1. **Age** (years)
2. **Height** (cm)
3. **Weight** (kg)
4. **BMI**
5. **The age of the First MP occurred** (years)
6. **MP Cycle**(days)
   1. Less than 21,
   2. 21–35,
   3. More than 35,
   4. Varies Widely
7. **Irregular MP**
   1. Yes
   2. No
8. **Missed MP for more than 2 months a year**
   1. Yes
   2. No
9. **Number of MPs per Year**
   1. Less than 8,
   2. 8–10,
   3. 10–12,
   4. More than 12
10. **Heavy Bleeding during MP**
    1. Yes
    2. No
11. **Hirsutism**
    1. Yes
    2. No
12. **Acne**
    1. No,
    2. Mild,
    3. Moderate,
    4. Severe
13. **Hair Loss**
    1. Yes
    2. No
14. **Oily Skin**
    1. Yes
    2. No
15. **Dark patches around the skin**
    1. Yes
    2. No

16. **Sudden weight gain**
    1. Yes
    2. No
17. **Facing difficulties in losing weight**
    1. Yes
    2. No
18. **Physical activity level(days per week)**
    1. Less than 1,
    2. 1–3,
    3. More than 3
19. **Duration of exercise a day** (min)
    1. 0-15
    2. 15–30
    3. 30–60
    4. More than 60
20. **Frequent sugar cravings**
    1. Yes
    2. No
21. **Average sleep duration a Day** (hours)
    1. Less than 6,
    2. 6–8,
    3. More than 8
22. **Family History of PCOS**
    1. Yes
    2. No
    3. Not sure
23. **Family History of Diabetes**
    1. Yes
    2. No
    3. Not sure
24. **Diagnosed with Thyroid Disorder**
    1. Yes
    2. No
    3. Not sure
25. **Taking Hormonal Medications**
    1. Yes
    2. No
26. **Medically Diagnosed with PCOS**
    1. Yes
    2. No
    3. Not tested