

diet. The Department of Health, Executive Yuan and voluntary health organizations have published guide-lines and proposals to help people be aware of ways to reduce the risks of disease, such as changing the diet, quitting cigarette smoking, and controlling high blood pressure. Several studies^{8,9} have examined the nutritional knowledge and attitudes of members of the general public in the U.S.A. Schucker et al. demonstrated that only a few people had adequate information to put preventive measures into practice⁹. To our knowledge, no such survey of the general public has been done in Taiwan. Therefore, this study focused on the information and estimated consumption of high-cholesterol and fiber-rich foods among adults in the Taipei area.

METHODS

The data base for this study was 1000 adults randomly sampled from parents whose children studied in elementary or junior high schools in Taipei during Sept. 1994 to March 1995. Twenty-four schools were randomly selected from 12 districts in the Taipei area (1 elementary and 1 junior high school per district). The number of samples in each district was based on population. Half of the students of each class were given questionnaires to pass to their mothers, and half to their fathers. The teacher in each class collected the returned data and mailed them to us.

The first part of the questionnaire was basic personal information, including gender, occupation, income, life habits, and demographic variables. The second part of the questionnaire contained questions including the that were major food contributors (90%) of cholesterol such as egg and fatty meat etc and major fiber sources (80%) such as vegetables and fruits¹⁰. The consumption frequencies were categorized into 6 groups sense that 6 columns were given (ranging from 1 (= seldom) to 6 (= twice per day)). Pictures of serving sizes for each food group item were provided in the information packages to assist people recollection. Daily intakes of 19 specific food items were calculated using the programs developed by Pan et al¹⁰. Three additional questions were asked about rice intake, the use of butter or jelly on bread, and the types of milk

consumed.

The third part of the questionnaire included 9 items of nutritional practices¹¹. People were asked to rate their nutritional practices on a 5-point scale (from 1 = not at all to 5 = always). The last part of the questionnaire included a 10-item true-false nutrition quiz¹¹. The questionnaires were screened for content validity by an advisory panel

Table 1. Demographic Characteristics of Respondents^a

Demographic factor	No.	%
Sex		
male	371	44.2
female	468	55.8
Age (yr)		
under 40	268	32.2
40 ~ 50	524	63.0
more than 50	40	4.8
Education		
junior school	227	27.4
high school	237	26.8
trade school	158	19.1
university	206	24.9
Marital status		
married	792	95.3
divorced	18	2.2
widowed	16	1.9
separated	5	0.6
Income (NT\$ per month)		
(n = 805)		
under 40000	156	19.3
40000~49000	109	13.5
50000~59000	126	15.7
60000 or more	414	51.4
Exercise ^b		
No	363	44.2
Yes	459	55.8
Diagnosis of disease ^c		
No	758	90.6
Yes	79	9.4
Supplement ^d		
No	593	71.5
Yes	236	28.5

^a Totals may not add up to 100% due to missing data.

^b Exercise = at least 2 times per week and 20 min per time.

^c Diseases include hypertension, diabetes mellitus, hyperlipidemia, and heart diseases.

^d Supplements include calcium, multivitamins, vitamin C, fish oil, etc.