

Supplementary Materials

Supplementary Table 1 Osteoporosis Questionnaire

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Demographic Characteristics

1.ID number: _____ Age _____ Sex _____

2.Educational status: 1.Illiteracy 2.Elementary 3.Middle school
4.High school or higher

3.Marital Status: 1.Married 2.Unmarried 3.Divorced 4.Widowed

4.BMI calculation: Height(cm): _____ Weight(kg): _____ BMI= _____

Living Habits

1.Smoking behavior: 1.Never 2.Current 3.Past

2.Drinking behavior: 1.Never 2.Current 3.Past

Spicy Food Consumption

1. How often did you consume spicy food during the past year?

0. Never or Seldom 1.Less than once a week 2.1-2 days a week 3.3-5 days a week

4.Daily (4.11 meal/day 4.22 meals/day 4.33 meals/day)

Medical History

1. Fracture history: 0.No 1.Yes

2. Previous medical history: Thyroid disease 0.No 1.Yes Diabetes 0.No 1.Yes

Rheumatoid arthritis 0.No 1.Yes Other

3.Whether the father or mother had ever been diagnosed with osteoporosis: 0.No 1.Yes

4.Have you ever received anti-osteoporosis drugs?

0.No 1.Yes, _____

Physical Activity

1.Usually, the main forms of physical activity

1.●Walk Slowly 2.●Tai chi or Qigong 3.●Walk Briskly 4.●Swimming Leisurely

5.●Ball Game (Basketball game, Soccer) 6.●Hiking

Bone Mineral Density and Blood Test Results

1. Bone Mineral Density Examination

Part	BMD-Value (g/cm ²)
Total Lumbar Spine	
Left Hip	
Femoral Neck	

2. Blood Test

	Biochemical Markers of Bone Metabolism		
Biochemical Marker	Procollagen Type I-N-terminal Propeptide (ng/ml)	β Cross-Linked C-telopeptide of Type I-Collagen (ng/ml)	Osteocalcin (ng/ml)
Value			
Biochemical Marker	Bone Alkaline Phosphatase (U/L)	Serum Phosphorus (mmol/L)	Serum Magnesium (mmol/L)
Value			
Biochemical Marker	Serum Calcium (mmol/L)		
Value			