

Subject code ()

1. Gender () Male () Female

3. Height / Weight (/)

5. Smoking () none () past () current

() Diabetes () Hypertension () Hyperlipidemia

* Others (describe it yourself) ()

☐ Screening ☐ Post-polypectomy surveillance

☐ Have any symptoms ☐ Positive fecal occult blood test

() No () Yes

() Abdominal pain () Bloating () Constipation () Diarrhea

() Nausea () Vomiting () Anal bleeding ()

* Others (describe it yourself) ()

☐ No ☐ One to Two times ☐ More than three times

☐ Vegetarian ☐ Meat eater ☐ Eat evenly

(/ per day) or (/ per week)

(Bristol stool scale)

☐ type 1 ☐ type 2 ☐ type 3 ☐ type 4

() type 5 () type 6 () type 7