

### ANNEX 3 DATA CAPTURE SHEET

| Section 1. Identification form  | Group |
|---|-------|
| NO. FOLIO   |       |
| 01. Name of the participant   |       |
| 02. Date of Birth:  |       |
| 03. Age (Number of years completed):  |       |
| 04. Gender: 1. M 2. F   |       |
| 05. Allergies   |       |
| 06. The clinic of Secondment:   |       |
| 07. Name of parent/guardian:  |       |
| 08. Name  |       |
| 09. Relationship  |       |
| 10. Age (Number of years completed):  |       |
| 11. Gender:<br>1.M 2.F  |       |
| 12. Cell pone   |       |
| 13. Landline  |       |
| 14. Address   |       |
| 15. Complete Schooling<br>0. None<br>1. Elementary school<br>2. Junior High school<br>3. Senior High school |       |

|   |  |
|---|--|
| <b>4. Bachelor's degree</b><br><b>5. Master's degree</b>  |  |
| <b>16. Occupation</b><br><b>0. None</b><br><b>1. Worker/Labourer</b><br><b>2. Trader</b><br><b>3. Public servant/ Public servant</b><br><b>4. Entrepreneur/woman entrepreneur</b> |  |

Please fill cell with result

| Week | Result Hepatic elastography CAP (controlled attenuation parameter), LSM (liver stiffness measurement) |
|------|---|
| 0    |   |
| 12   |   |

| Week | Weight (Kg) | Size (cm) | IMC | DS | Waist circumference (cm) | Blood Pressure (mmHg) | Percentile |
|------|-------------|-----------|-----|----|--------------------------|-----------------------|------------|
| 0    |             |           |     |    |                          |                       |            |
| 6    |             |           |     |    |                          |                       |            |
| 12   |             |           |     |    |                          |                       |            |

| Week | Fasting Glucose (mg/dl) | Triglycerides (mg/dl) | HDL (mg/dl) | LDL((mg /dl) | Cholesterol (mg/dl) | AST(U/l) | ALT(U/l) | GGT(U/l) |
|------|-------------------------|-----------------------|-------------|--------------|---------------------|----------|----------|----------|
| 0    |                         |                       |             |              |                     |          |          |          |
| 6    |                         |                       |             |              |                     |          |          |          |
| 12   |                         |                       |             |              |                     |          |          |          |

| Week | Energy Intake Content | Content (ω3 mg) | Content ω6 (mg) |
|------|-----------------------|-----------------|-----------------|
| 0    |                       |                 |                 |
| 6    |                       |                 |                 |
| 12   |                       |                 |                 |

| Week 0  | Number of steps | Week 6  | Number of steps | Week 12 | Number of steps |
|---------|-----------------|---------|-----------------|---------|-----------------|
| Day 1   |                 | Day 1   |                 | Day 1   |                 |
| Day 2   |                 | Day 2   |                 | Day 2   |                 |
| Day 3   |                 | Day 3   |                 | Day 3   |                 |
| Day 4   |                 | Day 4   |                 | Day 4   |                 |
| Day 5   |                 | Day 5   |                 | Day 5   |                 |
| Average |                 | Average |                 | Average |                 |

| Week | Record treatment compliance TEST Morisky-Green<br><br>1. Comply<br><br>2. Does not comply | Write down how many days of the week (out of 7 days) the participant ate the cookie. Information obtained through telephone calls | Write down how many complete cookies the participant return without eating them each week or how many grams if they are incomplete cookies. |
|------|---|---|---|
| 1    |   |   |   |
| 2    |   |   |   |
| 3    |   |   |   |
| 4    |   |   |   |
| 5    |   |   |   |
| 6    |   |   |   |
| 7    |   |   |   |
| 8    |   |   |   |
| 9    |   |   |   |
| 10   |   |   |   |
| 11   |   |   |   |
| 12   |   |   |   |

| Week | Diarrhea week   | Abdominal pain  | 3. Another adverse symptom, when the answer is yes, write down which one |
|------|---|---|--|
|      | 1.Absence<br>2. 2 a 3 liquid stools per day<br>3. 4 a 5 liquid stools per day<br>4. 6 or more liquid stools per day | 1 Absence<br>2.1 a 3 Mild pain<br>3. 4 a6 moderate pain<br>4. 7 a 10 Intense pain | 1.NO<br>2 YES  |
| 1    |   |   |  |
| 2    |   |   |  |
| 3    |   |   |  |
| 4    |   |   |  |
| 5    |   |   |  |
| 6    |   |   |  |
| 7    |   |   |  |
| 8    |   |   |  |
| 9    |   |   |  |
| 10   |   |   |  |
| 11   |   |   |  |
| 12   |   |   |  |