1. **Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **E-mail ID**

*\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **Age**

\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Current weight**

\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Height**

*\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **Sex**

*Male / Female / Others*

* **If ‘Female’**
* **Date of last cycle**

*\_\_\_\_\_\_\_\_\_\_\_\_\_*

* **Regularity of cycle**

*Yes, regular / No, not regular*

* **If ‘No, not regular’**

*More than 28 days / Less than 28 days*

* **Use of pharmaceutical birth control**

*Yes / No*

1. **Exercise habits**

*Yes / No*

* If ‘Yes’
* **Regularity of exercise ( days a week)**

*1 / 2 / 3 / 4 / 5 / 6 / 7*

* **Type of exercise**

*Rigorous / Non-rigorous*

* **Time for exercise**

*<15 mins / 15-30 mins / 30mins-1hr / >1hr*

1. **Lifestyle habits**

*Sedentary / Semi-sedentary /Laborious*

1. **Dietary habits**

*Vegan / Vegetarian / Non-vegetarian*

1. **Family history of**

* **High blood pressure**

*Yes / No*

* **Diabetes**

*Yes / No*

* **Heart problems**

*Yes / No*

1. **Personal history of**

* **Smoking**

*Yes / No*

* **Drinking**

*Yes / No*

* **Self-medication (Drugs-Marijuana etc.)**

*Yes / No*

1. **History of prescription medication**

* **High blood pressure**

*Yes / No*

* **Diabetes**

*Yes / No*

* **Heart problems**

*Yes / No*

1. **Frequency of urination**

*Regular / Irregular*

1. **Consistency of faeces (daily)**

*Once / Twice / More than twice*

1. **Current/ ongoing symptoms**

\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Time period of above symptoms**

\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Site and description of any discomfort and if any activities trigger said discomfort**

\_\_\_\_\_\_\_\_\_\_\_\_\_