Supplementary material

Supplementary Table 1. 297 Description of 297 variables before feature selection.

|  |  |  |  |
| --- | --- | --- | --- |
| Variable | Description | Type | Values and description |
| incm | Income Quaternary (individual) | Categorical | 0. Low  1. Low-mid  2. Middle  3. High |
| ho\_incm | Income Quaternary (household) | Categorical | 0. Low  1. Low-mid  2. Middle  3. High |
| ho\_incm5 | Income quintile (household) | Categorical | 0. Low  1. Low-mid  2. Middle  3. Middle-high  4. High |
| edu | Education level reclassification code | Categorical | 0. Elementary school graduate or less  1. Middle school graduate  2. High school graduate  3. College graduate or higher |
| occp | Job reclassification and unemployment/non-economically active population status code | Categorical | 0. Managers, experts and related workers  1. Office worker  2. Service and sales workers  3. Skilled agricultural, forestry and fishery workers  4. Technicians, equipment/machine operators and assemblers  5. Simple laborer  6. Unemployed (housewife, student, *etc*.) |
| cfam | Number of household members | Categorical | 0. 1 person  1. 2 people  2. 3 people  3. 4 people  4. 5 people  5. 6 or more people  6. Don’t know, no response |
| allownc | Whether or not to receive basic living | Categorical | 10. Experience in supply and demand (past or present)  20. No supply experience  99. Don’t know, no response |
| house | Homeownership status | Categorical | 0. No  1. There is 1 house  2. There are two or more houses.  3. Don’t know, no response |
| live\_t | Housing type | Categorical | 0. Detached house  1. Apartment  2. Row house/multi-family house  3. Others  4. Don’t know, no response |
| ainc | Average monthly household income | Continuous | ~ × 10,000 won  17. Less than 170,000 won per month  Above 17 ~below 1500. (Continuous income amount)  1500. More than 15 million won per month |
| marri\_1 | Marriage status | Categorical | 0. Married  1. Single  2. Don’t know, no response |
| fam\_rela | Relationship with the head of the household | Categorical | 0. Self  1. Spouse  2. Children  3. Child spouse  4. Grandchildren  5. Parents  6. Grandparents  7. Siblings  8. Other relatives  9. Non-blood related  10. Don’t know, no response. |
| tins | Type of health insurance | Categorical | 0. Kookmin Insurance (region)  1. Kookmin Insurance (workplace)  2. Medical benefits  3. Not registered, don’t know, no response |
| D\_1\_1 | Subjective health awareness | Categorical | 0. Very good  1. Good  2. Normal  3. Bad  4. Very bad  5. Don’t know, no response |
| D\_2\_1 | Have you experienced physical discomfort in the last two weeks | Categorical | 0. Yes  1. No  2. Don’t know, no response |
| D\_2\_wk | Number of uncomfortable days in the last 2 weeks | Continuous | ~days  88. Not applicable  99. Don’t know, no response. |
| DI1\_dg | Whether to be diagnosed as a doctor with high blood pressure | Categorical | 0. None  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| DI1\_pr | Current prevalence of high blood pressure | Continuous | 0. None  1. Yes  8. Not applicable  (Children, adolescents, not diagnosed by a doctor)  9. Don’t know, no response |
| DI2\_dg | Dyslipidemia Physician Diagnosed | Categorical | 0. None  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| DI2\_ag | When to diagnose dyslipidemia | Continuous | ~Ages  0–79. Ages 0–79  80. Over 80 years old  888. Not applicable  (Children, adolescents, not diagnosed by a doctor)  999. Don’t know, no response. |
| DJ4\_dg | Asthma doctor diagnosis or not | Categorical | 0. None  1. Yes  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| DJ4\_ag | Asthma diagnosis timing | Categorical | ~Ages  0–79. Ages 0–79  80. Over 80 years old  888. Not applicable  (Children, adolescents, not diagnosed by a doctor)  999. Don’t know, no response |
| DJ4\_3 | an asthma medication | Continuous | 1. Receive regular treatment to prevent exacerbation and manage asthma symptoms.  2. Receive treatment only when you have symptoms  3. No treatment  8. Not applicable  (Children, adolescents, not diagnosed by a doctor)  9. Don’t know, no response |
| DL1\_dg | Atopic dermatitis doctor diagnosis | Categorical | 0. None  1. Yes  2. Not eligible (children, adolescents)  3. Don’ know, no response |
| DL1\_ag | When to diagnose atopic dermatitis | Continuous | ~Ages  0–79. Ages 0–79  80. Over 80 years old  888. Not eligible (children, adolescents, not diagnosed by a doctor)  999. Don’t know, no response. |
| DJ8\_dg | Allergic rhinitis doctor diagnosis | Categorical | 0. None  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| DJ6\_dg | Pseudo-diagnosis of sinusitis | Categorical | 0. None  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| DJ6\_ag | When to diagnose sinusitis | Categorical | ~Ages  0–79. Ages 0–79  80. Over 80 years old  888. Not applicable  (Children, adolescents, not diagnosed by a doctor)  999. Don’t know, no response. |
| DH4\_dg | Medical diagnosis of otitis media | Categorical | 0. None  1. Yes  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| DH4\_ag | Date of diagnosis of otitis media | Continuous | ~Ages  0–79. 0–79 years old  80. Over 80 years old  888. Not applicable  (Children, adolescents, not diagnosed by a doctor)  999. Don’t know, no response. |
| DN1\_dg | Kidney disease (renal disease) physician diagnosis | Categorical | 0. None  1. Yes  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| DN1\_ag | When to diagnose kidney disease (renal disease) | Continuous | ~Ages  0–79. Ages 0–79  80. Over 80 years old  888. Not applicable  (Children, adolescents, not diagnosed by a doctor)  999. Don’t know, no response |
| BP6\_2 | Whether to plan suicide for a year | Categorical | 0. yes  1. No  2. Not applicable (pediatric)  3. Don’t know, no response |
| BP7 | A year consultation on mental issues | Categorical | 0. Yes  1. No  2. Not applicable (pediatric)  3. Don’t know, no response |
| mh\_stress | Stress perception rate | Categorical | 0. Feeling less stressed  1. Feeling very stressed |
| BS1\_1 | Whether to smoke regular cigarettes (cigarettes) for the rest of your life | Categorical | 0. Less than 5 packs (100 cigarettes)  1. 5 packs (100 cigarettes) or more  2. Never smoked  3. Not eligible (children, adolescents)  4. Don’t know, no response |
| BS3\_1 | Current smoking status of regular cigarettes (cigarettes) | Categorical | 0. Everyday smoke  1. Occasionally smoked  2. I smoked in the past, but I don’t currently smoke.  3. Not applicable (Questions 1–38)  4. Don’t know, no response |
| BS3\_2 | Average amount of cigarette smoking per day | Continuous | ~cigarettes  888. Not applicable  999. Don’t know, no response. |
| BS3\_3 | Occasionally the number of days of smoking of regular cigarettes (smokers) in the last month | Continuous | ~day  88. Not applicable  99. Don’t know, no response. |
| BS6\_2 | Smoking period (monthly conversion) of general cigarettes (combustion) | Continuous | ~months  8888. Not applicable  9999. Don’t know, no response. |
| BS6\_2\_1 | Smoking period (year) general cigarettes | Continuous | ~years  88. Not applicable  99. Don’t know, no response. |
| BS6\_2\_2 | Smoking period (month) general cigarettes (smokes) in the past | Continuous | ~months  88. Not applicable  99. Don’t know, no response. |
| BS6\_3 | Average amount of cigarette smoking per day for smokers in the past | Continuous | ~cigarette  888. Not applicable  999. Don’t know, no response. |
| BS6\_4 | Non-smoking period (monthly conversion) in the past | Continuous | ~months  8888. Not applicable  9999. Don’t know, no response. |
| BS6\_4\_1 | Non-smoking period (year) in the past | Continuous | ~years  88. Not applicable  99. Don’t know, no response. |
| BS6\_4\_2 | Non-smoking period (months) in the past | Continuous | ~months  88. Not applicable  99. Don’t know, no response. |
| BS12\_37 | E-cigarettes are used for life | Categorical | 0. Yes  1. No  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| BS12\_47 | Current use of e-cigarettes | Categorical | 0. Everyday smoke  1. Occasionally smoked  2. I smoked in the past, but I don’t currently smoke.  3. Not applicable  4. Don’t know, no response |
| BS12\_47\_1 | Average daily amount of e-cigarette smokers | Continuous | ~e-cigarettes  888. Not applicable  999. Don’t know, no response. |
| BS12\_47\_2 | E-cigarette smokers: The number of days of smoking in the last month | Continuous | ~day  88. Not applicable  99. Don’t know, no response. |
| BS12\_1 | Liquid-type e-cigarettes are used for life | Categorical | 0. Yes  1. No  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| BS12\_2 | Current use of liquid e-cigarettes | Categorical | 0. Yes  1. No  2. Not applicable  3. Don’t know, no response |
| BS12\_31 | Types of cigarettes used for life: Tobacco | Categorical | 0. No  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| BS12\_32 | Type of cigarette used for life: Liquid cigarette | Categorical | 0. No  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| BS12\_33 | Type of cigarette used for life: cigar | Categorical | 0. No  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| BS12\_36 | Types of cigarettes used for life: I’ve never smoked | Categorical | 0. No  1. Yes  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| BS12\_41 | Types of cigarettes currently used: Tobacco | Categorical | 0. No  1. Yes  2. Not eligible (children, adolescents, ⑨ never smoked)  3. Don’t know, no response |
| BS12\_42 | Type of cigarette currently used: Liquid cigarette | Categorical | 0. No  1. Yes  2. Not applicable (children, adolescents, have never smoked in their life)  3. Don’t know, no response |
| BS12\_43 | Type of cigarette currently used: Cigar | Categorical | 0. No  1. Yes  2. Not applicable (children, adolescents, have never smoked in their life)  3. Don’t know, no response |
| BS12\_46 | Types of cigarettes currently used: Never smoked | Categorical | 0. No  1. Yes  2. Not eligible (children, adolescents, ⑨ never smoked)  3. Don’t know, no response |
| BS5 | Whether to quit smoking for at least one day for a year | Categorical | 0. Yes  1. No  2. Not applicable  3. Don’t know, no response |
| BS5\_1 | A plan to quit smoking within one month | Categorical | 0. I plan to quit smoking within 1 month.  1. I plan to quit smoking within 6 months  Plan to quit smoking within 1 month 3. I plan to quit smoking someday, but not within 6 months.  2. Currently no smoking at all  3. Not applicable  4. Don’t know, no response |
| BS8\_2 | Exposure to secondhand smoke in the workplace | Categorical | 0. Yes. Exposure to secondhand smoke indoors at work.  1. No.  2. Not applicable (not working, children, adolescents)  3. Don’t know, no response |
| BS9\_2 | Exposure to secondhand smoke in the home | Categorical | 1. Yes  2. No  Exposure to second-hand smoke indoors at home 3. Any family member other than yourself indoors at home  No one smokes regularly  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| BS13 | Exposure to secondhand smoke in public institution rooms | Categorical | 1. Yes. Exposure to secondhand smoke indoors in public places.  2. No.  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| sm\_presnt | Current smoking rate | Categorical | 0. Previous smoking, non-smoking  1. Current smoking |
| BE3\_71 | High-intensity physical activity: Work | Categorical | 1. Yes  2. No  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| BE3\_72 | High-intensity physical activity days: work | Continuous | ~days  8. Not applicable  9. Don’t know, no response |
| BE3\_73 | High-intensity physical activity time (hours): work | Continuous | ~hours  88. Not applicable  99. Don’t know, no response |
| BE3\_74 | High-intensity physical activity time (minutes): work | Continuous | ~minutes  88. Not applicable  99. Don’t know, no response |
| BE3\_81 | Medium-intensity physical activity: Work | Categorical | 1. Yes  2. No  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| BE3\_82 | Medium-intensity physical activity days: work | Continuous | ~days  8. Not applicable  9. Don’t know, no response |
| BE3\_83 | Medium-intensity physical activity time (hours): work | Continuous | ~hours  88. Not applicable  99. Don’t know, no response. |
| BE3\_84 | Medium-intensity physical activity time (minutes): work | Continuous | ~minutes  88. Not applicable  99. Don’t know, no response. |
| BE3\_91 | Physical activity: Move location | Categorical | 0. Yes  1. No  2. Not eligible (children, adolescents)  3. Don’t know, no response |
| BE3\_92 | Number of days of physical activity: moving places | Continuous | ~day  8. Not applicable  9. Don’t know, no response |
| BE3\_93 | Physical activity time (hours): location movement | Continuous | ~hours  88. Not applicable  99. Don’t know, no response. |
| BE3\_75 | High-intensity physical activity: leisure | Categorical | 1. Yes  2. No  8. Not eligible (children, adolescents)  9. Don’t know, no response |
| BE3\_76 | High-intensity physical activity days: leisure | Continuous | ~days  8. Not applicable  9. Don’t know, no response |
| BE3\_77 | High-intensity physical activity time (hours): leisure | Continuous | ~hours  88. Not applicable  99. Don’t know, no response |
| BE3\_78 | High-intensity physical activity time (minutes): leisure | Continuous | ~minutes  88. Not applicable  99. Don’t know, no response |
| BE3\_85 | Medium-intensity physical activity: leisure | Categorical | 0. Yes  1. No  2. Non-applicable (children, adolescents)  3. Don’t know, no response |
| BE3\_86 | Medium-intensity physical activity days: leisure | Continuous | ~days  8. Non-applicable  9. Don’t know, no response |
| BE3\_87 | Medium-intensity physical activity time (hours): leisure | Continuous | ~ hours  88. Not applicable  99. Don’t know, no response |
| BE8\_1 | The amount of time you normally spend sitting down (hours) | Continuous | ~hours  88. Non-applicable (pediatric)  99. Don’t know, no response |
| BE8\_2 | The amount of time you normally spend sitting down (minutes) | Continuous | ~minutes  88. Non-applicable (pediatric)  99. Don’t know, no response |
| BE3\_31 | The number of days of walking in a week | Categorical | 0. Not at all  1. 1st  2. 2nd  3. 3 days of walking for 1 week  4. 4th  5. 5th  6. 6th  7. 7th (daily)  8. Non-applicable (children and adolescents)  9. Don’t know, no response |
| BE3\_32 | Walking duration (hours) | Continuous | ~hours  88. Not applicable  99. Don’t know |
| BE3\_33 | Walking duration (minutes) | Continuous | ~minutes  88. Not applicable  99. Don’t know, no response |
| BE5\_1 | Number of days of strength training for one week | Categorical | 0. Not at all  1. 1 day  2. 2 days of strength training in 1 week  3. 3rd  4. 4th  5. More than 5 days  6. Non-applicable (children)  7. Don’t know, no response |
| HE\_fh | Family history of chronic disease doctor diagnosis | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_HPfh1 | High blood pressure physician diagnosis (Father) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_HPfh2 | High blood pressure physician diagnosis (Mother) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_HPfh3 | Whether or not a doctor is diagnosed with high blood pressure (siblings) | Categorical | 0. No  1. Yes  2. Not applicable  3. Don’t know/No response |
| HE\_HLfh1 | Hyperlipidemia physician diagnosis (Father) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_HLfh2 | Hyperlipidemia physician diagnosis (Mother) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_HLfh3 | Hyperlipidemia physician diagnosis (siblings) | Continuous | 0. No 1. Yes 8. Not applicable 9. Don’t know/No response |
| HE\_IHDfh1 | Whether to diagnose ischemic heart disease (Father) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_IHDfh2 | Whether to diagnose ischemic heart disease (Mother) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_IHDfh3 | Whether to diagnose ischemic heart disease (siblings) | Categorical | 0. No  1. Yes  2. Not applicable  3. Don’t know/No response |
| HE\_STRfh1 | Stroke doctor diagnosis (Father) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_STRfh2 | Stroke doctor diagnosis (Mother) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_STRfh3 | Stroke doctor diagnosis (siblings) | Categorical | 0. No  1. Yes  2. Not applicable  3. Don’t know/No response |
| HE\_DMfh1 | Diabetes doctor diagnosis (Father) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_DMfh2 | Diabetes doctor diagnosis (Mother) | Categorical | 0. No  1. Yes  2. Don’t know |
| HE\_DMfh3 | Diabetes doctor diagnosis (siblings) | Categorical | 0. No  1. Yes  2. Not applicable  3. Don’t know/No response |
| HE\_rPLS | Pulse regularity | Categorical | 0. Regular  1. Irregular |
| HE\_dbp2 | Secondary diastolic blood pressure | Continuous | ~mmHg |
| HE\_dbp3 | Tertiary diastolic blood pressure | Continuous | ~mmHg |
| HE\_sbp | Final systolic blood pressure (2nd and 3rd average) | Continuous | ~mmHg |
| HE\_dbp | Final diastolic blood pressure (2nd and 3rd average) | Continuous | ~mmHg |
| HE\_HP | Prevalence of high blood pressure | Categorical | 0. Prevalence of normal hypertension  1. Caution Blood Pressure  2. Prehypertensive stage  3. Hypertension |
| HE\_wt | Weight | Continuous | ~kg |
| HE\_obe | Obesity prevalence | Categorical | 0. Underweight  1. Prevalence of normal obesity  2. Pre-obesity stage  3. Stage 1 Obesity  4. Stage 2 Obesity  5. Stage 3 Obesity |
| HE\_HbA1c | Glycated hemoglobin | Continuous | ~% |
| HE\_chol | Total cholesterol | Continuous | ~mg/dL |
| HE\_HDL\_st2 | HDL-cholesterol | Continuous | ~mg/dL |
| HE\_HCHOL | Prevalence of hypercholesterolemia | Categorical | 0. None  1. Yes |
| HE\_HTG | Prevalence of hypertriglyceridemia | Categorical | 0. None  1. Yes |
| HE\_hepaB | Whether hepatitis B surface antigen is positive or not | Categorical | 0. Negative  1. Positivity |
| HE\_HB | Hemoglobin | Continuous | ~g/dL |
| HE\_HCT | Hematocrit | Continuous | ~% |
| HE\_anem | Prevalence of anemia | Categorical | 0. None  1. Yes |
| HE\_BUN | Bood urea nitrogen | Continuous | ~mg/dL |
| HE\_RBC | Red blood cell count | Continuous | ~MiL/uL |
| HE\_Uacid | Uric acid | Continuous | ~mg/dL |
| HE\_Uph | Uric acidity | Continuous | ~ |
| HE\_Upro | Protein in urine | Categorical | 0. Negative (−)  1. Trace amount (±)  2. Positive (+)  3. Positive (++)  4. Positive (+++)  5. Positive (++++) |
| HE\_Uglu | Glucose in urine | Categorical | 0. Negative (−)  1. Trace amount (±)  2. Positive (+)  3. Positive (++)  4. Positive (+++)  5. Positive (++++) |
| HE\_Uket | Ketone in urine | Categorical | 0. Negative (−)  1. Trace amount (±)  2. Positive (+)  3. Positive (++)  4. Positive (+++)  5. Positive (++++) |
| HE\_Ubld | Urinary occult blood | Categorical | 0. Negative (−)  1. Trace amount (±)  2. Positive (+)  3. Positive (++)  4. Positive (+++)  5. Positive (++++) |
| HE\_Uro | Eurobilinogen | Categorical | 0. Negative (−)  1. Trace amount (±)  2. Positive (+)  3. Positive (++)  4. Positive (+++)  5. Positive (++++) |
| HE\_Ucrea | heavy creatinine | Continuous | ~mg/dL |
| OR1 | whether it is you or your oral health condition | Categorical | 0. Very good  1. Good  2. Moderate  3. Poor  4. Very poor  5. Unresponsive |
| O\_pain | Experience with toothache in the last year | Categorical | 0. No  1. Yes  2. Unresponsive |
| O\_ortho | Experience in orthodontic treatment | Categorical | 0. No  1. Yes  2. Unresponsive |
| BM1\_0 | Whether to brush my teeth for a day yesterday | Categorical | 0. No  1. Yes  2. Unresponsive |
| BM1\_1 | When to brush your teeth: Before breakfast | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM1\_2 | When to brush your teeth: After breakfast | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM1\_3 | When to brush your teeth: Before lunch | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM1\_4 | Time to brush: After lunch | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM1\_5 | When to brush your teeth: Before dinner | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM1\_6 | When to brush: After dinner | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM1\_7 | When to Brush: After Snacks | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM1\_8 | When to Brush Your Brushes: Before You Go to Bed | Categorical | 0. No  1. Yes  2. Non-brushing (not brushed)  3. Don’t know |
| BM2\_1 | Usage: Dental floss | Categorical | 0. No  1. Yes  2. Not applicable (under 12 years old)  3. Don’t know |
| BM2\_3 | Use: Interdental Toothbrush | Categorical | 0. No  1. Yes  8. Not applicable (under 12 years old)  9. Don’t know |
| BM2\_2 | Items used: Brushing solution | Categorical | 0. No  1. Yes  8. Not applicable (under 12 years old)  9. Don’t know |
| BM2\_4 | Usage: Electric Toothbrush | Categorical | 0. No  1. Yes  8. Not applicable (under 12 years old)  9. Don’t know0 |
| BM2\_5 | Items used: Other | Categorical | 0. No  1. Yes  8. Not applicable (under 12 years old)  9. Don’t know0 |
| BM13 | Experience of tooth damage | Categorical | 0. No  1. Yes  2. Don’t know |
| BM13\_1 | Reason for tooth damage: Exercise | Categorical | 0. No  1. Yes  2. Non-applicable (no history of tooth damage)  3. Don’t know |
| BM13\_2 | Reason for tooth damage: Violence | Categorical | 0. No  1. Yes  2. Non-applicable (no history of tooth damage)  3. Don’t know |
| BM13\_3 | Reason for tooth damage: Traffic accident | Categorical | 0. No  1. Yes  2. Non-applicable (no history of tooth damage)  3. Don’t know |
| BM13\_4 | Reasons for dental damage: Safety accidents | Categorical | 0. No  1. Yes  2. Non-applicable (no history of tooth damage)  3. Don’t know |
| BM7 | Chewing problems | Categorical | 0. Very uncomfortable  1. Discomfort  2. Just so  3. Not uncomfortable  4. Not uncomfortable at all  5. Not applicable (under 19 years old)  6. Don’t know |
| O\_chew\_d | Complaint of copyright inconvenience | Categorical | 0. No  1.  Yes |
| BM8 | Speaking problems | Categorical | 0. Very uncomfortable  1. Discomfort  2. Just so  3. Not uncomfortable  4. Not uncomfortable at all  5. Not applicable (under 19 years old)  6. Don’t know |
| OR1\_2 | Oral examination for 1 year | Categorical | 0. No  1. Yes  2. Don’t know |
| MO4\_00 | Whether to use dental clinics for the past year | Categorical | 0. No  1. Yes  2. Don’t know |
| MO4\_4 | Item of care: Oral examination | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| MO4\_9 | Treatment: Treatment of gum disease | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| MO4\_7 | Item for medical treatment: Simple dental treatment | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| MO4\_8 | Treatment item: dental nerve treatment | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| MO4\_11 | Treatment items: Extraction or intraoral surgery | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| MO4\_12 | Item of care: Treatment of broken teeth | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| MO4\_18 | Item of care: Production and repair of prosthetics | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| MO4\_15 | Item of medical treatment: Other | Categorical | 0. No  1. Yes  2. Non-applicable (non-use of dentistry)  3. Don’t know |
| BM14 | Dental treatment failure status | Categorical | 0. Yes  1. No.  2. No need for medical attention (testing or treatment)  3. Don’t know |
| L\_BR | Whether to skip breakfast one day before the food intake survey | Categorical | 0. No  1. Yes |
| L\_LN | Whether to skip lunch one day before the food intake survey | Categorical | 0. No  1. Yes |
| L\_DN | Whether to skip dinner one day before the food intake survey | Categorical | 0. No  1. Yes |
| L\_BR\_FQ | The frequency of breakfast in a week in the past year | Categorical | 0. 5–7 times a week  1. 3–4 times a week  2. 1–2 times a week  3. I rarely do it (0 times a week)  4. Don’t know/No response |
| L\_LN\_FQ | Lunch frequency in a week in the last year | Categorical | 0. 5–7 times a week  1. 3–4 times a week |
| L\_DN\_FQ | The frequency of dinners in a week in the past year | Categorical | 0. 1–2 times a week  1. I rarely do it (0 times a week)  2. Don’t know/No response |
| L\_BR\_TO | Whether breakfast is accompanied by family and non-family members in the past year | Categorical | 0. 5–7 times a week  1. 3–4 times a week  2. 1–2 times a week  3. I rarely do it (0 times a week)  4. Don’t know/No response |
| L\_BR\_WHO | For the past year breakfast awards | Categorical | 0. Yes  1. No.  2. Non-applicable (breakfast frequency less than 2 times a week)  3. Don’t know/No response |
| L\_LN\_TO | Whether to be accompanied by family and non-family members at lunch for the last year | Categorical | 0. Family  1. Outside the family  2. Not applicable (if the accompanying status is “No”/“Not Applicable”)  3. Don’t know/No response |
| L\_LN\_WHO | For the past year lunch together award | Categorical | 0. Yes  1. No.  2. Non-applicable (lunch frequency less than 2 times a week)  3. Don’t know/No response |
| L\_DN\_TO | Whether to be accompanied by family and non-family members at dinner for the past year | Categorical | 0. Family  1. Outside the family  2. Not applicable (if the accompanying status is “No”/ “Not Applicable”)  3. Don’t know/No response |
| L\_DN\_WHO | Grand Prize for Dinner in the Last Year | Categorical | 0. Yes  1. No.  2. Non-applicable (dinner frequency less than 2 times a week)  3. Don’t know/No response |
| L\_OUT\_FQ | The number of dinners out | Categorical | 0. Family  1. Outside the family  2. Not applicable (if the accompanying status is “No”/ “Not Applicable”)  3. Don’t know/No response |
| LS\_1YR | Taking dietary supplements for more than two weeks in the last year | Categorical | 0. At least twice a day  1. 1 time a day  2. 5–6 times a week  3. 3–4 times a week  4. 1–2 times a week  5. 1–3 times a month  6. I rarely do it (less than 1 time per month)  7. Don’t know/No response |
| LK\_EDU | Nutrition education status | Categorical | 0. Yes  1. No.  2. Don’t know/No response |
| LK\_LB\_CO | Recognition of nutritional labeling | Categorical | 0. Yes  1. No  2. Not applicable (Whether you are under elementary school age or have nutritional labeling is not “yes”)  3. Don’t know/No response |
| LK\_LB\_US | Use of nutrition labeling | Categorical | 0. Yes  1. No  2. Not applicable (Whether you are under elementary school age or have nutritional labeling is not “yes”)  3. Don’t know/No response |
| LK\_LB\_IT | Nutrient of interest in nutrition labeling | Categorical | 0. Yes  1. No  2. Not applicable (Whether you are under elementary school age or have nutritional labeling is not “yes”)  3. Don’t know/No response |
| LK\_LB\_EF | Influence of nutrition labeling | Categorical | 0. Calories  1. Carbohydrates  2. Sugars  3. Protein  4. Fat  5. Saturated fats  6. Trans fats  7. Cholesterol  8. Sodium  9. Miscellaneous  10. Non-applicable (Whether you are under elementary school age or have nutritional labeling is not “yes”)  11. Don’t know/No response |
| N\_DIET | Meal therapy status | Categorical | 0. Yes  1. No  2. Not applicable (if the child is less than 9) or if the use of nutrition labels is not “yes”)  3. Don’t know/No response |
| N\_DIET\_WHY | Reasons for dietary therapy | Categorical | 0. Yes  1. No.  2. Don’t know/No response |
| N\_WAT\_C | Water intake (cup) | Categorical | 0. You have a medical condition  1. To control your weight  2. Miscellaneous  3. Non-applicable (dietary regimen: no)  4. Don’t know/No response |
| N\_INTK | Food intake (g) | Continuous | Daily food intake (g) |
| N\_WATER | Water intake (g) | Continuous | Daily water intake (g) |
| N\_PROT | Protein intake (g) | Continuous | Daily protein intake (g) |
| N\_FAT | Fat intake (g) | Continuous | Daily fat intake (g) |
| N\_MUFA | Single unsaturated fatty acid intake (g) | Continuous | Daily monounsaturated fatty acid intake (g) |
| N\_PUFA | Polyunsaturated fatty acid intake (g) | Continuous | Daily polyunsaturated fatty acid intake (g) |
| N\_N6 | N-6 Fatty Acid Intake (g) | Continuous | Daily n-6 fatty acid intake (g) |
| N\_CHOL | cholesterol intake (mg) | Continuous | Daily cholesterol intake (mg) |
| N\_TDF | Dietary fiber intake (g) | Continuous | Daily dietary fiber intake (g) |
| N\_SUGAR | Sugar intake (g) | Continuous | Daily intake (g) |
| N\_CA | Calcium intake (mg) | Continuous | Daily calcium intake (mg) |
| N\_PHOS | Ingestion of phosphorus (mg) | Continuous | Daily phosphorus intake (mg) |
| N\_NA | Sodium intake (mg) | Continuous | Daily sodium intake (mg) |
| N\_K | Potassium intake (mg) | Continuous | Daily potassium intake (mg) |
| N\_FE | Iron intake (mg) | Continuous | Daily iron intake (mg) |
| N\_CAROT | Beta-carotene intake (μg) | Continuous | Daily beta-carotene intake (μg) |
| N\_RETIN | Retinol intake (μg) | Continuous | Daily retinol intake (μg) |
| N\_B1 | Thiamine intake (mg) | Continuous | Daily thiamine intake (mg) |
| N\_B2 | Riboflavin intake (mg) | Continuous | Daily riboflavin intake (mg) |
| N\_NIAC | Niacin intake (mg) | Continuous | Daily niacin intake (mg) |
| N\_FOLATE | Folic acid intake (μg DFE) | Continuous | Daily folic acid intake (μg DFE) |
| LF\_SAFE | the dietary situation of the past year | Categorical | 0. I was able to eat a sufficient amount and variety of food.  1. I was able to eat a sufficient amount of food, but I could not eat a variety of foods.  2. It was financially difficult and sometimes there wasn’t enough food.  3. Due to financial difficulties, there was often a lack of food.  4. Don’t know/No response |
| N\_DUSUAL | Compared to the usual amount of food | Categorical | 0. I ate a lot  1. It was similar to usual  2. Consumed less  3. Don’t know/No response |
| HE\_DM\_HbA1c  (Target feature) | Whether diabetes or not | Categorical | 0. Normal  1. Pre-diabetes  2. Diabetes |