Clinical Study	Institution	Family name	Personal name	Patient's initials

Personal information

Sex:
□ male
□ female

Study inclusion - Date and time signing the Informed Consent Form

□□□□□□□□ □□:□□
YEAR (YYYY) MONTH (MM) DAY (DD) HOUR (HH) MINUTE (MM)

Name: □□□□□□□□□□□□□□□□□□□□

□□□□□□□□□□□□□□□□□□□□

Surname: □□□□□□□□□□□□□□□□□□□□

□□□□□□□□□□□□□□□□□□□□

Date of birth: □□ □□□ □□□□

Home address: □□□□□□□□□□□□□□□□□□□□

Postal code and city: □□□□□□□□□□□□□□□□□□□□

Tel. number: □□□□□□□□□□□□□□□□□□□□

Phone number: □□□□□□□□□□□□□□□□□□□□

Laboratory findings:

Date and time: □□ □□□ □□□□ □□:□□	Fasting: □ yes □ no

Lab value:	
Glucose: □□.□□ mmol/L	CRP: □□.□□ mg/L
Cholesterol: □□□□.mmol/L	Triglycerides: □□□□.mmol/L
HDL: □□.□□ mmol/L	LDL: □□.□□ mmol/L

Physical findings:

Date and time: □□ □□□ □□□□ □□:□□

Weight: □□□ **kg** | **Height:** □□□ **cm**

Waist circumference: □□□.□cm **Hip circumference**: □□□.□ cm

Blood pressure: **Pulse:** □□□**beats/min**

First measurement: **Left hand:** □□□/□□□ **mmHg** **Right hand:** □□□/□□□ **mmHg**

Second measurement: **Left hand:** □□□/□□□ **mmHg** **Right hand:** □□□/□□□ **mmHg**

Diet habits:

Are you a vegetarian? **□ YES** **□ NO**

How often do you eat food from these categories?

	Choose one answer				
	< 1x monthly or never	monthly	weekly	daily	If chosen monthly or weakly, how often
Red meat	□	□	□	□	
Cured meat products	□	□	□	□	
Poultry	□	□	□	□	
Fish	□	□	□	□	
Eggs	□	□	□	□	
Whole grains	□	□	□	□	
Rafined grains	□	□	□	□	
Dairy products	□	□	□	□	
Fried and breaded food	□	□	□	□	
Soy-based food	□	□	□	□	
Salty food and snacks	□	□	□	□	
Sweets	□	□	□	□	
Salt	□	□	□	□	
Fruits	□	□	□	□	
Juices	□	□	□	□	
Nuts	□	□	□	□	
Beans	□	□	□	□	
Potatoes	□	□	□	□	
Green leafy vegetables	□	□	□	□	
Pickled vegetables	□	□	□	□	
Other vegetables (cooked or raw)	□	□	□	□	
Sweetened beverages	□	□	□	□	
Olive oil	□	□	□	□	
Other vegetable oils	□	□	□	□	
Animal fats	□	□	□	□	
Untreated filtered coffee	□	□	□	□	

Smoking habits:

Have you ever used any of these tobacco products?

	Never	Before	Duration	Now	No per day
Cigarettes	□	□		□	

Ciagrs/tobacco pipe	□	□		□	
Chewing tobacco	□	□		□	
Other:_____					

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