The Obesity Prospective Cohort Study of the Medical Students

Dear Batch 16 and 17,

You are invited to participate in a research study titled, "The Obesity Prospective Cohort Study of the Medical Students". This study is being conducted by medical students of Taylor's University as part of the research module of Bachelor of Medicine, Bachelor of Surgery (MBBS) programme.

Your involvement in this project will be completing the questionnaire, and you have the right to withdraw from the project at any time, including withdrawal of any information provided.

There is no risk in the performance of the tasks and application of the procedures.
The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: the identity of participants will not be made public without their consent.

Information collected in this study may benefit the field of medicine in the future by better understanding the impact of various risk factors on the physique of the medical student.

This research project is done under the supervision of Dr. Jo Ann Andoy Galvan

If you have any concerns or questions about this study, please kindly contact us via email:
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The project has been reviewed and approved by the Taylor's University Human Ethics Committee (HEC 2023/334).

Kindly Please take 5 minutes to do the survey. Your cooperation is very much needed. Thank you for your participation.

* Indicates required question

1. Student ID *

2. Age (as of 1st January 2023) *

_____

3. Gender *

Mark only one oval.

- ◯ Female
- ◯ Male

4. Ethnicity *

Mark only one oval.

- ◯ Malay
- ◯ Chinese
- ◯ Indian
- ◯ Other: _____

5. Family History of Obesity *

Only first degree relatives (father, mother, brothers, sisters)

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Not sure

6. Accomodation *

Mark only one oval.

- ◯ With Parents / Anyone that cooks regularly
- ◯ Alone / Friends / non-regular cooks

Stress level

Please read each statement and select a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows: 0 : The statement did not apply to me at all . 3 :Applied to me very much or most of the time

7. *

Mark only one oval per row.

	0	1	2	3
I find it difficult to work up initiative to do things	◯	◯	◯	◯
I tend to over-react to situations	◯	◯	◯	◯
I found it difficult to relax	◯	◯	◯	◯
I felt that I had nothing to look forward to	◯	◯	◯	◯
I felt scared without any good reason	◯	◯	◯	◯
I couldn't seem to experience any positive feeling at all	◯	◯	◯	◯
I found it hard to wind down	◯	◯	◯	◯
I tended to over-react to situations	◯	◯	◯	◯
I felt that I was using a lot of nervous energy	◯	◯	◯	◯
I found myself getting agitated	◯	◯	◯	◯
I was intolerant of anything that kept me from getting on with what I	◯	◯	◯	◯
I felt that I was rather touchy	◯	◯	◯	◯

Physical activity

8. Please select any of the below which is the most relevant to your practice in a time frame of one week.

*(>150 minutes)/ (>75 minutes) category is only applicable if you have practice this for at least 1 month.

Check all that apply.

- [ ] >150 minutes of moderate intensity exercise (Dancing, Gardening)
- [ ] <150 minutes of moderate intensity exercise (Dancing, Gardening)
- [ ] >75 minutes of Heavy intensity exercise (Weight training, Soccer, Basketball, jogging)
- [ ] <75 minutes of Heavy intensity exercise (Weight training, Soccer, Basketball, jogging)

Eating Behaviors

FOR THE PAST 30 DAYS.

9. Number of meals per day *

Any of the regular occasions in a day when a reasonably large amount of food is eaten.

Mark only one oval.

- ◯ <3
- ◯ 3
- ◯ >3

10. Servings of fruit and vegetables per day *

One serving is equivalent to 80g. For examples : 1 whole apple is equivalent to 1 serving. 1/2 cu of cooked dark green leafy vegetables is equivalent to 1 serving.

Mark only one oval.

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ > 5

11. Number of snacks per day *

12. During past 30 days, how many days did you eat breakfast? *

Consumed within 2 to 3 hours of waking, excluding water, black coffee with no sugar or other n caloric beverages

13. During the past 30 days, how many times did you usually drink carbonated soft drinks, such as Coca-Cola, Pepsi, or Sprite?

DO NOT INCLUDE diet soft drinks - pepsi black, coke zero etc.

Mark only one oval.

- ◯ None
- ◯ 1-3 times/week
- ◯ 4-6 times/week
- ◯ 1 time/day
- ◯ 2 times/day
- ◯ 3 times/day
- ◯ 4 times and more/day

14. Number of fast foods taken (weekly) *

Easily prepared processed food served in snack bars and restaurants as a quick meal or to be taken away. KFC, McD, Burger King, Marrybrown, A&W,

_____

15. Type of diet *

Mark only one oval.

- ◯ Vegetarian
- ◯ Non vegetarian
- ◯ Mixed

Lifestyle behavior

16. How many cigarettes have you smoked for the last 30 days? *
Including cigars, pipes or other tobacco products

Mark only one oval.

- ◯ None
- ◯ 1-5
- ◯ >5

17. How much is your alcohol intake for the past 30 days? *
One drink is either (355 ml of 5% alcohol), (150 ml of 12%alcohol) or (45 ml of 40% alcohol)

Mark only one oval.

- ◯ None
- ◯ 1-2 drinks a day (at least any one day in the past month)
- ◯ 5 drinks a day (at least any one day in the past month)
- ◯ > 35 drinks

18. Sleeping habit *
During the past 30 days, on average, how long did you sleep EVERY DAY (including daytime rest)

Mark only one oval.

- ◯ <7
- ◯ 7-9
- ◯ >9

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Google Forms

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you **over the past week.** There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time
3 Applied to me very much or most of the time

1 (s)	I found it hard to wind down	0	1	2	3
2 (a)	I was aware of dryness of my mouth	0	1	2	3
3 (d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4 (a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5 (d)	I found it difficult to work up the initiative to do things	0	1	2	3
6 (s)	I tended to over-react to situations	0	1	2	3
7 (a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8 (s)	I felt that I was using a lot of nervous energy	0	1	2	3
9 (a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt down-hearted and blue	0	1	2	3
14 (s)	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3
18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3