in nearby areas
2. Services offered at an inconvenient time
3. Too costly
4. Care facilities were fully occupied
5. Dissuaded by family or others
6. Other (specify)

**11.** Do you think your family, relatives, friends, etc. would sympathize and care for you if you have concerns or worries? For each category, circle the number corresponding to the answer that best describes your thoughts.

	Yes, certainly	Yes, probably	No, probably not	No, certainly not	No family, relatives, etc.
1. Spouse	1	2	3	4	5
2. Family member(s) living together (except for spouse)	1	2	3	4	5
3. Son(s)/daughter(s) living separately or relatives	1	2	3	4	5
4. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

**12.** Do you think your family, relatives, friends, etc. would take care of you and run errands for you if you get sick and become bedridden? For each category, circle the number corresponding to the answer that best describes your thoughts.

	Yes, certainly	Yes, probably	No, probably not	No, certainly not	No family, relatives, etc.
1. Spouse	1	2	3	4	5
2. Family member(s) living together (except for spouse)	1	2	3	4	5
3. Son(s)/daughter(s) living separately or relatives	1	2	3	4	5
4. Friends, acquaintances, neighbors, etc.	1	2	3	4	5



**13.** Would you take care of your family, relatives, friends, etc. or be asked to run errands for them if they get sick and become bedridden? For each category, circle the number corresponding to the answer that best describes your thoughts.

	Yes, certainly	Yes, probably	No, probably not	No, certainly not	No family, relatives, etc.
1. Spouse	1	2	3	4	5
2. Family member(s) living together (except for spouse)	1	2	3	4	5
3. Son(s)/daughter(s) living separately or relatives	1	2	3	4	5
4. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

**Next we would like to ask about your neighborhood.**

**14.** Would you be able to go to the following places alone or would you require assistance? For each, circle the number corresponding to the answer that best describes your situation.

	Able to go alone without any difficulty	Able to go alone but with some difficulty	Need help but feel free to go anytime	Need help and feel somewhat inconvenient	Need help and feel inconvenient as it is difficult to find help
1. Bank or ATM	1	2	3	4	5
2. Grocery or supermarket	1	2	3	4	5
3. Clinic or hospital	1	2	3	4	5
4. Municipal government or its branch office	1	2	3	4	5

**15.** Here is a list of statements describing how people may feel about their lives. How often, if at all, does each statement apply to you? Select the number corresponding to the answer that best describes your thoughts.

	Often	Sometimes	Seldom	Never
1. My age prevents me from doing the things I would like to	1	2	3	4
2. I feel that what happens to me is out of my control	1	2	3	4
3. I feel free to plan for the future	1	2	3	4
4. I feel left out of things	1	2	3	4
5. I can do the things that I want to do	1	2	3	4
6. Family responsibilities prevent me from doing what I want to do	1	2	3	4
7. I feel that I can do what I please	1	2	3	4
8. My health stops me from doing things I want to do	1	2	3	4
9. Shortage of money stops me from doing things I want to do	1	2	3	4
10. I look forward to each day	1	2	3	4
11. I feel that my life has meaning	1	2	3	4
12. I enjoy the things that I do	1	2	3	4
13. I enjoy being in the company of others	1	2	3	4
14. On balance, I look back on my life with a sense of happiness	1	2	3	4
15. I feel full of energy these days	1	2	3	4
16. I choose to do things that I have never done before	1	2	3	4
17. I feel satisfied with the way my life has turned out	1	2	3	4
18. I feel that life is full of opportunities	1	2	3	4
19. I feel that the future looks good for me	1	2	3	4

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**16.** This question asks about how you spent your time on your average work days and non-work days during the past month. Approximately how much time did you spend on each of the following activities per day? Please answer in ten-minute units. If you are not working and if you are not a fulltime homemaker, fill in only for non-work days. If you are a fulltime homemaker, fill in for both work days and non-work days based on those of the primary working family member. In the case where you perform multiple tasks at the same time, please answer about the primary task.

	Work days	Non-work days
Commuting	___ hour(s) ___ minutes	--
Working	___ hour(s) ___ minutes	--
Sleeping	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Housework, shopping for daily necessities	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Taking care of son(s)/daughter(s) or grandchildren	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Providing care for parent(s), spouse, or other family member(s) in need	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Sports, walking, or other exercise activities	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Studying, learning, etc.	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Community, religious, or political activities	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Hobbies, leisure activities, socializing, etc.	___ hour(s) ___ minutes	___ hour(s) ___ minutes
Resting or relaxing (except for sleeping)	___ hour(s) ___ minutes	___ hour(s) ___ minutes

**17.** In the past month, did you engage in any non-work activities with someone other than your family and friends? (Circle only one.)

1. Yes (Go to supplementary questions 17-1~17-3)
2. No (Go to question 18)
3. Don't know (Go to question 18)

**17-1.** (Please answer this and subsequent supplementary questions if you selected answer 1 in question 17. Otherwise please proceed to question 18. )

What kinds of activities did you engage in? Please select all that apply.

1. Community activity (including senior club events and festivals)
2. Helping neighbors (in a personal capacity)
3. Volunteer or charitable activity
4. Religious activity
5. Political activity
6. Hobbies, travel, leisure activities, etc.
7. Studying, learning, etc.
8. Sports or other exercise activities (including gateball [like croquet], jogging, etc.)
9. Other (specify)

**17-2.** Which of the activities selected above did you engage in most frequently? Enter the number corresponding to the activity.

(\_\_\_)

**17-3.** How often did you engage in the activity selected in question 17-2? (Circle only one.)

1. Almost every day
2. Almost every week
3. A few times
4. Don't know
5. Refused to answer

**18.** How closely do you associate with your neighbors? Select the answer that best describes your relationships with your neighbors.

1. Helping each other in various aspects of life such as the giving and receiving of advice and the lending and borrowing of everyday items.
2. Close enough to chat almost daily on the street

3. Having only minimal association that is no more than exchanging greetings
4. Having no association

**19.** Approximately how many neighbors do you associate with? (Circle only one.)

1. Many of those living in the neighborhood (20 or more)
2. A considerable number of those in the neighborhood (5-19)
3. Only a few immediate neighbors (4 or less)
4. Do not know who lives next door

**20.** How often do you usually associate with your friends and acquaintances outside of the workplace? (Circle only one)

1. Regularly (One to several times a week)
2. Fairly frequently (Several times a month to once a week)
3. Sometimes (Several times a year to once a month)
4. Seldom (Once every several years to once a year)
5. Never (No friends or acquaintances)

**21.** Approximately how many times a year do your relatives gather for rites such as Buddhist memorial services for deceased relatives?

1. Approximately (\_\_\_) time(s) a year
2. Don't know
3. Refused to answer

**21-1.** How much does it cost per year to hold the rites?

1. Approximately (\_\_\_\_\_) yen
2. Don't know
3. Refused to answer

**22.** Did you give any donations to charities during the past year? If so, how much did you donate? A rough estimate is fine.

1. Yes
2. No
3. Don't know
4. Refused to answer

Amount of donation:

1. Approximately (\_\_\_\_) yen
2. Don't know
3. Refused to answer

**In the subsequent sections, we would like to ask you about your household income and assets.**

We understand that these questions are very personal. However, the information obtained from these questions is indispensable to statistically analyze how your household's economic situation relates to your health condition. Your responses will not be disclosed to the interviewers and will be statistically processed so that individuals cannot be identified. We will strictly preserve the confidentiality of your answers, and they will not be used for any purpose other than research (such as for tax or commercial purposes). We appreciate your cooperation.

If you have your tax withholding certificate or tax return available, please consult such documents as you answer these questions to ensure the accuracy of the information. Thank you.

- 23.** Do you and your spouse (or common-law spouse) manage household finances together or separately?
1. Together
  2. Separately
  3. No spouse
  4. Don't know
  5. Refused to answer

First, we would like to ask about your individual income.

**24.** What was your approximate income last year after taxes and social insurance deductions? Please include all income you received, i.e., income from work, pension benefits, as well as interest and returns on financial assets (time deposits, government bonds, etc.) and investments in real estate held in your name. If you are receiving any financial support for living expenses from anyone other than your spouse (sons, daughters, parents, etc.), please include the amount you received last year as well. In the case you received such support in non-cash form such as meals, include its estimated value.

If you had no individual income, please enter 0.

1. Approximately \_\_\_\_\_ yen
2. Don't know

**25.** We would now like to ask about any taxes or social insurance premiums paid in your name. Did you pay any tax (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.) or social insurance premiums (public pension, health, and long-term care insurance premiums) out of your income last year?

1. Yes
2. No
3. Don't know

**25-1.** (Please answer this question only if you answered "Yes" to question 25.)

In the past year, approximately how much did you pay altogether in taxes and social insurance premiums? If possible, please provide breakdown figures for taxes and social insurance premiums. Circle the applicable number and indicate the amount(s) as appropriate.

1. I paid something but don't know how much.
2. I paid approximately (\_\_\_\_\_) yen in total but do not know the breakdown.
3. I paid the following amounts in taxes and social insurance premiums:  
Taxes (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.): (\_\_\_\_\_) yen  
Social insurance premiums (public pension, health, and long-term care insurance premiums): (\_\_\_\_\_) yen

Please answer the following questions only if you have a spouse (or common-law spouse) and you selected answer 1 in question 23 (i.e., you and your spouse manage household finances together), in which case please try to check with him/her for the accuracy of information. If not, please proceed to question 28.

**26.** We would now like to ask about your spouse's (or common-law spouse's) income. What was his/her approximate income last year after taxes and social insurance deductions? Please include all income he/she received, i.e., income from work, pension benefits, as well as interest and returns on financial assets (time deposits, government bonds, etc.) and investments in real estate held in his/her name. If he/she had no individual income, please enter 0.

1. Approximately \_\_\_\_\_ yen
2. Don't know

**27.** We would now like to ask about any taxes or social insurance premiums paid in your spouse's (or common-law spouse's) name. Did he/she pay any tax (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.) or social insurance premiums (public pension, health, and long-term care insurance premiums) out of his/her income last year?

1. Yes
2. No
3. Don't know

**27-1.** (Please answer this question only if you answered "Yes" to question 26.)

In the past year, approximately how much did your spouse (or common-law spouse) pay altogether in taxes and social insurance premiums? If possible, please provide breakdown figures for taxes and social insurance premiums. Circle the applicable number and indicate the amount(s) as appropriate.

1. He/she paid something but I don't know how much.
2. He/she paid approximately (\_\_\_\_\_) yen in total but I do not know the breakdown.
3. He/she paid the following amounts in taxes and social insurance premiums:  
Taxes (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.): \_\_\_\_\_ yen  
Social insurance premiums (public pension, health, and long-term care insurance premiums):  
\_\_\_\_\_ yen

Next, we would like to ask about your assets.

**28.** Do you and your spouse (or common-law spouse) manage assets together or separately?

1. Together
2. Separately
3. No spouse
4. Don't know
5. Refused to answer

First, we would like to ask about your individual assets.

**29.** Do you have any deposits held in your name with any bank or similar financial institution (including the Japan Post Bank, credit banks and unions, agricultural cooperatives, and trust banks) whether in the form of savings or time deposits?

1. Yes
2. No
3. Don't know

**29-1.** (Please answer this question only if you answered "Yes" to question 29.)

How much do you have in total in those accounts?

1. Approximately \_\_\_\_\_ yen
2. Don't know

**30.** Do you hold any fixed income securities in your name? Fixed income securities include: investment trusts (money market funds, medium-term government bond funds, foreign investment trusts, etc.), discount bank debentures, coupon bank debentures, government bonds, corporate bonds, etc.

1. Yes

2. No
3. Don't know

**30-1.** (Please answer this question only if you answered "Yes" to question 30.)

How much do you have in your account?

1. Approximately \_\_\_\_\_ yen
2. Don't know

**31.** Do you hold any equity securities that can be sold through brokers in your name?

1. Yes
2. No
3. Don't know

**31-1.** (Please answer this question only if you answered "Yes" to question 31.)

If you are to sell all of those securities today, how much would you expect to receive?

1. Approximately \_\_\_\_\_ yen
2. Don't know

Please answer the following questions only if you have a spouse (or common-law spouse) and you selected answer 1 in question 28 (i.e., you and your spouse manage assets together), in which case please try to check with him/her for the accuracy of information. If not, please proceed to question 35.

**32.** Does your spouse (or common-law spouse) have any deposits in his/her name with any bank or similar financial institution (including the Japan Post Bank, credit banks and unions, agricultural cooperatives, and trust banks) whether in the form of savings or time deposits?

1. Yes
2. No
3. Don't know

**32-1.** (Please answer this question only if you answered "Yes" to question 32.)

How much does he/she have in total in those accounts?

1. Approximately \_\_\_\_\_ yen
2. Don't know

**33.** Does your spouse (or common-law spouse) hold any fixed income securities in his/her name? Fixed income securities include: investment trusts (money market funds, medium-term government bond funds, foreign investment trusts, etc.), discount bank debentures, coupon bank debentures, government bonds, corporate bonds, etc.?

1. Yes
2. No
3. Don't know

**33-1.** (Please answer this question only if you answered "Yes" to question 33)

How much does your spouse have in his/her account?

1. Approximately \_\_\_\_\_ yen
2. Don't know

**34.** Does your spouse (or common-law spouse) hold any equity securities that can be sold through brokers in his/her name?

1. Yes
2. No
3. Don't know

**34-1.** (Please answer this question only if you answered "Yes" to question 34.)

If your spouse (or common-law spouse) is to sell all of those securities today, how much do you expect he/she would receive?

1. Approximately \_\_\_\_\_ yen
2. Don't know

**35.** This concludes the questionnaire. Did you answer this questionnaire by yourself or did anyone (family member, caregiver, etc.) help you? (Circle only one.)

1. By myself
2. With the help of a family member, caregiver, etc.  
From whom did you have help?
  1. Spouse
  2. Son/daughter
  3. Other family member
  4. Other (specify)

Thank you very much for your cooperation with this survey. Please seal this form in the envelope provided and hand it to the interviewer when (s)he visits, or mail it, together with the completed Diet Questionnaire, to us within 10 days. Please take care not to fold or bend the Diet Questionnaire. Thank you.