

Do you give consent to take part in this study **Yes**

No

Age:

Gender:

Male

Female

Sugers/Beverage intake Questions

Sweetened suger drinks	# Tsp of Suger	1 time /week	2-3 times/ week	1 time/ day	2time /day	3 times /day	<6 fl oz (3/4 cup)	8 fl oz (1 cup)	12 fl oz (1 ½ cup)	16 fl oz (2 cups)	More than 20 Fl Oz (2 ½ cups)
Whole Milk											
Soft drinks regular											
Sweetened Tea/Coffee											
Energy/Sports Drinks											
Fruit Juices											

Fat/Sweets Intake Questions

Please Tick your Response	T i m e s P e r W e e k				
How Many Times a week would you	N e v e r	Less than once	1 - 2	3 - 5	6 o r m o r e
E a t F r i e d F o o d					
F r e n c h f r i e s					
Eat pasteries,cakes,seet biscuits or Bun					
Eat chocolate, chocolate biscuits or sweet snack bars					
Eat potato chips,corn chips or something similar					
H a v e i c e c r e a m o r d e s s e r t					
H o w i s y o u r m e a l c o o k e d	I eat meat occasionally/Never	Grilled/Roasted (No Oil)	Grilled roasted (With Oil)	Stewed (Kari)	F r i e d
T o t a l (a d d t i c k s)					

M u l t i p l y t o t a l b y :	X	0	X	1	X	2	X	3	X	4
Preliminary Score (Add preliminary scores together)										

Scoring:

1: 0-10 (Low fat)
Fat)

2: 11-17 (Low to moderate fat)

3: 18-25 (Moderate

4: 26-39 (Moderate to High fat)

5: 40+ (High Fat)

How often do you do physical exercise?

1: Daily

2: Once a week

3: Twice a week

4: Thrice a week

5: More than thrice a week

6: Never

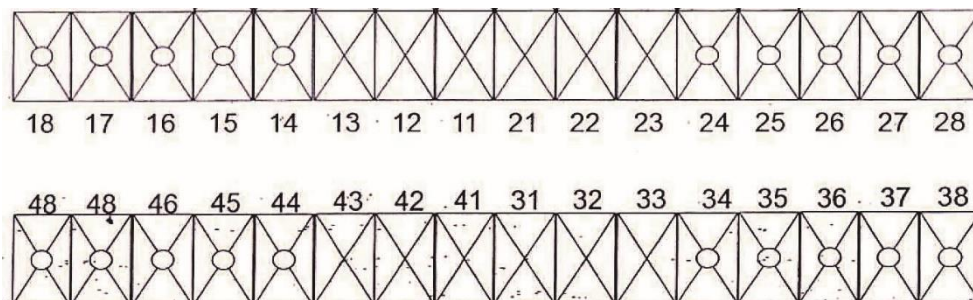
BMI related questions

What is your height?:

What is your weight?:

BMI =

DMFT Assessment:



D: Decayed

F: Filled

Decayed (Total)	Filled (Total)