investigators. The background, purpose, study procedures, and other important

pattern studies, which consider the relationship between certain or several types of food or nutrient intake and health as a whole, are closer to what people eat in the real world. Dietary intervention is also known as a preferred strategy for intervening in the clinical progression of CMDs because of its low risk, low cost, and high benefit. Although dietary patterns characterized by vegetables, fruits, whole grains, fish, legumes and nuts are protective factors against the disease, such as the Dietary Approaches to Stop Hypertension and the Mediterranean diet. However, a healthy dietary pattern that fits Chinese food culture can effectively reduce the risk of CMD has not been found. Therefore, it is urgent to construct a healthy dietary pattern with Chinese characteristics for controlling and reducing the risk of CMDs.

2. STUDY PURPOSE

Before you are enrolled in the study, your medical history will be asked, and you

will be screened according to the results of your latest physical examination.

After determining that you are eligible to participate in the study, you will be randomized and allocated into the RCMDR dietary pattern intervention group or the

will

oose any one working day and rest day every week for

be required to ch

dietary guidance will be once a week in the first month, once every two weeks in the

examinations

You will be required to follow up the questionnaires on a regular basis during the study, which will take up some of your time and may be troublesome or inconvenient for you.

[redacted]

Potential benefit: This study may control or reduce your risk of developing other

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Except for your private information, the study data will be available for public access and sharing. Sharing of study data will be limited to web-based Electronic Data Capture only and will ensure that no private information about you will be disclosed.

6. RESEARCH EXPENSES AND RELATED COPENSATION

(1) Cost of drugs/devices used in the study and related examinations

There is no extra cost for you to participate in this study. There will be no charge for the examinations that the investigators will do to check your health and no charge for the dietary guidance that will be given.

ations for other diseases you have at the same time

Routine treatments and examina

will not be free.

in the study

(2) Compensation for participation

If you are assigned to the control group, you will be compensated for the cost of

means at the end of the study.

(3) Compensation/compensation after damage

As you are not taking any additional risk by participating in this study, there is no compensation or indemnity.

7. RIGHTS OF PARTICIPANTS AND RELEVANT MATTERS NEEDING ATTENTION

(1) Your rights

Your participation in the study is voluntary throughout the entire process. If you decide not to participate in this study, it will not affect other treatments you should receive. If you decide to participate, you will be asked to sign this written informed consent. You have the right to withdraw from the study at any stage without discrimination or unfair treatment, and your medical treatment and rights will not be affected.

(2) Matters needing attention

As a participant, you will be required to provide truthful information about your medical history and current medical condition; to inform the study doctor of any discomfort you notice during this study; not to take any restricted medications, foods,

your study doctor that if you have recently or are currently participating in other studies.

9. RELEVANT CONTACT INFORMATION

If there is any significant new information during the study that may affect your willingness to continue participating in the study, your doctor will inform you promptly. If you are concerned about your own study data, or you would like to know the findings after this study, you may ask any questions about this study at any time and receive answers accordingly, please contact Qi Wu at **********.

The Ethics Committee has approved this study. If you have any questions related to your rights/interests, or if you would like to reflect the difficulties, dissatisfaction and suggestions about this study, please contact the Medical Ethics Committee of the Second Hospital of Tianjin Medical University at ***-********.

I have been informed of the purpose, background, process, risks and benefits of this study. I have plenty of time and opportunity to ask questions, and the answers to the questions have been to my satisfaction.

I have also been told who to contact when I have questions, want to report difficulties, concerns, suggestions for the study, or want further information, or help with the study.

I have read this informed consent and agree to participate in this study.

I understand that I may choose not to participate in this study or withdraw from this study at any time during the study without any reason.

I already know that if I get worse, or if I have a serious adverse event, or if my study doctor decides it's not in my best interest to continue, he/she will decide to withdraw me from the study. The funder or regulatory agency may also terminate during the study without my consent. If this happens, I will be promptly notified by my doctor and the study doctor will discuss other options with me.

I will be provided with a copy of the informed consent which contains my signature and that of the investigator.

Participant Signature: Date:

(NOTE: If participant has no capacity/limited capacity, legal representative signature and date will be required)

[redacted]

Tel:

Independent witness Signature: Date:

Tel:

Investigator Signature: Date:

Tel: