



## Case Report Form

Volunteer/ Patient name\_and number :

Date of Examination : day/month/year

### Demographic Data :

- Age:
- Gender :            Female            Male
- Weight ( kg ):
- Height ( cm ) :
- BMI:
- Mobile number :

## **Section A - Diet/Lifestyle**

Smoking more than three cigarettes per day	5
Strenuous exercise or training more than 3 times per week (running, sports, gym etc)	5
More than 3 coffees daily	4
High sugar containing foods daily	2
Eat processed food or junk food daily	1
Consume a diet high in fatty foods daily (fried foods, butter, hamburgers, bacon, ice-cream, cheese)	4
A diet low in green leafy vegetables, seeds and nuts (less than one serve every day)	4
Consume soft drinks / fizzy drinks daily	4
<b>Score for section A</b>	