

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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