Supplementary Appendix 1: List of Questionnaires

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Beck Anxiety Inventory (BAI)** | | | | |
| Below is a list of common symptoms of anxiety. Please read through each list item. Indicate how much you were bothered by each symptom during the **LAST WEEK**, **including today**, by circling the number in the corresponding space in the column next to each symptom. | | | | |
| **During the last week…** | **Not at all** | **Mildly**  It did not bother me much | **Moderately**  It was very unpleasant, but I could stand it | **Severely**  I could barely stand it |
| Numbness or tingling | 0 | 1 | 2 | 3 |
| Feeling hot | 0 | 1 | 2 | 3 |
| Wobbliness in legs | 0 | 1 | 2 | 3 |
| Unable to relax | 0 | 1 | 2 | 3 |
| Fear of the worst happening | 0 | 1 | 2 | 3 |
| Dizzy or lightheaded | 0 | 1 | 2 | 3 |
| Heart pounding or racing | 0 | 1 | 2 | 3 |
| Unsteady | 0 | 1 | 2 | 3 |
| Terrified | 0 | 1 | 2 | 3 |
| Nervous | 0 | 1 | 2 | 3 |
| Feelings of choking | 0 | 1 | 2 | 3 |
| Hands trembling | 0 | 1 | 2 | 3 |
| Shaky | 0 | 1 | 2 | 3 |
| Fear of losing control | 0 | 1 | 2 | 3 |
| Difficulty breathing | 0 | 1 | 2 | 3 |
| Fear of dying | 0 | 1 | 2 | 3 |
| Scared | 0 | 1 | 2 | 3 |
| Indigestion or discomfort in abdomen | 0 | 1 | 2 | 3 |
| Faint | 0 | 1 | 2 | 3 |
| Face flushed | 0 | 1 | 2 | 3 |
| Sweating (not due to heat) | 0 | 1 | 2 | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Centre for Epidemiologic Studies Depression (CESD)** | | | | |
| Below is a list of some of the ways you may have felt or behaved. Please indicate how often you’ve felt this way during the **PAST WEEK**. Respond to all items. | | | | |
| **During the last week…** | **Rarely or none of the time**  (less than 1 day) | **Some or a little of the time**  (1-2 days) | **Occasionally or a moderate amount of time**  (3-4 days) | **All of the time**  (5-7 days) |
| I was bothered by things that usually don’t bother me. | 0 | 1 | 2 | 3 |
| I did not feel like eating; my appetite was poor. | 0 | 1 | 2 | 3 |
| I felt that I could not shake off the blues even with help from my family. | 0 | 1 | 2 | 3 |
| I felt that I was just as good as other people. | 0 | 1 | 2 | 3 |
| I had trouble keeping my mind on what I was doing. | 0 | 1 | 2 | 3 |
| I felt depressed. | 0 | 1 | 2 | 3 |
| I felt that everything I did was an effort. | 0 | 1 | 2 | 3 |
| I felt hopeful about the future. | 0 | 1 | 2 | 3 |
| I thought my life had been a failure. | 0 | 1 | 2 | 3 |
| I felt fearful. | 0 | 1 | 2 | 3 |
| My sleep was restless. | 0 | 1 | 2 | 3 |
| I was happy. | 0 | 1 | 2 | 3 |
| I talked less than usual. | 0 | 1 | 2 | 3 |
| I felt lonely. | 0 | 1 | 2 | 3 |
| People were unfriendly. | 0 | 1 | 2 | 3 |
| I enjoyed life. | 0 | 1 | 2 | 3 |
| I had crying spells. | 0 | 1 | 2 | 3 |
| I felt sad. | 0 | 1 | 2 | 3 |
| I felt that people disliked me. | 0 | 1 | 2 | 3 |
| I could not "get going." | 0 | 1 | 2 | 3 |

|  |  |
| --- | --- |
| **Health Behaviour** | |
| 1. How often have you had a healthy diet?   *(please circle)*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | Not at all |  |  |  |  |  | All the time | | |
| 1. Have you consumed any dietary supplements? Yes/No *(please circle)*   Vitamin B 1Yes  2 No  Vitamin C 1Yes  2 No    Vitamin D 1Yes  2 No  Vitamin E 1Yes  2 No  Multivitamins 1Yes  2 No  Fish oil/Omega 1Yes  2 No  Curcumin 1Yes  2 No  Gingko biloba 1Yes  2 No  Chinese Herbs: 1Yes  2 No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others: 1Yes  2 No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you engaged in regular exercise (e.g. jogging, yoga, tai-chi, dancing, cycling)? Yes/No *(please circle)*   If yes, Frequency: **average** \_\_\_\_\_\_\_ times per week  Estimated **total** duration of exercise per week: \_\_\_\_\_\_\_\_minutes/hours\*  *(\*delete accordingly)* |
| 1. Have you engaged in regular mental activity (e.g. reading, doing puzzles, Sudoku, crossword puzzles, cognitive training, mahjong, playing intellectually stimulating games)? Yes/No *(please circle)*   If yes, Frequency: **average** \_\_\_\_\_\_\_ times per week  Estimated **total** duration of time per week: \_\_\_\_\_\_\_\_minutes/hours\*  *(\*delete accordingly)* |