Self-designed Form

Name:  Age:  Gender:  BMI:

Behaviors:
Exercise more than 3 times a week and each time more than 30 minutes (Yes, No)
Sleep time ≥8 hours (Yes, No)
Take afternoon nap (Yes, No)
Fruit intake ≥3 times a week (Yes, No)
Sleep time <8 hours (Yes, No)
Alcohol consumption more than 50 mL ≥3 times a week (40% alcohol (Yes, No)
Caffeine drink intake >200 mL every day (Yes, No)
Mental activities after dinner more than 1 hour (Yes, No)

FTND scores: ______

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