A CROSS-SECTIONAL STUDY TO INVESTIGATE
THE PREVALENCE OF OBESITY IN
ADOLESCENT GIRLS ATTENDING
GYNAECOLOGY OUT PATIENT CLINIC IN A
TERTIARY LEVEL HOSPITAL



A dissertation submitted in partial fulfilment of the requirements of the Tamil Nadu Dr M.G.R Medical University for the degree of MS (Obstetrics and Gynaecology) examination to be held in May 2018

DECLARATION CERTIFICATE

I hereby declare that this dissertation titled "A CROSS-SECTIONAL STUDY TO INVESTIGATE THE PREVALENCE OF OBESITY IN ADOLESCENT GIRLS ATTENDING GYNAECOLOGY OUT PATIENT CLINIC IN A TERTIARY LEVEL HOSPITAL" is carried out by me under the guidance and supervision of Dr Elsy Thomas, Professor and Head of Unit, Obstetrics and Gynaecology Unit 1, Christian Medical College, Vellore.

This dissertation is submitted in partial fulfilment of the requirements of the Tamil Nadu Dr M.G.R Medical University for the degree of MS (Obstetrics and Gynaecology) examination to be held in May 2018.

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CERTIFICATE

This is to certify that the dissertation titled "A CROSS-SECTIONAL STUDY TO INVESTIGATE THE PREVALENCE OF OBESITY IN ADOLESCENT GIRLS ATTENDING GYNAECOLOGY OUT PATIENT CLINIC IN A TERTIARY LEVEL HOSPITAL" is the original research work done by Dr Evangeline Reeni Christian and was carried out under my guidance and supervision towards partial fulfilment of the requirements of the Tamil Nadu Dr M.G.R Medical University for the degree of MS (Obstetrics and Gynaecology) examination to be held in May 2018.

Dr Elsy Thomas

Guide

Professor and Head of Unit 1

Department of Obstetrics and Gynaecology

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Vellore 632004, India

CERTIFICATE

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Dr Annie Regi Dr Anna Pulimood

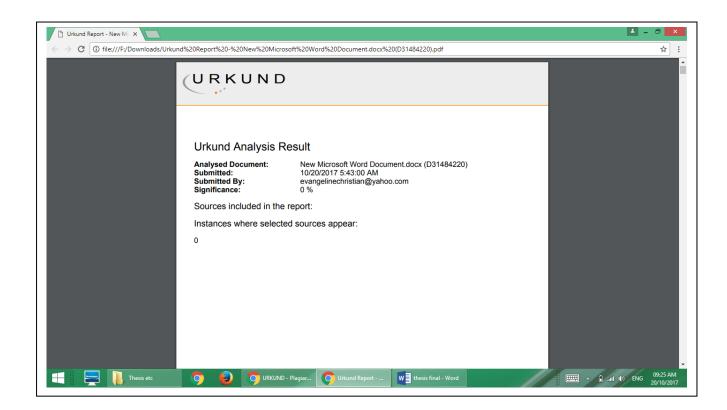
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January 28, 2017

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Fluid Research Grant NEW PROPOSAL: Sub:

A cross-sectional study to investigate the prevalence of obesity in adolescents, which will employ a case control framework to evaluate for risk factors for obesity. Dr Evangeline Reeni Christian, Employment Number: 28168, PG Registrar, Dr Elsy Thomas, Employment Number: 50312, Dr Jessie Lionel, Professor and HOU, OGIN, 14520. Grace Rebekah J, Lecture II, 32070, Biostatistics

IRB Min No: 10419 [OBSERVE] dated 05.12.2016 Ref:

Dear Dr Evangeline Reeni Christian,

I enclose the following documents:-

Agreement Institutional Review Board approval 1.

Could you please sign the agreement and send it to Dr. Biju George, Addl. Vice Principal (Research), so that the grant money can be released.

With best wishes,

Dr. Biju George

Secretary (Ethics Committee)

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Dear Dr Evangeline Reeni Christian,

The Institutional Review Board (Blue, Research and Ethics Committee) of the Christian Medical College, Vellore, reviewed and discussed your project titled "A cross-sectional study to investigate the prevalence of obesity in adolescents, which will employ a case control framework to evaluate for risk factors for obesity" on December 05th 2016.

The Committee reviewed the following documents:

- 1. IRB Application format
- 2. Consent forms (English, Tamil, Bengali, Telugu and Hindi)
- 3. Cvs of Drs. Elsy Thomas, Grace Rebekha and Jessie Lional.
- 4. Questionnaire and Proforma
- 5. No. of documents 1-4

The following Institutional Review Board (Blue, Research & Ethics Committee) members were present at the meeting held on December 05th 2016 in the BRTC Conference Room, Christian Medical College, Bagayam, Vellore 632002.



Dr. B.J. Prashantham, M.A., M.A., Dr. Min (Clinical) Director, Christian Counseling Center, Chairperson, Ethics Committee.

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Name	Qualification	Designation	Affiliation		
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Dr. B. J. Prashantham	MA(Counseling Psychology), MA (Theology), Dr. Min (Clinical Counselling)	Chairperson, Ethics Committee, IRB. Director, Christian Counseling Centre, Vellore	External, Social Scientist		
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Mrs. Pattabiraman	BSc, DSSA	Social Worker, Vellore	External, Lay Person		
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Dr. Santhanam Sridhar	MBBS, DCH, DNB	Professor, Neonatology, CMC, Vellore	Internal, Clinician
Mrs. Emily Daniel	MSc Nursing	Professor, Medical Surgical Nursing, CMC, Vellore	Internal, Nurse
Dr. Mathew Joseph	MBBS, MCH	Professor, Neurosurgery, CMC, Vellore	Internal, Clinician

We approve the project to be conducted as presented.

Kindly provide the total number of patients enrolled in your study and the total number of withdrawals for the study entitled: "A cross-sectional study to investigate the prevalence of obesity in adolescents, which will employ a case control framework to evaluate for risk factors for obesity" on a monthly basis. Please send copies of this to the Research Office (research@cmcvellore.ac.in).

Fluid Grant Allocation:

A sum of 5,000/- INR (Rupees Five Thousand Only) will be granted for 6 months.

Yours sincerely,

Dr. Biju George

Secretary (Ethics Committee) Institutional Review Board Dr. BIJU GEORGE
MBBS. MO DM.
SECRETARY - (ETHIC TOMMITTE

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TITLE

A CROSS-SECTIONAL STUDY TO INVESTIGATE THE PREVALENCE OF OBESITY IN ADOLESCENT GIRLS ATTENDING GYNAECOLOGY OUT PATIENT CLINIC IN A TERTIARY LEVEL HOSPITAL.

INTRODUCTION

'Obesity is becoming an epidemic'. This is a statement often heard in the health circles today. But is obesity really a problem of such great magnitude or is this just an overstatement? That is a question that needs an answer. The alarming fact is that this 'disease' seems to be as much a problem of the adolescents as of the reproductive age group women. A report presented by NHANES for the year 2007-2008 stated that 16.9% of children and adolescents in the age group of 2-19 years were obese. Childhood obesity prevalence among preschool children increased from 5.0 to 10% between 1976-1980 and 2007-2008 and it increased from 6.5 to 19.6% among the age group of 6-11 years. Data from the same study also showed that in the adolescent age group (12-19 years) obesity increased from 5.0 to 18.1%. (1)

A study conducted among 24,000 school children in south India showed that the proportion of overweight children increased from 4.94 per cent of the total in 2003 to 6.57 per cent of the total in 2005, demonstrating the time trend of this rapidly growing 'epidemic' (2).

A study from northern India reported a childhood obesity prevalence of 5.59 per cent in the higher socio-economic strata compared to 0.42 per cent in the lower socio-economic strata.(3)

Though it is reasonable to assume that childhood obesity would carry over into the adolescent period, an objective measure of this problem in adolescent girls is not available, especially in the Indian subcontinent. This study aims to determine the prevalence of obesity in adolescent girls attending the gynaecology out-patient clinic in a tertiary level hospital. Though the prevalence of obesity in a hospital set up would not be an accurate estimate of the problem in the community, it would still reflect in great measure the magnitude of the problem in the community.

Menstrual irregularities are common in the adolescent period and this problem is aggravated in obese adolescents. The most common cause for irregular menses in adolescents is polycystic ovarian disease (PCOD). Patients with Polycystic Ovarian Disease (PCOD) present with oligo-ovulation (menstrual irregularity), features of hyperandrogenism and polycystic ovaries on

ultrasonography. Women with polycystic ovarian disease tend to be obese but are not universally so(4). We aim to evaluate obese adolescent girls who have oligo-ovulation with ultrasonography to look for the presence of polycystic ovaries.

The problems related to obesity are many and can be evident in the present or will make itself known in the future. An objective evaluation of the problem of obesity in adolescent girls would go a long way in encouraging both the patients and their carers in taking positive steps to deal with this 'epidemic'.

ABBREVIATIONS

ACOG American College of Obstetricians and Gynaecologists

AE-PCOS Androgen excess- polycystic ovary syndrome

BMI Body Mass Index

CAH Congenital Adrenal Hyperplasia

CDC Centre for disease control and prevention

DHEAS Dehydroepiandrosterone sulphate

DSD Disorder of Sexual Development

FPG Fasting plasma glucose

FSGS Focal segmental glomerulosclerosis

FSH Follicle Stimulating Hormone

HDL High Density Lipoprotein

IASO International Association for the study of obesity

IGF Insulin like growth factor

IOTF International Obesity Task Force

LDL Low Density Lipoprotein

LH Luteinizing Hormone

NAFLD Non- alcoholic fatty liver disease

NASH Non- alcoholic steatohepatitis

NHANES National Health and Nutrition Examination Survey

NIDDM Non-insulin dependent diabetes mellitus

OCP Oral contraceptive pill

OHA Oral hypoglycaemic agent

OHS Obesity hypoventilation syndrome

OSA Obstructive sleep apnea

PCO Polycystic ovary

PCOD Polycystic ovarian disease

PCOM Polycystic ovarian morphology

PCOS Polycystic ovarian syndrome

SCFE Slipped capital femoral epiphysis

SHBG Sex Hormone Binding Globulin

T2DM Type 2 diabetes mellitus

TSH Thyroid Stimulating Hormone

TV Television

USA United States of America

WHO World health organisation

AIMS AND OBJECTIVES

To determine the prevalence of obesity in adolescent girls attending gynaecology out-patient clinic.

To assess the menstrual pattern in obese adolescent girls.

To find the proportion of obese adolescent girls with menstrual irregularity, who have PCOM.

To assess the risk factors for obesity in adolescent girls.

LITERATURE REVIEW

Introduction

Obesity is a serious public health problem(2). The term obesity refers to excess body fat, but since there are no direct methods of measuring body fat, in clinical practice, relationship between anthropometric measures like body weight and height are used to assess the body fat.(5) The prevalence of obesity has gone up both nationally and internationally. India, a "developing" country, has got its 'double burden' of obesity on one hand and undernutrition in the other. (6)

Epidemiology

Epidemiological data shows an increase in the prevalence of obesity globally. According to the International Association for the Study of Obesity (IASO) and International Obesity Task Force (IOTF) around 300 million people all over the world are obese, out of which 200 million come under the school going age group. (7) The WHO recently stated that "the growth in the number of severely overweight adults is expected to be double that of underweight during 1995-2025" (WHO 1998) (7) India is one of the fastest growing economies, experiencing transitions at epidemiological, demographical and nutritional level, along with increasing obesity in every age group. At the same time, due to its wide geographical, ethnic and socio-cultural variations, robust data on the prevalence of adolescent obesity is lacking in India.(6)

The data regarding adolescent obesity trends in India is shown in the table below.

Adolescent (10-18 year) obesity trends in India(6)

S. No.	Author	Year	Region	Age group	Sample size (n)	Methods/cut- points*	Overweight prevalence (%)			Obesity prevalence (%)		
				(yr)			Overall	Boys	Girls	Overall	Boys	Girls
	Gupta et al**	1998	Jaipur, NI	13-17	237	WHO				10.1	+	
2	Kapil et al ²⁶	2002	New Delhi, NI	10-16	870	IOTF-Cole et al	24.7	23.1	27.7	7.4	8.3	5.5
3	Ramachandran et al $^{\scriptscriptstyle (1)}$	2002	Chennai, SI	13-18	4700	IOTF-Cole et al		17.8	15.8		3.6	2.9
4	Subramanyam et al ^{De}	2003	Chennai, S1	10-15	7071 (1981)	IOTF-Cole et al	9.6			5.9	+)	
					.610 [‡] (1998)		9.7			6.2		
5	Chhatwal et alit	2004	Punjab, NI	9-15	2008	WHO,	14.2	15.7	12.9	11.1*	12.4	9.9
6	Mohan et al ^{ne}	2004	Punjab, NI	11-17	3326	IOTF-Cole et al	11.6 (U)			2.4 (U)	+00	
							4.7 (R)			3.6 (R)		
7	Khadilkar & Khadilkar ³¹	2004	Pune, WI	10-15	12286	IOTF-Cole et al	19.9	19.9		5.7	5.7	
8	Sidhu et al ¹⁰	2005	Punjab, NI	10-15	640	Must er al**	10.9	9.9	12.0	5.6	5.0	6.3
9	Gupta et al ^{ts}	2006	Jaipur, NI	11-17	12241 (1997)	IOTF-Cole et al	10.9	(8)	10.9	5.5	+11	5.5
					9151 (2003)		10.5		10.5	6.7		6.7
10	Kaneria et al ⁿ	2006	Rajasthan, NI	12-17	268	IOTF-Cole et al	3.25	4		3.73	+	
11	Iyer et alis	2006	Baroda, WI	12-18	5329	IOTF-Cole et al	8.5	8.0	9.0	1.5	1.4	1.7
12	Singh et al**	2006	New Delhi, NI	12-18	510	CDC Growth Charts					18.6	16.5
13	Sood et al14	2007	Bangalore, SI	9-18	7942	IOTF-Cole et al	13.1		13.1	4.3	4:	4.3
14	Rao et al ^{at}	2007	Pune, WI	9-16	2223	IOTF-Cole et al		27.5	20.9		+	+
15	Laxmaish et alis	2007	Hyderabad, SI	12-17	1208	IOTF-Cole et al		6.1	8.2		1.6	1.0
16	Global School Based Student Health survey (CBSE)***	2007		13-15	8130	WHO.	10.8	11.6	9.7	2.1	2.5	1.5
17	Unnithan & Syamakumari ²³	2007	Kerala, SI	10-15	3886	IOTF-Cole et al	17.7	75	•	5.0	*	*
18	Aggarwal et al ⁵⁸	2008	Punjab, NI	12-18	1000	Rosner et al'	12.7			3.4	114	
19	Bharati et al ^{ne}	2008	Wardha, WI	10-17	2555	CDC Growth Charts	3.1			1.2		
20	Goyal et all	2010	Ahmedabad, WI	12-18	5664	IOTF-Cole et al		14.3	9.2		2.9	1.5
21	Join et alit	2010	Meerut, NI	10-16	2785	EHPA*		18.4	19.7		10.8	5.3
22	Gupta et al ^{ta}	2011	New Delhi, NI	14-17	3493 (2006)	Pandey et al"	24.2			9.8		
	Monagas and Co.				4908 (2009)	100000000000000000000000000000000000000	25.2			11.7		
23	Saraswathi et al ⁸⁴	2011	Mysore, SI	13-17	1439(U)	WHO'	80	24	*0	8.8 (U)	7.7 (U)	10.4 (U
					750(R)		2	2	23	0.8 (R)	0.5 (R)	1.0 (R
24	Kumar et afs	2011	Udipi Dist., SI	12-15	500	WHO'	3.0	-		2.6		
25	Kumar et al ^{sa}	2012	Surat, WI	13	2778	IAP"	50	100	12,6	28	**	6.5
				14	2712				13.3			6.6
				15	2158				14.0			6.7
26	Jain et al ^a	2012	Chattisgarh, EI	13-17	500	CDC Growth Charts	•		23,8	12		8.4
27	Alok et al ^[1]	2012	Surat, WI	14-16	213 (U)	IOTF-Cole et al"	26.3 (U)	27.4 (U)	24.9 (U)	14.6 (U)	14.3 (U)	15.0 (L
					176 (R)		25.8 (R)	25.6 (R)	26.2 (R)	12.8 (R)	11.2 (R)	14.1 (R
28	Gupta et al ¹⁰	2013	Bankura, EI	10-≤18	452	WHO'	7.7	8.9	6.3	4.0	4.0	3.9

"Most studies include age group 10 years onwards in the adolescent age group except for two studies which included age 9 years onwards.

"BMI (kg/m²), ²Girls only, ⁴Boys only, ⁸based on triceps skin fold thickness (TSFT), ⁸based on a representative sample of students going to CBSE schools in India, ⁶ >95% or >90% percentile = obesity, ≥85% or 80% percentile = overweight & obesity; NI, North India; NEI, North East India; SI, South India; CI, Central India; EI, East India; WI, West India

Various cut-points used:

Must et al. (1991)⁶⁰, International Obesity Task Force (IOTF)-Cole et al. (2000)⁵¹, World Health Organization (WHO) Age and Gender Specific Cut-offs for Overweight & Obesity (1995)⁶¹, 2006)⁶², Centres for Disease Control and Prevention (CDC), Atlanta, USA, CDC Growth Charts for the United States⁶³, Eliz Health Path for Adolescents and Adults (EHPA)⁵¹, Pandey et al. (1991)⁶², Indian Academy of Paediatrics (IAP) 2001. (1992)⁶³, Rosner et al. (2006)⁶³, Pandey et al.

Definition of obesity

WHO defines obesity in adults as 'BMI of greater than or equal to 30 kg/m².'(8)

Obesity is further categorised as:(9)

- Class 1: BMI of 30 to $< 35 \text{ kg/m}^2$
- Class 2: BMI of 35 to $< 40 \text{ kg/m}^2$
- Class 3: BMI of 40 kg/m² or higher.

Class 3 obesity is sometimes categorized as "extreme" or "severe" obesity.

CDC criteria for obesity in children and adolescents

In children obesity cannot be defined as in adults, age has to be taken into consideration. The following criteria has been used to define obesity in children using the CDC growth chart where age and sex are taken into consideration.(10)

Underweight- $BMI < 5^{th}$ percentile for age and sex

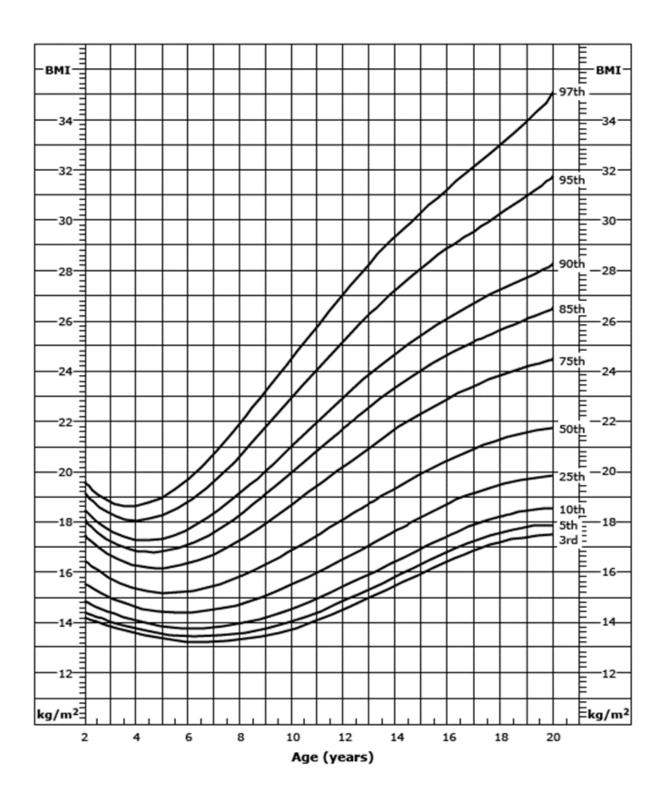
Normal weight- BMI between 5th -85th percentile for age and sex

Overweight- BMI between >85th - 95th percentile for age and sex

Obese– BMI \geq 95th percentile for age and sex

Severe obesity-BMI $\geq 120\%$ of the 95th percentile value or BMI ≥ 35 kg/m².

Body mass index-for-age percentiles, girls, 2 to 20 years, CDC growth chart (United States):



Etio-pathogenesis of adolescent obesity

Etio- pathogenesis of adolescent obesity is multi-factorial. Several factors like genetic factors, neuroendocrine factors, metabolic factors, behavioural factors, environmental and various socio- cultural factors have been identified as contributing agents for childhood obesity. (11)

Genetic factors

Evidence shows that genetic factors play a role in the pathogenesis of obesity. In polygenic mouse models (closely related with human obesity phenotypes) it was shown that leptin deficiency can cause obesity. Multiple polygenic mutations were associated with cholesterol elevation, body fat alteration and tendency to increase in body weight after high fat consumption. (11) Genetic factors influence obesity in children by altering the body metabolism of the child.

Several genetic conditions are associated with obesity, like Prader-Willi syndrome, Bardet-Biedl syndrome and Cohen syndrome. Another pointer to genetic factor involvement is the observation that obesity shows a familial tendency. The Avon Longitudinal Study which was conducted among 8234 children, showed that the odds of children having obesity were 2.93, 4.66 and 11.75, respectively if the father or the mother or both the parents had obesity. (12) A study done in Washington among 854 subjects showed that parental obesity was a better predictor of adult obesity as compared to the child's weight itself till the age of 3 years. (13)

Neuroendocrine factors

Peptides like leptin, insulin and neuropeptide Y play a role in the etio-pathogenesis of obesity. Low levels of leptin and insulin stimulate neuropeptide Y that in turn inhibits different catabolic pathways seen during fasting and hypoglycaemic state. This results in a tendency to increase food intake. Increased level of leptin and insulin increases energy expenditure by releasing hormones like melanocortin and corticotropin-releasing hormone. Some humans are genetically leptin deficient and this may lead to their tendency to become obese. Few other peptides associated with increased feeding tendency are orexins A and B from hypothalamus and ghrelin from the stomach (14)

Environmental and Social factors

Evidence strongly points towards environmental and socio cultural factors as important agents in the etio-pathogenesis of adolescent obesity. Sub-optimal level of cognitive stimulation by parents and choice of diet at home have a direct influence on food preferences of the children and can contribute to unhealthy eating habits and subsequent obesity. (15) Short sleep pattern in childhood was also shown to affect fat metabolism leading to obesity in children. (16)

Urbanization has been associated with obesity and it promotes obesity by encouraging fast-food consumption and accessibility of high calorie foods and beverages. (17) Television watching and sedentary lifestyle are other important factors contributing to obesity in childhood and adolescence. (18)

Factors contributing to obesity at different levels of evolution

Obesity in adulthood could have its origin at any time, starting from the intrauterine period itself. Intrauterine growth patterns determines obesity in adulthood by affecting fat and lean body mass, controlling pancreatic enzyme functions and altering neuroendocrine mechanisms. High birth weight is an independent risk factor for obesity later in life. (12) Low birth weight was also found to be associated with increased risk of obesity in early adulthood and it added to cardiovascular risk factors too. (19)

Different studies have shown that breastfeeding has a protective influence on childhood obesity. (20) A study conducted in USA among 6507 adolescent girls showed that the two-fold rise in the rate of early menarche had an associated BMI of more than the 85th percentile. (21) It was found that almost 80 per cent of obese adolescents have the risk of becoming obese in their adulthood as well (22)

Risk factors for adolescent obesity

Studies conducted in school settings from 1990-2013 in three countries - India, Pakistan and Bangladesh showed some key individual risk factors as having significant association to childhood and adolescent overweight and obesity. These include lack of physical activity, prolonged hours of TV watching or prolonged playing of computer games and eating of junk food. Consumption of calorie dense food, higher socio-economic status and positive family history of obesity are also contributing factors for childhood obesity, as determined by various studies.(23) The National Centre for Chronic Disease Prevention and Health Promotion, CDC, USA has stated that several factors like higher costs of healthy food as compared to that of unhealthy foods and lack of safe places for children to play and/or exercise contribute to the increasing trend in obesity. (24) Childhood obesity is generally due

to discrepancy between calorie intake and calorie loss (25). Behavioural factors like excessive consumption of energy rich beverages and food, in large portion sizes, along with lack of physical activity contribute to childhood and adolescent obesity. Sedentary lifestyle, especially watching television for long time and snacking more while watching television is found to be an important cause for obesity. (25) Media also has a role in promoting obesity in children as it often encourages unhealthy eating habits. (26)

Comorbidities

There are various comorbidities associated with being overweight and obese and this affects the functioning of most of the systems of the body like- endocrine, cardiovascular, gastrointestinal pulmonary etc.

Endocrine

Endocrine comorbidities like impaired glucose tolerance or prediabetes are common abnormalities seen in obese adolescents, followed by growth and pubertal abnormalities in girls. (27) (28) In a study conducted in USA in more than 6000 students with an average age of 11.8 years, impaired fasting glucose (FPG ≥100 mg/dL) was seen in 15.5% in the overweight category, 20.2% in the obese category, and 22.5% in the severely obese category. Type 2 diabetes mellitus (T2DM) is also a common comorbidity of obesity in adolescents. In another study conducted in United States 4 percent out of 167 students with BMI ≥95th percentile for age and sex was diagnosed to have asymptomatic T2DM. (29) Moreover, this group of people presenting with T2DM in their adolescence were found to have faster development of diabetes-related complications, in comparison to people

presenting with T2DM later in life. A study based in Oklahoma showed that adolescent patients who were found to have T2DM, were also diagnosed with other comorbidities likemicroalbuminuria 13.0%, dyslipidemia 80.5% and hypertension 13.6%.(30) Adolescent obesity in girls is often associated with hyperandrogenism and can give rise to early onset polycystic ovary syndrome (PCOS), which can result in decreased fertility in adulthood. (27)

Cardiovascular

Obesity in adolescence can lead to different cardiovascular changes that result in increased cardiovascular risk later in life, the most common being hypertension and dyslipidemia, which are also a part of the metabolic syndrome. (31) A study done in Texas showed that students having a body mass index (BMI) $\geq 95^{th}$ percentile for age and sex had three times higher risk for hypertension compared to those having BMI <95th percentile for age and sex. Ambulatory blood pressure monitoring was used in this study and almost 50% of obese students were found to have hypertension.(32) Studies have also shown that there is significant association between childhood obesity and hypertension which persists even if the person loses weight in his or her adulthood.(33) Dyslipidemia is another association of adolescent obesity and is characterised by elevated serum low-density lipoprotein (LDL), serum cholesterol, serum triglycerides and low level of high-density-lipoprotein (HDL). Risk of dyslipidemia increases as the severity of obesity increases. (34) Obese children also show cardiac structural changes similar to that seen in middle-aged adults. Some of these abnormalities include left ventricular hypertrophy, increase in left atrial and ventricular diameter, increased amount of epicardial fat and diastolic dysfunction. (35) (36) Adolescent obesity is not only associated with progressive atherosclerosis but it can also lead to increased carotid intima-media thickness. (37) Insulin resistance, a frequent metabolic

abnormality seen in obesity, is by itself an independent risk factor for premature carotid atherosclerosis.(38) A study done in USA demonstrated that cardiovascular risk factors increased in overweight adolescents (BMI 85th to 95th percentile) and increased further with obesity (BMI ≥95th percentile). These risk factors were associated with acute coronary disease in adulthood.(39) A population-based study conducted in Denmark demonstrated the linear rise in risk for both fatal and non-fatal adulthood cardiovascular events associated with increased BMI value in adolescent period. (40) A predictive model study in USA estimated that by 2035, the prevalence of coronary heart disease in the United States would rise from 5 to 16 percent, resulting in more than 100,000 excess incidences of coronary heart disease due to the rise in childhood obesity. (41)

Gastrointestinal

Obesity is associated with non-alcoholic fatty liver disease (NAFLD), an umbrella term used for a group of liver diseases which have different clinical presentations. This may present as steatosis or non-alcoholic steatohepatitis in the initial stages or as fibrosis or cirrhosis in the later stages or ultimately as liver failure. (42) Insulin resistance as seen in obesity is found to be a risk factor for NAFLD. (43) An autopsy study done in California among 742 children and adolescents showed that the prevalence of NAFLD was 9.6 percent in the general population while it was found to be 38 percent in obese children. (44) Obesity is the commonest risk factor for cholelithiasis in adolescents and girls are at a higher risk as compared to boys. A cross-sectional study based on medical records of more than 5 lakh patients in the age group 10 to 19 years, reported a sevenfold higher risk for cholelithiasis among severely obese girls as compared to girls having normal BMI (45)

Pulmonary

Obstructive sleep apnea (OSA) and the obesity hypoventilation syndrome (OHS) are two common obesity related pulmonary comorbidities found in obese children and adults. In a study done in Belgium, out of 64 obese adolescents, 8 percent showed moderate to severe OSA. The pathology in obesity hypoventilation syndrome is alveolar hypoventilation while the person is awake and this is a potentially life-threatening disorder requiring early diagnosis and management. Obesity is a contributing factor as it causes restrictive ventilatory effort in these patients. In the same study, 17 percent subjects showed episodes of hypoventilation, sometimes associated with severe oxygen desaturation. (46) Some obese children may even need continuous positive airway pressure on a regular basis until weight loss is adequate to restore normal ventilation. (47)

Orthopaedic

Obese children are more prone to develop slipped capital femoral epiphysis (SCFE), genu valgum, tibia vara and musculoskeletal pain. (48) These children are also more susceptible to fractures than normal weight children. (49)

Neurologic

The risk of idiopathic intracranial hypertension (pseudotumor cerebri) increases with the severity of obesity. (50)

Dermatologic

Conditions like intertrigo, furunculosis and hidradenitis suppurativa are some of the common dermatological comorbidities associated with obesity. Acanthosis nigricans is also a frequent accompaniment of obesity and serves as a surrogate marker for insulin resistance, which is commonly seen in obesity. Striae distensae are caused by skin distension (mechanical factors), possibly along with higher level of adrenocorticosteroids as associated with obesity. (51)

Psychosocial

Obesity has a lot of psychosocial effects like social marginalisation, poor peer relationships, low self-esteem, (52) body image anxiety and depression. (53) All these psychosocial morbidities increase with age and is commoner in girls than boys. (54) In a community-based study conducted in San Diego, obese adolescents and their families reported decreased quality of life as compared to those of non-obese adolescents. In the same population, quality of life in the aspect of health in case of severely obese adolescents was comparable to that of cancer patients belonging to the same age group. (55)

It was found that girls suffering from obesity often develop a low self-image that continues even into adulthood. (56) Data from the National Longitudinal Survey of Youth showed that adolescent women suffering from obesity had lesser years of advanced education, lower family income in adulthood, lower marriage rates, and higher poverty rates as compared to non-obese women belonging to same age group. (57)

Information pertaining to adverse outcomes is shown in the table below.

Adverse outcomes in childhood obesity(11)

Cardiovascular	High blood pressure
	Early onset atherosclerosis
	Left ventricular hypertrophy
Endocrine	Insulin resistance
	Diabetes mellitus (NIDDM)
	Menstrual abnormalities
	Polycystic ovarian syndrome (PCOS)
Gastrointestinal	Gallstones
	Non alcoholic steatohepatitis (NASH)
	Hepatic fibrosis
	Cirrhosis
Neurological	Pseudotumor cerebri
Orthopaedic	Slipped capital femoral epiphysis
	Tibia Vara
	Osteoarthritis
Psychosocial	Obsessive concern about body image
	Expectation of rejection
	Progressive withdrawal
	Low self esteem
	Depression
Pulmonary	Increased bronchial hyperactivity
	Asthma exacerbation
	Obstructive sleep apnoea
	Pickwickian syndrome
	Pulmonary embolism
Renal	Increased sensitivity to sodium
	Decreased natriuresis
	Proteinuria
	Focal segmental glomerulosclerosis (FSGS)

Obesity and its effects on fertility and reproduction (59)

In addition to all the comorbidities mentioned above, obesity in adolescent girls can have an adverse effect on fertility and future reproductive potential.

Menstrual irregularities due to chronic oligo or anovulation is common in adolescent girls with obesity. Anovulation is caused by the higher levels of circulating oestrogen (due to

increased aromatisation in the periphery), interfering with the feedback mechanism. Other metabolic abnormalities like insulin resistance and hyperinsulinemia associated with obesity could also contribute to anovulation. Early onset obesity can result in infertility in adulthood. In addition there is increased incidence of miscarriages, recurrent pregnancy loss, congenital anomalies and preterm deliveries associated with obesity, in pregnant women. The outcomes of assisted reproductive techniques are also impaired in obese individuals. All these adverse outcomes are more in the presence of PCOS.

Complications like foetal macrosomia and post term pregnancy are common in obese women. This often results in an increase in the perinatal morbidity and mortality. The incidence of stillbirth increases as the class of obesity increases.

Obese women are also prone to develop more obstetrical, medical and surgical complications as compared to non-obese women. The obstetric medical complications which are increased are gestational diabetes mellitus, preeclampsia, non-alcoholic liver disease, proteinuria, sleep apnea and cardiac dysfunction. (58) There is also an increased incidence of emergency caesarean section, postpartum haemorrhage, pelvic infection, urinary tract infection, wound infection and venous thrombo-embolism in obese gravida as compared to pregnant women with normal BMI.

Over and above the metabolic risks conferred by obesity, it is also an important risk factor for endometrial carcinoma. (59)

Adolescent obesity and polycystic ovary disease (PCOD)

Obesity is a well-known association of adolescent PCOD. A study done in Bulgaria showed that more than 50% of adolescents suffering from PCOD were obese. (60) PCOD is the most

common cause of menstrual irregularity and hirsutism in the adolescent age group. It is characterised by excess secretion of LH and androgens. The exact aetiology of PCOS is unknown, but evidence suggest that there is an abnormal production of ovarian androgens in this disease. Although it manifests much later in the adolescent period this may have its origin during childhood or even during foetal life itself.

During puberty, hyperinsulinaemia and insulin resistance, can be considered as physiological metabolic changes, but in obese children this is exaggerated, and can manifest as PCOS. (61) Hyperinsulinism as seen in central obesity is a result of insulin resistance and it plays an important role in the pathophysiology of PCOS. Hyperinsulinism increases pituitary LH secretion, which in turn alters the LH/FSH ratio, resulting in anovulation. Insulin along with LH synergistically stimulates theca cells to produce androgens. (62) Hyperinsulinism lowers SHBG level and thus increases free testosterone which contribute to hirsutism, acne and alopecia as seen in PCOS. (63) Women suffering from PCOS show a phenomenon called 'insulin paradox' wherein insulin resistance is seen at muscular, adipose tissue and hepatic level, while normal sensitivity to insulin is seen at the ovarian level. (62)

Diagnosis of PCOS

PCOS in adults (69)

A diagnosis of PCOS is considered when a patient presents with:

- Hyperandrogenism (clinical hyperandogenism Ferriman-Gallwey Score ≥8 or biochemical hyperandrogenism - elevated total/ free testosterone)
- 2. Oligomenorrhea or amenorrhea (less than 6-9 menses per year) or oligo-ovulation

3. Polycystic ovarian morphology (PCOM) (≥ 12 antral follicles in one ovary or ovarian volume
 ≥ 10cm³).

Previously the Rotterdam criteria was used to diagnose PCOS, in which 2 out of the three above mentioned criteria had to be met to make a diagnosis of PCOS. More recently the androgen excess and polycystic ovarian syndrome (AE-PCOS) Society criteria has been proposed for diagnosing PCOS where, along with hyperandrogenism one of the other 2 criteria should be present to diagnose PCOS.

PCOS in adolescents (64)

The criteria used for diagnosing PCOS in adults cannot be applied to diagnose PCOS in adolescent girls. Sultan and Paris recommend that four out of five of the following criteria be met in order to diagnose adolescent PCOS:

- 1. Oligomenorrhea or amenorrhea > 2 years after menarche
- 2. Clinical hyperandrogenism
- 3. Biochemical hyperandrogenism
- 4. Insulin resistance or hyperinsulinemia
- 5. Polycystic ovaries on ultrasound (PCOM)

Carmina and colleagues recommend applying the Rotterdam criteria, but all three criteria has to be met for a diagnosis of PCOS. They also recommend that those who meet 2 of the 3 criteria should be followed up and re-evaluated as adults.(65)

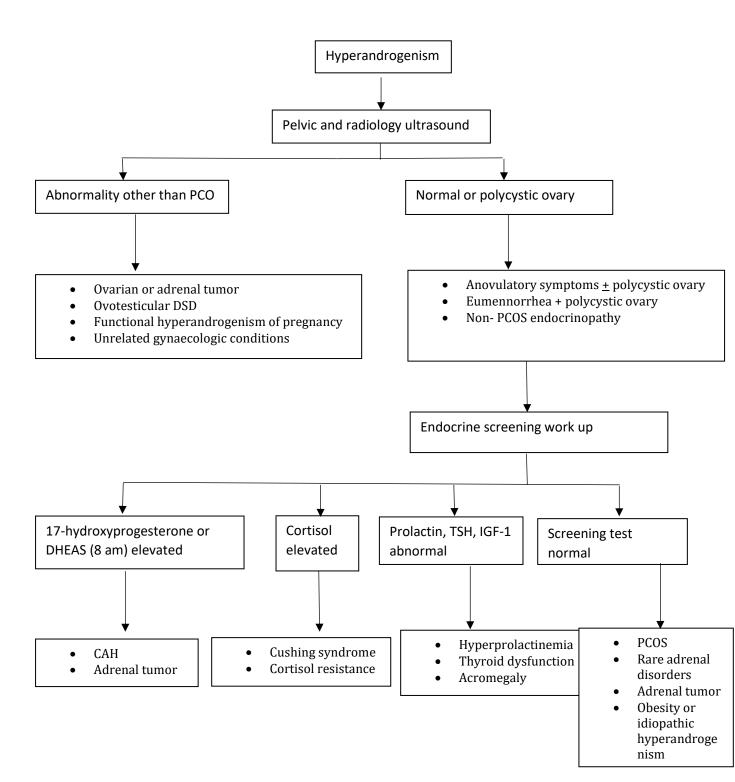
These recommendations are not as yet endorsed by any of the expert panels or societies in the field of PCOS.

Ultrasonographic criteria for polycystic ovary morphology

The criteria used to confirm diagnosis of PCOM in adults cannot be used in adolescents. The adolescent ovarian size is more than that of the adult ovary. (66) Consequently, one-third to one-half of normal adolescent girls meet adult criteria for diagnosis of PCOM. (67) The higher resolution transvaginal ultrasound picks up more follicles compared to an abdominal ultrasound and it has been found that smaller antral follicles up to 24, are normal in adolescents. (68) It is difficult to diagnose PCOM just based on abdominal ultrasonography and transvaginal scan is not an option in adolescent girls who are not sexually active. Therefore proper identification of PCOM is a challenge in this age group. (69) In addition there is another entity called multifollicular ovary seen on ultrasound, which can be mistaken for PCOM. In multifollicular ovary more than or equal to 6 follicles, each measuring 4-10 mm are seen. (65). Multifollicular ovary is a normal variant and unrelated to hyperandrogenism. (65) Till definitive criteria for diagnosis of adolescent PCOM are established, it is suggested that a mean ovarian volume >12 cc (or single ovarian > volume 15 cc) be considered for diagnosis of PCOM in adolescents. (70) Girls with symptomatic hyperandrogenism and PCOM but who have regular cycles, are at risk of development of PCOD in later life, hence they need close follow up. (70)

In certain situations it may be necessary to perform a diagnostic endocrinological panel of tests to rule out other causes of hyperandrogenism.

A screening panel suggested by the American College of Obstetricians and Gynaecologists (ACOG), Endocrine Society and adolescent guidelines for the diagnosis of PCOS is given below and it excludes most of the non-PCOS hyperandrogenism causes (71)



Evaluation for polycystic ovary syndrome (72)

Evaluation for polycystic ovary syndrome (PCOS) should be done for adolescent girls with one or more of the following features:

- An abnormal level of hirsutism or having hirsutism equivalent, like inflammatory acne vulgaris poorly responsive to topical therapies.
- Menstrual abnormality including persistent amenorrhea or oligomenorrhea, or period of amenorrhoea followed by increased bleeding per vaginum.
- Obesity or focal hirsutism along with menstrual abnormality

Treatment of obesity

The short term goals of treatment of obesity are, first to decrease the rate of weight gain, then to maintain weight followed by reduction of weight. The long-term goal is the improvement in quality of life and decrease in morbidity and mortality related to being overweight and obese. (73)

The various strategies employed to achieve these goals are dietary modification, increased physical activity, restriction of sedentary behaviour, pharmacological treatment and surgical treatment.

Dietary strategies

Dietary strategies for treatment of obesity encourage proper calorie intake, with reduction of excess calories without compromising the nutritional requirements. Decreasing the frequency of eating out and consumption of healthy snacks, intake of balanced diet, eating fruits and

vegetables, including fibre rich food and avoidance of calorie dense food are some of the practices that help reduce obesity. Limited use of salt, sugar and trans-fatty acids are strongly related to reduction of morbidities associated with obesity. (74) (75)

Physical activity

Regular physical activity for 60 minutes a day prevents as well as treats obesity in children and decreases the cardiac morbidities related to it. (76) Systematic reviews have shown that exercises like brisk walking reduces body fat. (77) Exercise is also associated with an increase in energy expenditure and significant reduction in the morbidity and mortality associated with obesity.(78)

Restriction of sedentary behaviour

Increased television watching is responsible for increased adiposity and higher BMI. Excessive TV watching is also associated with consumption of energy dense food, sweet and salty snacks and high calorie beverages which further predispose to obesity. (79) Television watching hours can predict adult BMI. (80) Studies have shown that limiting screen time to a maximum of 2 hours a day can significantly decrease obesity in children and adolescents.(81) Therefore limiting screen time should be taken seriously by parents and they should be motivated to get this implemented by their wards.

There is not much data regarding drugs for treatment of obesity in children. Some commonly used drugs to treat obesity are sibutramine, or listat and metformin. Sibutramine which is a serotonin nor- adrenaline reuptake inhibitor increases satiety but has side effects like tachycardia and high blood pressure. Or listat is a pancreatic lipase inhibitor and acts by increasing faecal fat loss. The side effects of this drug are that it causes flatulence, occasional diarrhoea, gallbladder diseases, steatorrhea and needs fat-soluble vitamin supplementation.

This drug is less effective in the setting of a low fat diet like the Indian diet. Metformin is used to counter the insulin resistance causing impaired glucose tolerance and this forms an important part of the drug therapy in patients with polycystic ovarian disease.

Pharmacological intervention is a second line treatment when primary intervention of lifestyle modification fails. (82)

Surgical treatment

Surgical intervention is needed for adolescents with a BMI of >40 kg/m² and it is undertaken only in those adolescents who have attained most of their skeletal maturity. This generally includes girls more than 13 years and boys more than 15 years. Surgical intervention is appropriate when these adolescents have comorbidities related to obesity that might be reversed or reduced with weight reduction. (83) In case of BMI more than 50 kg/m², even lesser degree of comorbidities warrant surgical intervention. The preferred procedures are Roux-en-Y gastric bypass and adjustable gastric banding. Though these procedures show good results they are associated with complications like small-bowel obstruction, hernia, vitamin and micronutrient deficiencies. In addition these patients generally need life-long follow up. Bariatric surgery in adolescent period is generally more effective for childhood

onset obesity as compared to obesity in adulthood. These procedures give a satisfactory result for both weight reduction and decrease in obesity related comorbidities-(84)

Future directions

Childhood and adolescent obesity is a major health issue throughout the world. Though there is a growing interest in this field, high quality data regarding various factors contributing to childhood obesity, is lacking in India. Determinants of childhood obesity should be addressed at the population level and more research should be directed to assess the appropriateness of public health policies to bring down the prevalence of childhood and adolescent obesity. (73)

Prevention

Schools, child care facilities and health care centres at community level can be used for implementation of programmes related to prevention of childhood obesity. Different strategies like serving healthy food in school settings or community related outlets, giving more time and options for physical activities to students and providing financial as well as technical support to the policies related to obesity control, will help prevent obesity in the long run. Other strategies like providing physical education at school level and having teachers with formal training in physical education will help achieve the objective of decreasing childhood obesity. The advantage of this kind of strategies based in school setting is that it works among a 'captive audience'. It is easier to influence the mind set of children and adolescents in this setting and this in turn may have a positive influence outside the school setting. (85) Multicomponent based programs addressing both nutrition and physical activity are found to have a holistic effect on control of obesity. (86)

The best way to prevent obesity is to prevent children having normal BMI from becoming overweight and this should start in the new born period itself. Promoting breastfeeding, having a balanced diet including fruits and vegetables, taking in more of fibre rich food and

restricting consumption of energy dense diet, are all shown to have a preventive effect on obesity. (87) Various strategies like restriction of sugar intake, watching television for not more than 2 hours a day and not having television or video games in sleeping areas are also helpful in this regard. In addition, having regular breakfast, limiting fast food intake, avoiding large portion sizes and having family meals instead of eating out, are found to be beneficial in preventing obesity. (88) One hour of physical activity per day, also goes a long way in preventing obesity in childhood.

At community level having parks, walking paths, bicycle pathways and community education to promote physical activity are measures that can be taken to prevent obesity. At health care level, obese parents must be counselled about their children being at risk for developing obesity in the future. (89) Physicians should also encourage parents to become role models for their children in regard to proper diet, physical activity on a daily basis and screen time at home. Positive influence can be made and awareness increased in obese parents if frequent enquiry is made about their lifestyle at their physician visits. (90)

Conclusion

Obesity is reaching epidemic proportions both internationally and nationally. India is a rapidly growing economy, but it has to deal with obesity, which is becoming a major public health issue. Childhood and adolescent obesity is multifactorial and may result from certain behavioural, genetic and environmental factors. Different comorbidities are associated with obesity and some of these may persist throughout life. Measures need to be taken at various levels to stop the progression of this 'epidemic'. As the dictum goes 'prevention is better than cure'.

MATERIALS AND METHODS

Study Design

Cross sectional study: To investigate the prevalence of obesity in adolescent girls. The other objectives of the study were, to assess the menstrual pattern in obese adolescent girls and to determine the proportion of obese girls with irregular cycles who had PCOM and to determine the associated risk factors for obesity. Data was collected prospectively.

Location

Gynaecology out-patient department (OPD) of Christian Medical College (CMC), Vellore

Recruitment

All adolescent girls (aged 12-19 years) attending the Gynaecology OPD from January 5, 2017 to June 7, 2017 were considered eligible to be recruited for the study. Adolescent girls seen earlier and coming for follow up after the start of the study were also recruited for the study. The non-recruiting days were April 1, 4, 8, 18, 25, 28, 29 and May 13, 20, 2017.

Sample size

Historical data collection was done for a period of 45 days in the gynaecology OPD in CMC, Vellore and the prevalence of obesity among adolescent girls was found to be 12%. With a precision of 5% and a desired confidence interval at 95%, the minimum sample size was calculated to be 162.

Inclusion criteria

Adolescent girls (aged 12-19 years) attending the Gynaecology out-patient clinic and consenting to be a part of the study.

Exclusion criteria

- 1. Adolescent girls who were medical, nursing or allied health students of CMC.
- 2. Girls/parents/guardians not consenting for the study.

Methodology

Adolescents girls (12-19 years) coming to the gynaecology out-patient clinic were identified and the nature of the study was explained to them. Informed consent was then taken from the girls and one of the parent or guardian accompanying the patient. A questionnaire was filled based on one on one interview. This questionnaire required information regarding risk factors for obesity and details regarding diet and physical activity. Detailed information about the menstrual cycles was also collected, along with information pertaining to clinical evidence of hyperandrogenism (acne and epilation for hirsutism). Information regarding the presence of common comorbidities associated with obesity, was also gathered. Following this a physical examination was carried out. This was done with special reference to anthropometric measurements and included the height, weight, waist circumference and hip circumference of the subjects. Pulse and blood pressure readings were also recorded. Hirsutism if present, was

graded using the Ferriman-Gallwey score. Information regarding the presence or absence of acanthosis nigricans was also documented.

All obese adolescents with history of menstrual irregularities suggestive of oligo-ovulation/ anovulation were advised to undergo ultrasonography to evaluate for the presence of polycystic ovaries.

Data analysis was done using SPSS 16.0. Mean and standard deviation was used to describe continuous variables, while frequency and percentages were obtained for categorical data. The chi square test and the student t test was employed to study the statistical significance of categorical and continuous variables respectively.

ANALYSIS AND RESULTS

585 adolescent girls attended the gynaecology out-patient clinic from January 5, 2017 to June 7, 2017. Of these 501 girls were recruited for the study. 84 girls were not recruited as they were either CMC medical/ nursing students or had not consented to be a part of the study.

Figure 1: Patient recruitment

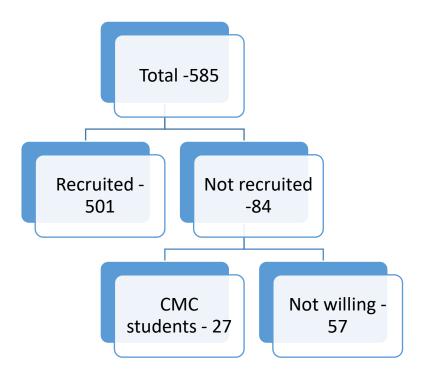


Table 1: BMI of patients not recruited

BMI	No.	%
Under weight	6	10.5
Normal	35	61.4
Overweight	8	14
Obese	7	12.3
Missing	1	1.8
Total	57	100

The percentage of girls with obesity who were not recruited for the study was 12.3%.

Patients who attended gynaecology out-patient clinic for the first time had their height, weight, blood pressure and pulse rate measured as part of routine evaluation. Therefore the above data was available for analysis.

Table 2: Descriptive Statistics

	Mean +/- SD
Age (years)	16.12 +/- 1.887
Weight at birth (kg)	2.756 +/- 0.5133
Age of onset of obesity (years)	10.19 +/- 4.770
Fathers BMI (kg/m ²)	25.3434 +/- 3.87079
Mothers BMI (kg/m²)	25.9353 +/- 4.35542
Age at menarche (years)	12.47 +/- 1.343
Number of years since menarche (years)	2.09 +/- 0.399
Height (cm)	155.70 +/- 6.445
Weight (kg)	54.83 +/- 14.437
BMI (kg/m²)	22.5229 +/- 5.41642
Waist circumference (cm)	73.53 +/- 12.278
Hip circumference (cm)	89.55 +/- 12.106
Waist hip ratio	.8173 +/- 0.05202
Systolic blood pressure (mmHg)	106.43 +/- 12.996
Diastolic blood pressure (mmHg)	68.10 +/- 9.028
Pulse rate (/min)	94.28 +/- 15.308

501 girls were recruited for the study. The average age of the study population was 16.12 years.

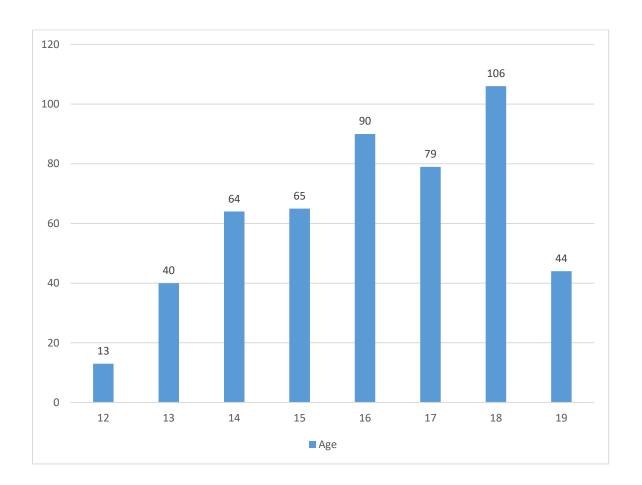
Weight at birth was known for 480 girls, with the lowest birth weight being 1000 grams and the highest 4500 grams. The average weight at birth was 2756 grams. In 21 girls the birth weight was not known because they were born at home and therefore the weight was not measured or because the parent could not recollect the weight of the infant at birth.

Of the 501 girls, 90 were found to be overweight and 70 were obese, but the average BMI of the patients was 22.5 kg/m^2 .

The age of onset of obesity ranged from birth to 18 years, with the mean age being 10.19 years.

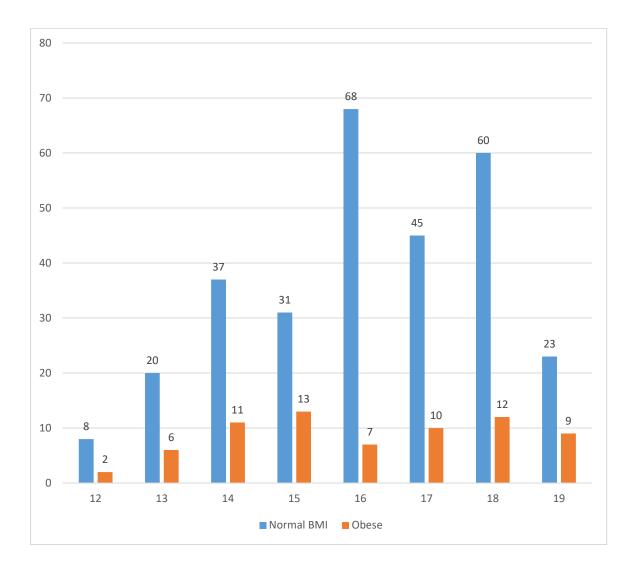
At the time of recruitment into the study 467 girls had attained menarche while 34 girls presented with primary amenorrhoea. The average age of menarche was 12.47 years and the average number of years since menarche was 2.07 years.

Figure 2: Distribution of girls according to age



275 (54.8%) of girls were in the age group of 16-18 years.

Figure 3: Age wise distribution - normal BMI and obese



Analysis of the study population with reference to aims and objectives.

A. BMI

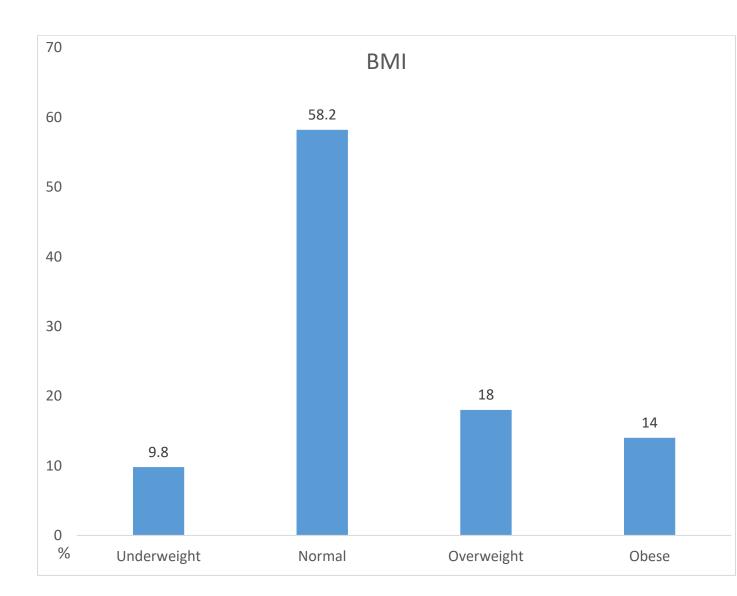
The BMI of the girls were checked and plotted on the CDC growth chart and accordingly grouped into different categories. The percentage of girls in each of the groups were as shown in table 3.

Table 3: BMI of study population

BMI	No.	%
Under weight	49	9.8
Normal	292	58.2
Overweight	90	18
Obese	70	14
Total	501	100

58.2% of the girls had normal BMI, 18% were overweight and 14% were obese.

Figure 4: Percentage distribution according to BMI

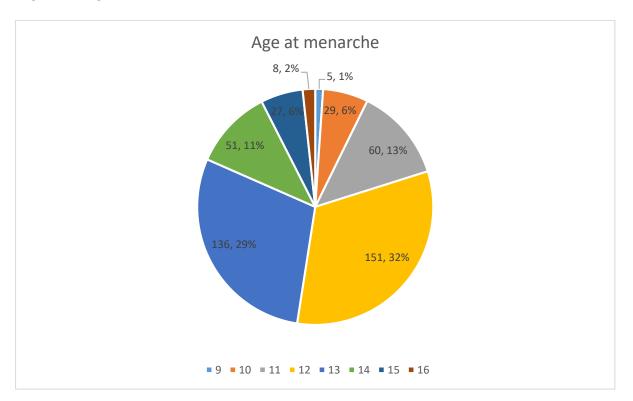


Majority (58.2%) of the girls had normal BMI.

B. Menstrual pattern in study population

Details regarding menstrual cycle such as age at menarche, regularity of cycle, duration, frequency, number of pads changed per day and the passage of clots, were collected.

Figure 5: Age at menarche



32% of the girls attained menarche at 12 years of age and 2% attained menarche only by 16 years of age. 7% of the girls had primary amenorrhea.

Table 4: Age at menarche- normal BMI and obese

Age at menarche	Number	Mean +/- SD	P value
Normal BMI	274	12.62 +/- 1.299	0.002
Obese	68	12.07 +/- 1.331	

Obese girls attained menarche earlier than girls with normal BMI and this finding was found to be statistically significant.

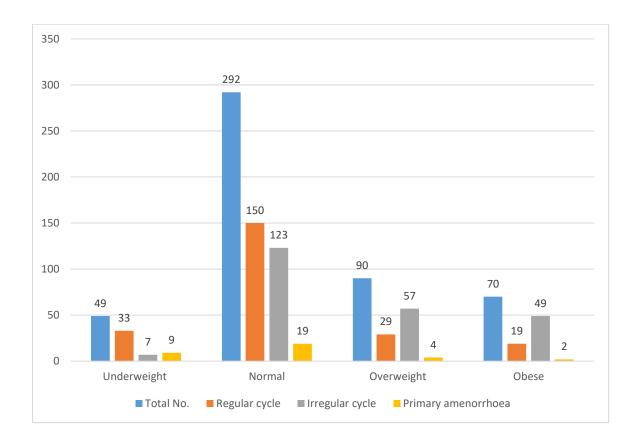


Figure 6: Menstrual pattern according to BMI

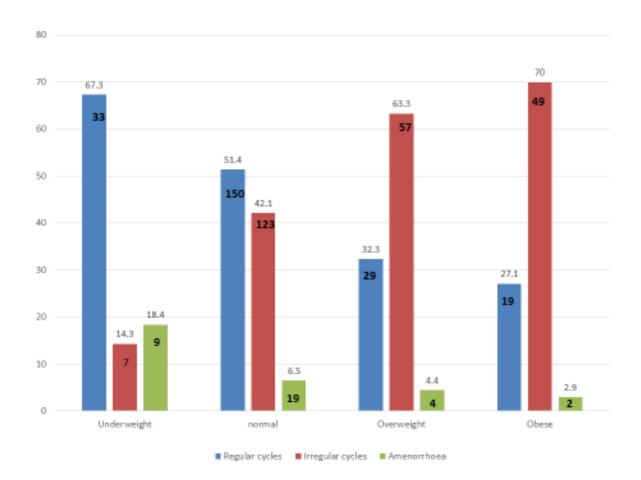
49 girls were underweight- of these 33 had regular cycles, 7 had irregular cycles and 9 had primary amenorrhoea.

Out of the 292 girls who had normal BMI, 150 had regular cycles, 123 had irregular cycles and 19 had primary amenorrhoea.

90 girls were overweight- of these 29 had regular cycles, 57 had irregular cycles and 4 had primary amenorrhoea.

Out of the 70 girls who were obese, 19 had regular cycles, 49 had irregular cycles and 2 had primary amenorrhoea.

Figure 7: BMI and menstrual pattern



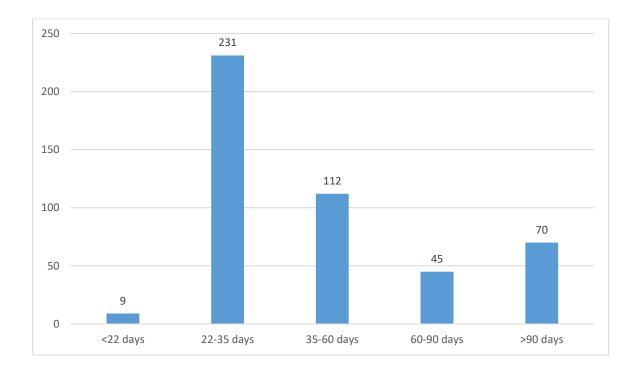
Among the girls who were underweight 67.3% had regular cycles, 14.3% had irregular cycles and 18.4% had primary amenorrhoea.

In girls who had normal BMI 51.4% had regular cycles, 42.1% had irregular cycles and 6.5% had primary amenorrhoea.

Among the girls who were overweight 32.3% had regular cycles, 63.3% had irregular cycles and 4.4% had primary amenorrhoea.

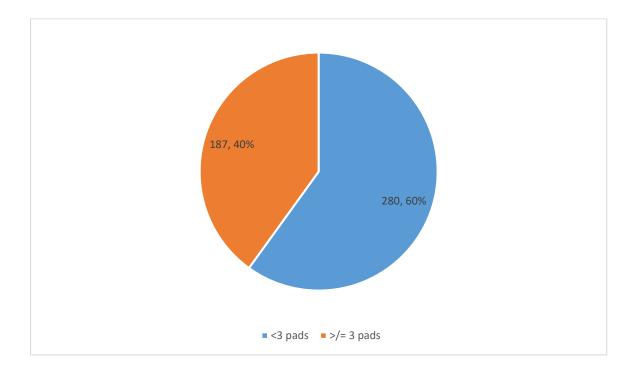
In girls who were obese 27.1% had regular cycles, 70% had irregular cycles and 2.9% had primary amenorrhoea.

Figure 8: Menstrual Pattern- frequency



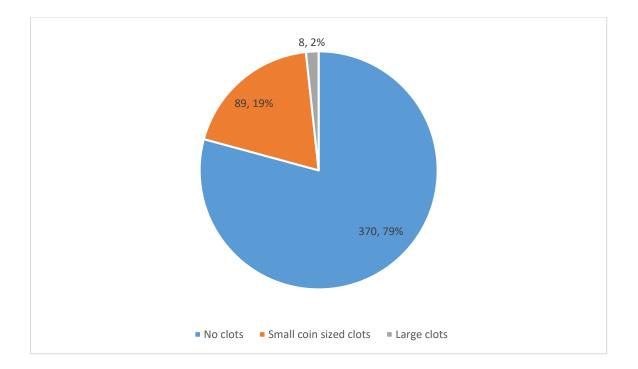
Of the 467(93.2%) girls who had attained menarche, 231(46.1%) girls had cycles every 22-35 days. 45 (9%) girls had cycles once in 2-3 months and 70 (14%) girls had cycles once in more than 3 months.

Figure 9: Pads changed per day



280 (60%) girls changed less than 3 pads per day.

Figure 10: Passage of clots



Only 2% of the patients had history of passage of large clots.

C. Associated comorbidities

Information was gathered regarding the various comorbidities associated with obesity.

Table 5: Comorbidities

Comorbidities	Normal BMI	Obese
Hypertension	1	1
Tryperconsion	1	1
Diabetes Mellitus	1	1
Gallstones	1	0
Non Alcoholic fatty liver	2	0
Hypothyroid	12	7

Of the 501 girls, two had hypertension, 1 each in the obese and normal BMI category.

Two girls had diabetes mellitus, out of which 1 girl was obese and 1 girl had normal BMI.

Interestingly it was seen that gallstones and non alcoholic fatty liver disease commonly associated with obesity, was seen in girls with normal BMI and not in the obese population.

Incidence of hypothyroidism was 4.1% in patients with normal BMI and 10% in obese patients. None of the patients had a history of slipped capital femoral epiphysis.

Table 6: Hypothyroidism - normal BMI and obese

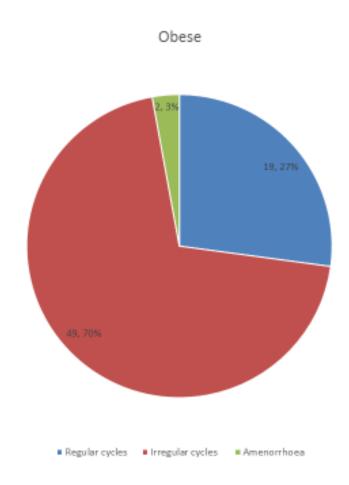
Hypothyroidism	Normal BMI	Obese	P value
Yes	12	7	
%	4.1%	10%	0.068
No	280	63	
%	95.9%	90%	

Statistical significance in the incidence of hypothyroidism is not seen between the two groups.

D. Menstrual pattern in obese adolescents

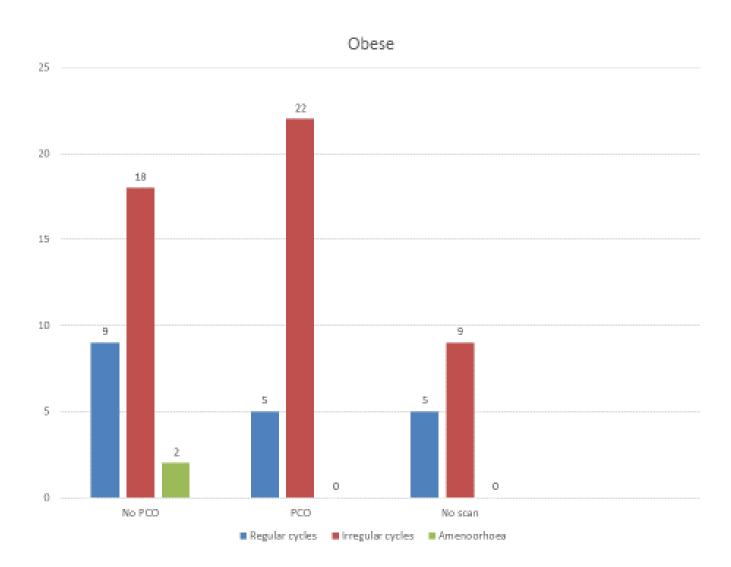
Majority of the obese adolescent girls were found to have irregular cycles.

Figure 11: Menstrual pattern in obese girls



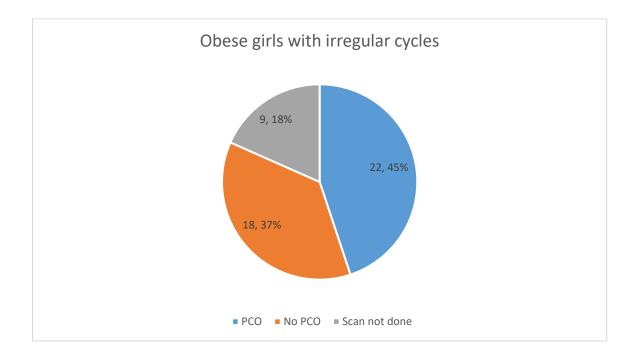
Seventy girls were obese, out of these 49 (70%) had irregular cycles, 19 (27%) had regular cycles, and 2 (3%) had primary amenorrhoea.

Figure 12: USG findings in obese girls



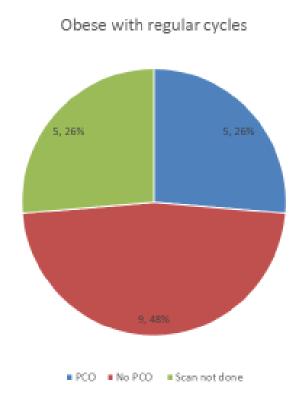
Of the 70 obese girls, 29 (41.4%) had no PCOM on scan, 27 (38.6%) had PCOM and scan was not done for 14 (20%) girls.

Figure 13: PCOM in obese girls with irregular cycle



Scan was done for 40 (82%) obese girls with irregular cycles. Twenty two (45%) of the girls had PCOM and 18 (37%) had no PCOM.

Figure 14: Obese girls with regular cycles



Scan was done for 14 (74%) of the obese girls with regular cycles. Out of this, 5 (26%) girls had PCOM and 9 (48%) girls had no PCOM.

E. Risk factors for obesity

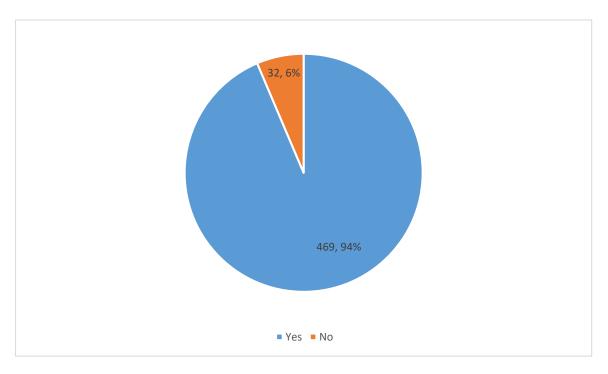
Information was collected regarding various factors involved in the etio-pathogenesis of obesity.

Table 7: Weight at birth- normal BMI and obese

Weight at birth	Number	Mean +/- SD	P value
Normal BMI	280	2.725 +/- 0.5013	0.05
Obese	67	2.864 +/- 0.5956	

Obese adolescents were found to have a higher birth weight than those with a normal BMI and the difference was found to be significant.

Figure 15: Breast Feeding



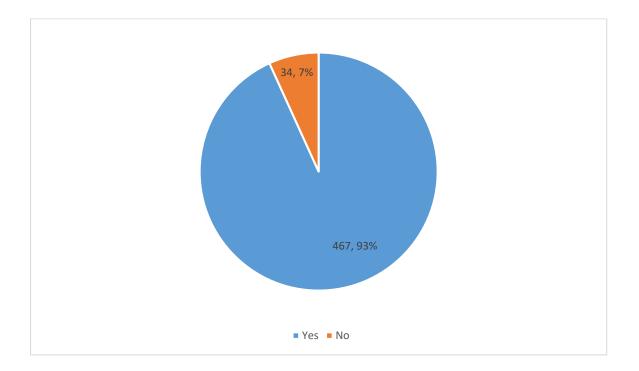
Of the 501 girls, 94% were breast fed.

Table 8: Breast feeding- normal BMI and obese

Breast feeding	Normal BMI	Obese	P value
Yes	271	65	
%	92.8%	92.9%	0.989
No	21	5	
%	7.2%	7.1%	

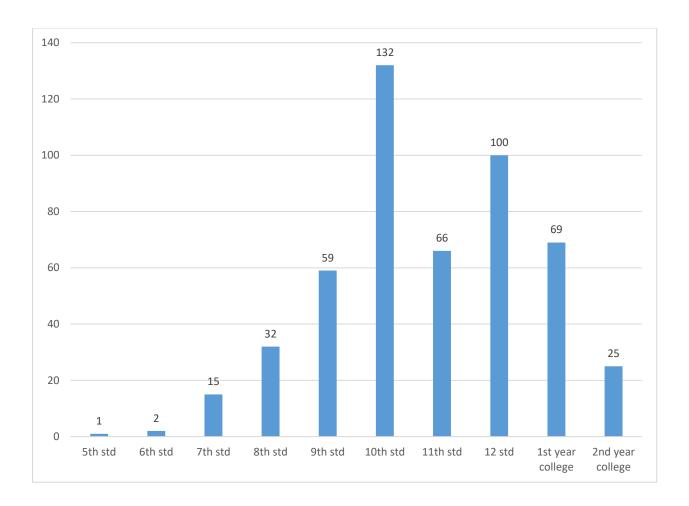
About 7% of girls with normal BMI and in the obese category were not breast fed. Absence of breast feeding was not found to be a significant risk factor for obesity in adolescents.

Figure 16: Current educational status



7% of the girls had dropped out of school.

Figure 17: Grade at school/college



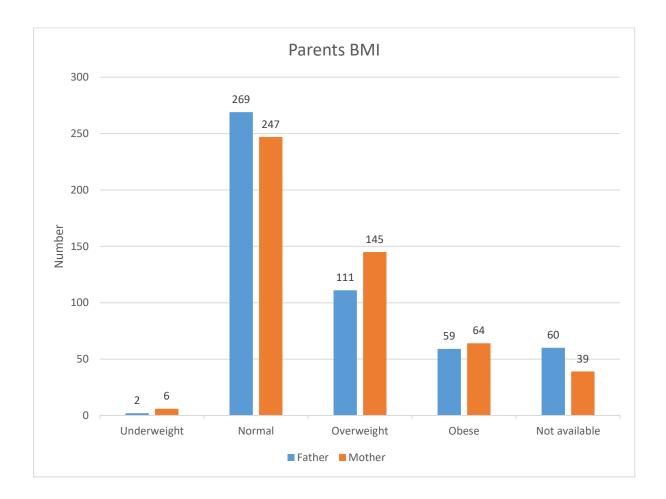
Majority 298 (59.5%) of the students were in the 10th- 12th grade, 94 (18.8%) were college students.

Table 9: Parents BMI

	-	Father	%	Mother	%
	Underweight	2	0.4	6	1.2
	Normal	269	53.7	247	49.3
BMI	Overweight	111	22.1	145	28.9
	Obese	59	11.8	64	12.8
	Total	441	88.0	462	92.2
Missing	System	60	12	39	7.8
Total		501	100	501	100

11.8% of the fathers and 12.8% of the mothers were obese.

Figure 18: Parents BMI



53.7% fathers and 49.3% mothers had normal BMI.

Table 10: Fathers BMI- normal BMI and obese

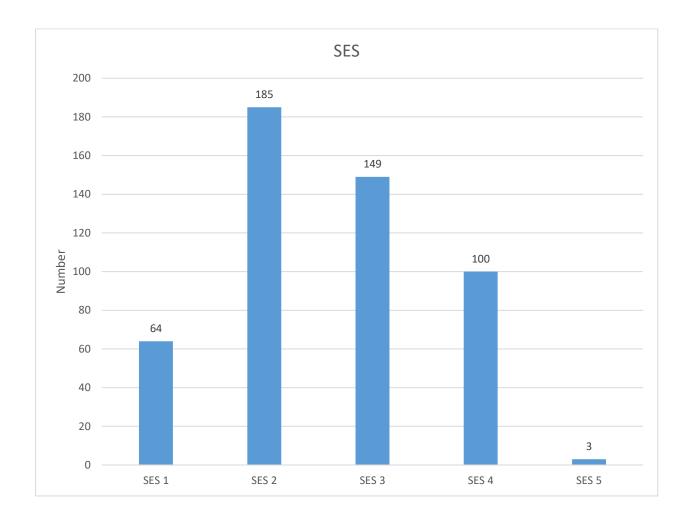
	Number	Mean +/- SD	P value
Normal	144	24.7408 +/- 3.65209	<0.01
Obese	37	27.6230 +/- 4.31914	

Table 11: Mothers BMI - normal BMI and obese

	Number	Mean +/- SD	P value
Normal	155	25.0476 +/- 3.82128	<0.01
Obese	37	28.0103 +/- 5.28000	

Parental obesity was associated with adolescent obesity in the children and this was found to be statistically significant.

Figure 19: SES



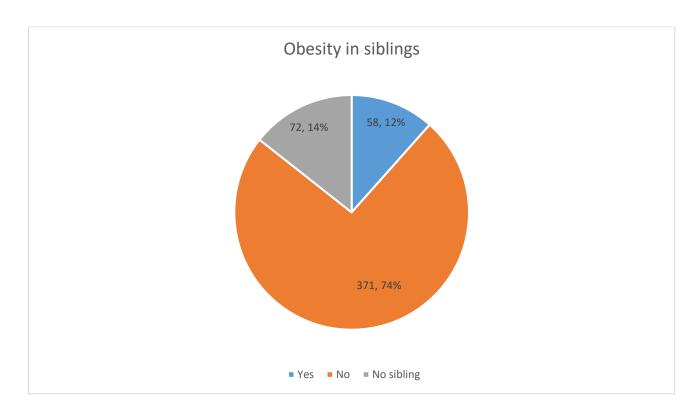
Majority (37%) of the patients belonged to SES class 2 and 30% belonged to SES class 3.

Table 12: SES - normal BMI and obese

SES	Normal BMI	Obese	P value
1	33	12	
%	11.3%	17.1%	
2	107	24	0.413
%	36.6%	34.3%	
3-5	152	34	
%	52.1%	48.6%	

There was no statistically significant difference in the SES between obese patients and those with normal BMI.

Figure 20: Obesity in siblings



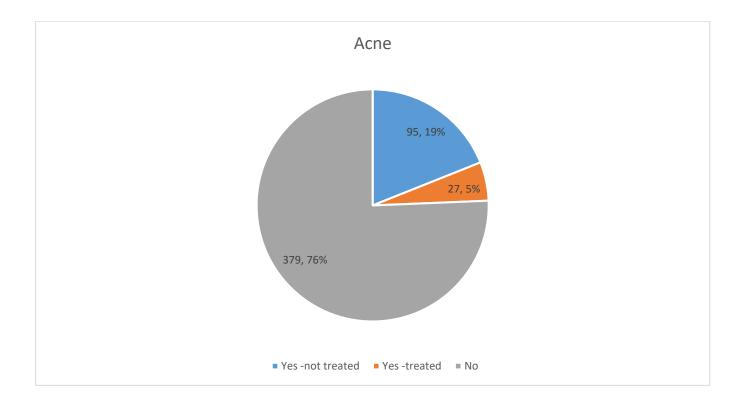
12% of the girls had siblings who were obese and 14% had no siblings.

Table 13: Obesity in siblings - normal BMI and obese

Obesity in siblings	Normal BMI	Obese	P value
Yes	23	18	
%	7.9%	25.7%	
No	230	40	
%	78.8%	57.1%	<0.01
No sibling	39	12	
	13.4%	17.1%	

Adolescents who were obese had siblings who were obese too and this finding was statistically significant.

Figure 21: History of acne and treatment



122 (24.4%) girls had acne of which only 27 (22.1%) required topical treatment.

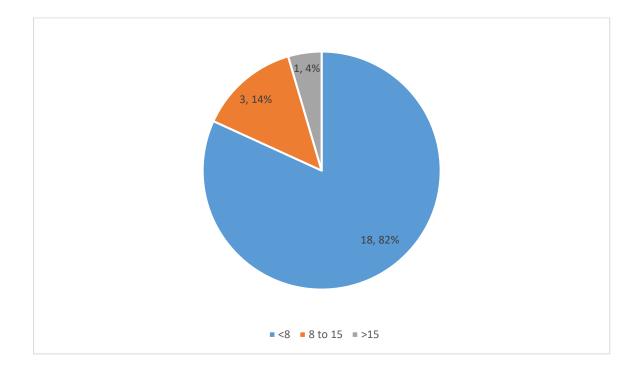
Table 14: Acne and PCOM

Acne	PCOM
Yes	47
No	116

47 (38.5%) girls with acne had PCOM.

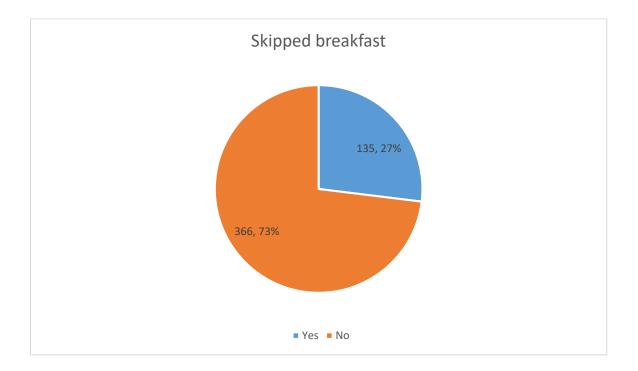
35 (7%) of the total girls had irregular cycles, acne and PCOM.

Figure 22: Hirsutism- Ferriman Gallwey score



According to the score < 8 is normal, 8-15 is mild hirsutism and >15 is moderate to severe hirsutism. 3 girls had mild hirsutism and 1 girl had severe hirsutism.

Figure 23: Breakfast habit



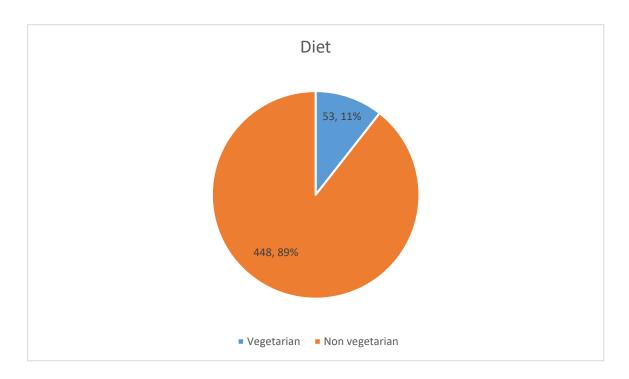
27% of the girls skipped breakfast.

Table 15: Breakfast habit - normal BMI and obese

Breakfast	Normal	Obese	P value
Yes	76	19	
	26%	27.1%	
No	216	51	0.849
	74%	72.9%	

There was no statistical difference between the two groups in breakfast habits.

Figure 24: Diet



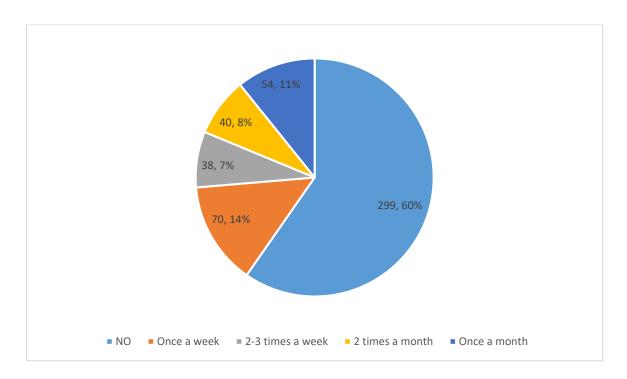
Majority (89%) were non vegetarians.

Table 16: Diet - normal BMI and obese

Diet	Normal	Obese	P value
Vegetarian	29	5	
	9.9%	7.1%	
Non-	263	65	0.473
vegetarian	90.1%	92.9%	

There was no statistical difference between the two groups with reference to the type of diet.

Figure 25: "Eating out"



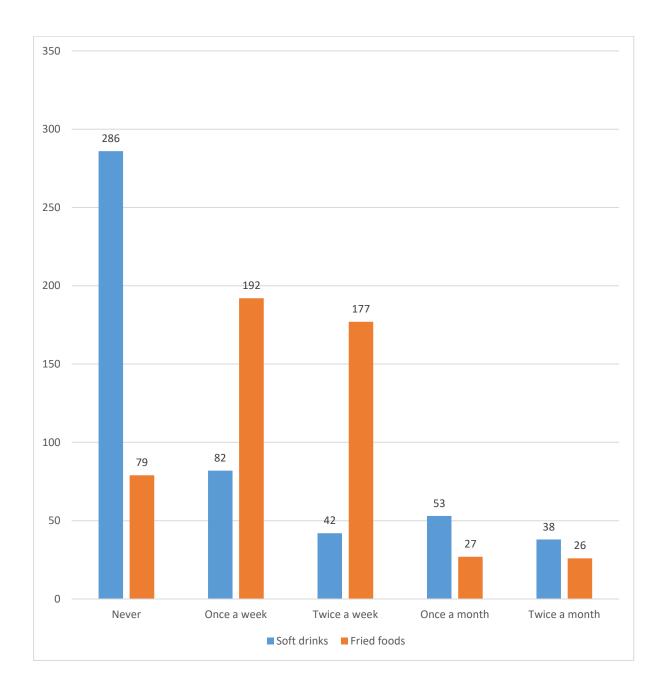
60% of the girls were not in the habit of eating in hotels, restaurants or fast food joints.

Table 17: Eating out - normal BMI and obese

Eating out	Normal	Obese	P value
Yes	114	34	
	39%	48.6%	
No	178	36	0.145
	61%	51.4%	

There was no statistical difference between the two groups with reference to eating out.

Figure 26: Intake of soft drinks / fried food items



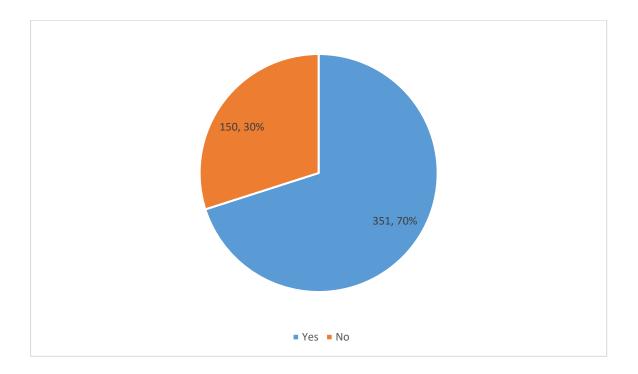
286 (57%) girls denied consumption of soft drinks. 192 (38.3%) girls consumed fried food at least once a week.

Table 18: Intake of soft drinks - normal BMI and obese

Intake of soft drinks	Normal	Obese	P value
Never	175	40	
	59.9%	57.1%	
Once a week	40	14	
	13.7%	20%	
Twice a week	24	6	
	8.2%	8.6%	0.719
Once a month	28	5	
	9.6%	7.1%	
Twice a month	25	5	
	8.6%	7.1%	

There was no statistically significant difference between the two groups in respect to intake of calorie rich diet.

Figure 27: Intake of fruits and vegetables daily



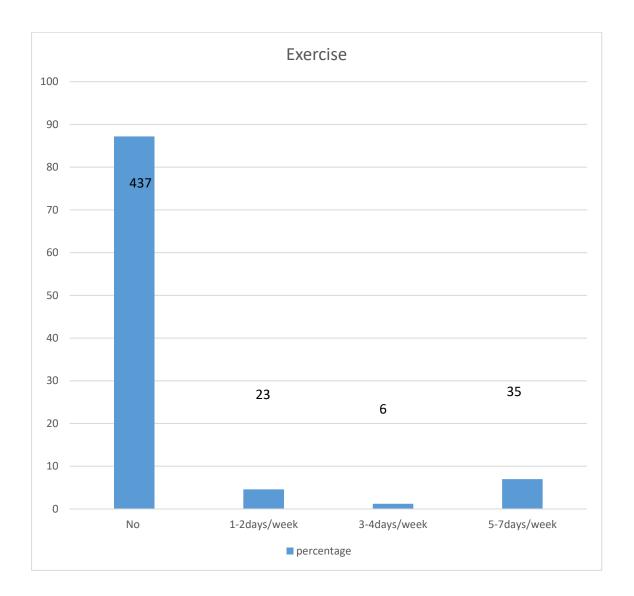
70% of the girls consumed fruits and vegetables daily.

Table 19: Intake of fruits and vegetables daily - normal BMI and obese

Intake of	Normal	Obese	P value
fruits and Veg			
Yes	205	49	
	70.2%	70%	0.973
No	87	21	
	29.8%	30%	

There was no statistically significant difference between the two groups in the daily intake of fruits and vegetables.

Figure 28: Physical activity (exercise at least 30 min involving profuse sweating)



87.2% of girls had no regular physical activity. 7% of girls were engaged in some physical activity 5-7 days a week.

Table 20: Physical activity - normal BMI and obese

	Normal	Obese	P value
5-7 days	15	10	
	5.1%	14.3%	
3-4 days	3	2	
	1%	2.9%	
1-2 days	12	4	0.019
	4.1%	5.7%	
Never	262	54	
	89.7%	77.1%	

There was statistically significant difference between the two groups in terms of time spent in physical activity.

Figure 29: Regular exercise / yoga



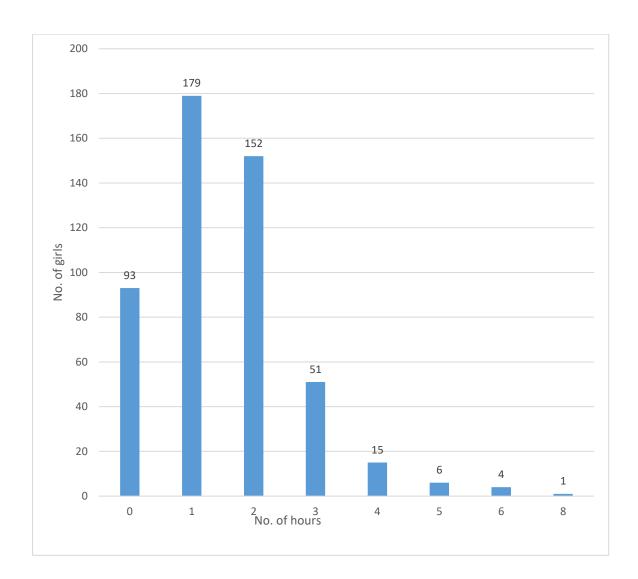
10% of the girls engaged in regular exercise or yoga.

Table 21: Regular exercise/yoga - normal BMI and obese

Regular exercise/Yoga	Normal BMI	Obese	P value
Yes	26	12	
%	8.9%	17.1%	0.043
No	266	58	
%	91.1%	82.9%	

There was statistically significant difference between the groups in terms of time spent in light exercise/yoga.

Figure 30: Screen time



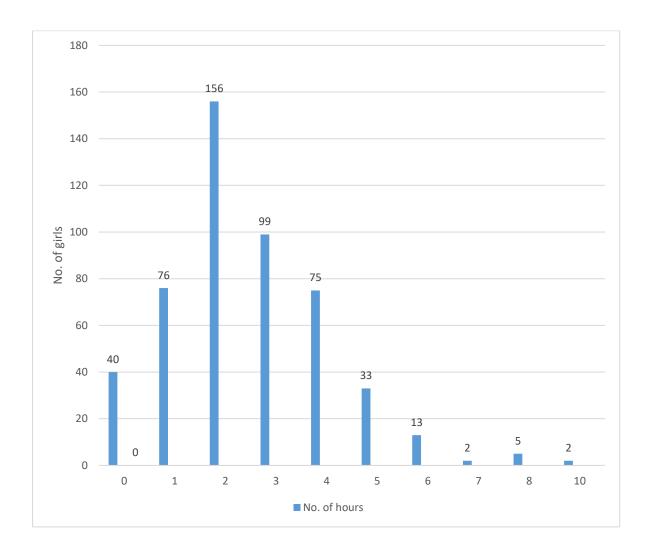
Majority of the girls (35.7%) spent 1 hour in front of the screen daily.

Table 22: Screen time - normal BMI and obese

No. of hours	Normal BMI	Obese	P value
O hours	49	15	
%	16.8%	21.4%	
<3 hours	231	50	0.284
%	79.1%	71.4%	
>3 hours	12	5	
%	4.1%	7.1%	

There was no statistically significant difference in the screen time between the two groups.

Figure 31: Hours spent on computer/talking on phone/doing homework



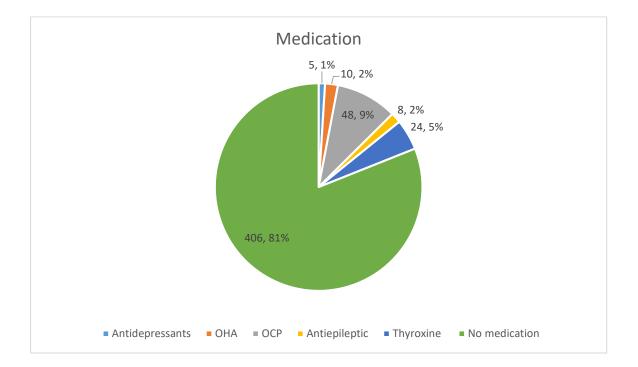
31.1% spent about 2 hours a day in desk bound activities.

Table 23: Hours spent on computer/talking on phone/doing homework -normal BMI and obese

No. of hours	Normal BMI	Obese	P value
O hours	21	7	
%	7.2%	10%	
<3 hours	196	44	0.678
%	67.1%	62.9%	
>3 hours	75	19	
%	25.7%	27.1%	

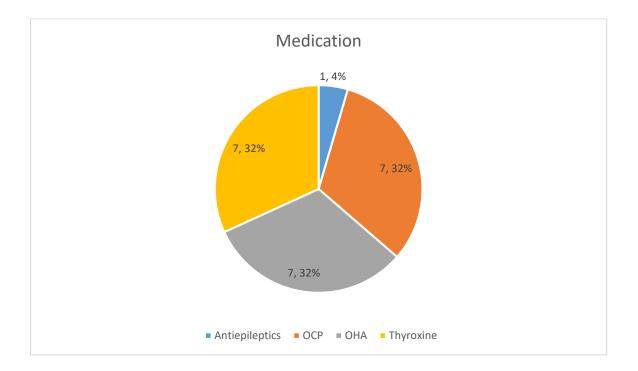
There was no statistically significant difference between the two groups in terms of sedentary lifestyle.

Figure 32: Medication



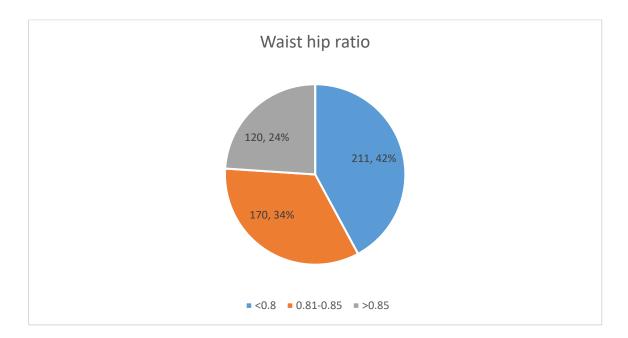
95(19%) girls were on medications, out of these 51% were on OCP either for irregular cycles or abnormal uterine bleeding.

Figure 33: Medication - obese girls



22 of the 70 obese girls were on medications. 7 each on OCP, OHA and thyroxine.

Figure 34: Waist hip ratio



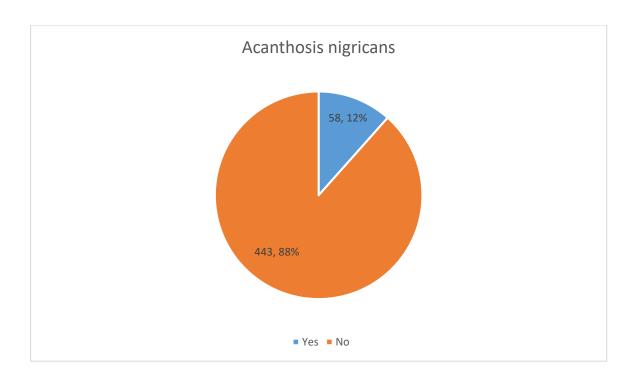
42% of the girls had a low risk of developing metabolic syndrome and 58% had a moderate to very high risk of developing metabolic syndrome.

Table 24: Waist hip ratio- normal BMI and obese

Waist-hip ratio	Normal	Obese	P value
<0.8	135	18	
	46.2%	25.7%	
0.81- 0.85	96	24	
	32.9%	34.3%	0.001
>0.85	61	28	
	20.9%	40%	

There was statistically significant difference between the two groups in respect to waist hip ratio.

Figure 35: Acanthosis nigricans



88% of the study subjects had no acanthosis nigricans

Table 25: Acanthosis nigricans -normal BMI and obese

Acanthosis Nigricans	Normal BMI	Obese	P value
Yes	10	30	
	3.4%	42.9%	
No	282	40	< 0.01
	96.6%	57.1%	

There was statistically significant difference in the occurrence of acanthosis nigricans in obese adolescents and adolescents with normal BMI.

DISCUSSION

Obese and overweight adolescents form a major part of the malnutrition spectrum in society today. The effects of adolescent obesity are far reaching and may not be evident immediately but may present in adulthood as co-morbidities associated with obesity. These co-morbidities are forerunners for increased morbidity and mortality in these patients. Therefore this problem of obese and overweight adolescents needs to be tackled at the earliest.

Epidemiological studies show an increasing trend in the prevalence of obesity in the adolescent age group. In this study the prevalence of obesity was found to be 14%. This is similar to the findings of Alok et al who reported the prevalence of obesity to be 14.1%. (6) Chhatwal et al reported a prevalence of obesity of 9.9% in 2004, and Saraswathi et al reported a prevalence of 10.4% in 2011, compared to the 14% prevalence in our study. This clearly demonstrates the increasing trend in the prevalence of this 'disease'.

It has consistently been shown that the prevalence of overweight adolescents is more than that of obese adolescents. Data from Indian studies showed a prevalence of overweight adolescents to be 12.9% (Chhatwal et al 2004) and 13.1% (Sood et al 2007). In our study the prevalence of overweight adolescents was found to be 18% and this is similar to the prevalence of 19.7% as reported by Jain et al (2010). (6) Therefore though obesity is a problem, being overweight seems to be a greater problem than obesity, in adolescent girls. This only highlights the importance of dealing with this inappropriate weight for height at an earlier stage, so that the burden of the disease can be reduced.

An encouraging finding in this study was that even though 32% of the girls were either overweight or obese, the average BMI of the 501 girls recruited was 22.5kg/m².

Abnormal uterine bleeding is common in the adolescent period and this can be aggravated in obese adolescents. We collected detailed information regarding menstrual cycles from all the

study subjects. Thirty two percent of the girls attained menarche by the age of 12 years. Analysis showed that the age of menarche was earlier in obese girls (cases) as compared to girls with normal BMI (controls) and this finding was statistically significant. This is in keeping with studies done by Bralic I et al (91) and Adair LS (21)

Seventy percent of the obese girls had irregular cycles, as compared to 42.1% of the girls with normal BMI who had irregular cycles. This is in agreement with the study done in 2015 by Mustaqeem et al who reported that a higher percentage of obese girls have irregular cycles as compared to girls with normal BMI. (92)

Of the 70 obese girls, 41.4% had no PCOM on scan and 38.6% had PCOM on scan. Though we had planned to perform trans-abdominal ultrasonography for all obese girls with irregular cycles, ultrasonography was done only for 40 (82%) of obese girls with irregular cycles. Thirty seven percent of the obese girls with irregular cycles had no PCOM while forty five percent had PCOM on ultrasonography. This is similar to the findings of a study done in Bulgaria which showed that more than 50% of adolescents suffering from PCOD were obese. (60) On the other hand 5 obese girls with regular cycles also had PCOM, in our study. This could possibly represent a 'multifollicular' ovary rather than a polycystic ovary. As ultrasonography could not be done for all the obese girls with irregular cycles, the analysed result is probably not a reflection of the true incidence of PCOM in these girls.

Various risk factors have been suggested in the aetiopathogenesis of obesity. The risk factors we assessed were weight at birth, parental BMI (father and mother separately) obesity in siblings, physical activities and dietary habits. Other factors like SES, breast feeding practices and screen time duration were also looked into.

In our study, high birth weight (> 4 kg) was associated with adolescent obesity and this association was statistically significant. In addition this study also found that obese

adolescents had parents with high BMI as compared with adolescents with normal BMI and this finding too attained statistical significance. Similar findings have been reported in a cohort study done by Reilly JJ et al in 2005 where high birth weight and high BMI in parents (either one or both) were found to be risk factors for obesity in children and adolescents. (12) Obesity in siblings was also found to be a statistically significant risk factor for obesity in adolescents, in our study. These findings strengthen the concept of genetic factors in the aetiopathogenesis of obesity.

Our study found that physical activity and regular exercise had an inverse co-relation with obesity in adolescence and this finding was statistically significant. This is in keeping with the findings reported in a systematic review of studies conducted in the Indian subcontinent. (23)

This study did not find intake of fast-food, high calorie foods and beverages to be a significant risk factor for obesity. This is in contrast to studies which show a strong association between the above mentioned factors. (15) (16) (17) Other risk factors like television watching and sedentary lifestyle including increased screen time were also not found to be statistically significant risk factors for obesity in adolescents. This is different from the findings reported in a study by Steven L Gortmaker et al (18) where the above mentioned variables were found to be important contributory factors to obesity in childhood and adolescence. Other factors looked into and which did not attain statistical significance were breakfast skipping habit, type of diet (vegetarian/ non-vegetarian) and daily intake of fruit and vegetables. The difference in findings could probably be attributed to the small sample size or information bias.

Different studies have shown that breastfeeding has a protective influence on childhood obesity. (20) (93) A systematic review in 2004 concluded that breast feeding has a protective

effect on obesity (94), but our study did not find any statistically significant difference between the two groups (obese Vs normal BMI) in the protection afforded by breast feeding. Our study did not find SES to be a significant risk factor for obesity. This is in contrast to a study done by Marwaha RK et al in 2006 (3) where a significant association was found between SES and obesity. The difference in the findings is being attributed to the small sample size.

The incidence of diabetes and hypertension in obese adolescents in our study was 1.4% each. This is in contrast to studies conducted in USA which showed that 4% of adolescents had asymptomatic T2DM (29) and 13.6% had hypertension.(30). There could have been a higher number of asymptomatic T2DM in our study, which would have been picked up if screening for DM had been done. Biochemical testing was not part of our study; therefore it is likely that probable asymptomatic T2DM patients were missed out. Diabetes and hypertension was seen equally in both groups (normal BMI and obese).

Interestingly it was seen that gallstones and non alcoholic fatty liver disease commonly associated with obesity, was seen in girls with normal BMI and not in the obese population. This is in contrast to studies which showed a higher prevalence of NAFLD and cholelithiasis in obese children as compared to children with normal BMI. (44) (45)

Comorbidities like diabetes mellitus, hypertension, gallstones and NAFLD are commonly associated with obesity. These comorbidities were not seen in our study; the probable reason being the small sample size or the controlled patient selection, as only those girls attending the gynaecology out- patient clinic were included in the study.

Acanthosis nigricans is a frequent accompaniment of obesity and serves as a surrogate marker for insulin resistance, which is commonly seen in obesity.(95) We found that there

was a statistically significant difference in the occurrence of acanthosis nigricans in obese adolescents and adolescents with normal BMI.

Measuring waist hip ratio is becoming an important part of clinical examination, as it predicts the development of metabolic syndrome in the future. A ratio <0.8 denotes a low risk of developing metabolic syndrome. A ratio of 0.81 to 0.85 points to a higher chance of developing the syndrome. Waist hip ratio of >0.85 is indicative of high risk of developing metabolic syndrome later on in life. In our study, 42% of the girls had a low risk of developing metabolic syndrome and 58% had a moderate to very high risk of developing metabolic syndrome. This was in the background of the average BMI of the study population being 22.5 kg/m2. Therefore it needs to be highlighted that even patients with a normal BMI can have an abnormal waist hip ratio which would be a surrogate marker for an unhealthy metabolic milieu in the future.

CONCLUSION

- 1. The prevalence of obesity in the adolescent age group was 14% and the prevalence of overweight was 18%.
- 2. 70% of the obese girls had irregular cycles.
- 3. 45% of the obese girls with irregular cycles had PCOM.
- 4. Risk factors which were significantly associated with adolescent obesity were birth weight, fathers BMI, mothers BMI and obesity in sibling.
- 5. Physical activity and regular exercise were significantly associated with less obesity in the adolescent period.
- 6. Risk factors which were not associated with adolescent obesity were-breast feeding practices, SES, skipping of breakfast, eating out, intake of soft drinks, daily intake of fruits and vegetables, screen time and time spent in desk bound activities.
- 7. Acanthosis nigricans was seen significantly more in obese adolescents than in adolescents with normal BMI.
- 8. Adolescents with normal BMI can have a waist hip ratio more than 0.8

LIMITATIONS OF STUDY

- As this was not a community based study, the results obtained may not be representative of the actual burden of the disease in the community.
- Information regarding variables like birth weight, fathers BMI and mothers BMI were not available for all patients; this would have affected the analysis and interpretation of data.
- Ultrasonography could not be done for all the obese girls with irregular cycles, therefore the analysis may not be a true reflection of PCOM in these girls.

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ANNEXURE

Questionnaire

2. Age		
3. DOB		
4. Weight at birth		
5. Breast fed –yes/no		
6. Age of onset of obesity		
7. Grade at school/college		
8. Phone number		
9. Fathers BMI		
10. Mothers BMI		
11. SES		
12. Obesity in sibling- yes/no		
13. History of acne yes/no		
Treated yes/no		

14. History of epilation- yes /no

If yes, how often-

1. Name

15. Eating habits

1) Veg/nonveg
2) Do you eat out- yes /no
If yes a) once a week
b) 2-3 times/ week
3) Intake of soft drinks/flavoured milk/sweetened
a) once a day
b) twice a day
c) thrice a day
4) Fried foods
a) once a week
b) twice a week
c) ≥ 3 times a week
5) What do you eat for snacks
6) Do you eat fruits and veg daily yes/no
7) Do you skip breakfast yes/no
16. a) Physical activity (exercise at least 30 min involving profuse sweating)-
1) 5-7 days / week
2) 3-4 days / week
3) 1-2 days/week

b)	Hours spent wa	atching TV/	/movies /	plaving	video games
\sim	110 alb spelle me		, 1110 , 100 ,	P1471118	Taco Samos

c) Hours spent on computer/talking on phone/doing home
--

17. Co-morbidities - were you diagnosed to have any of the following problems

Co-morbidities	Yes	no
Hypertension		
Diabetes mellitus		
Non alcoholic fatty liver		
disease		
Gallstones		
Slipped femoral epiphysis		

18.	History	of	any	medication
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- antidepressants
- OHA
- OCP
- antiepileptic
- 19. Regular exercise/yoga
- 20. Age at menarche
- 21. Menstrual cycle- duration
 - 1) <u><</u>2 days

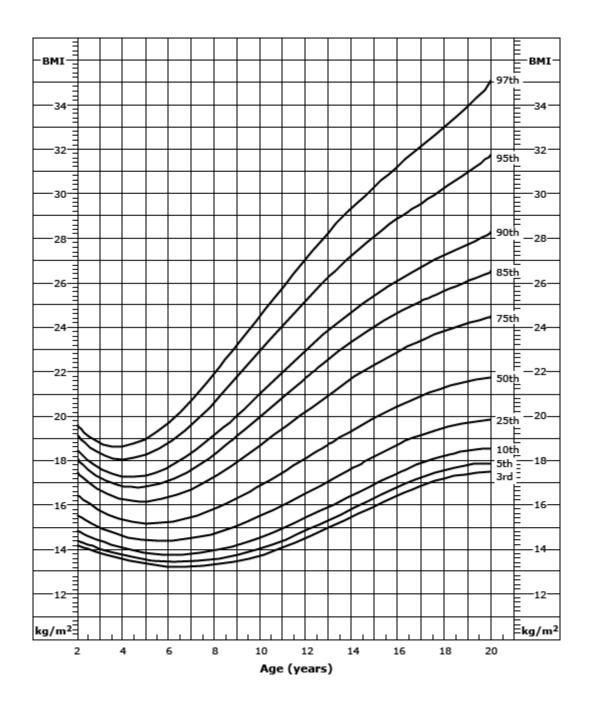
	2) 2-8 days
	3) >8 days
-	Frequency
	1) < 21 days

- 2) 22-35 days
- 3) > 35 days
- Pads changed per day
 - 1) <3
 - 2) <u>≥</u>3
- Passage of clots
 - 1) No
 - 2) Small coin sized clot
 - 3) Large clots

Profoma (Examination)

- 1. Height
- 2. Weight
- 3. BMI

Body mass index-for-age percentiles, girls, 2 to 20 years, CDC growth charts: United States

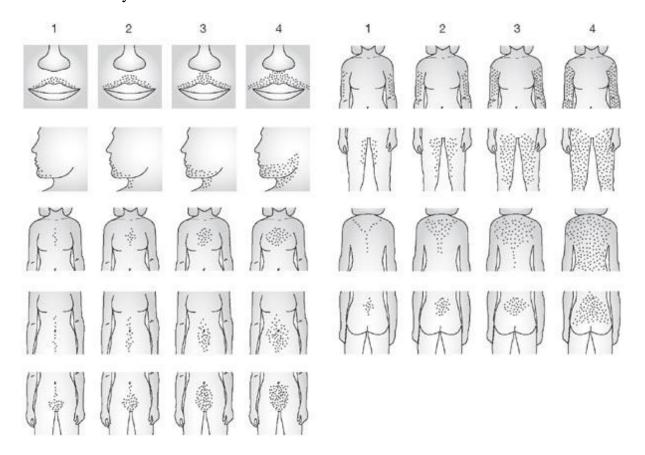


- 4. Waist circumference
- 5. Hip circumference
- 6. Waist hip ratio

7. BP

8. PR

9. Hirsutism- yes/no



10. Acne

-Topical therapy used- Yes/no

11. Acanthosis nigrans

12. Ultrasound findings:

Patient information sheet

Obesity (excess weight) is becoming a big problem in our societies. The number of teenage girls who are obese is much more now than before. There are various reasons why obesity occurs. Irregular periods are common in teenage girls. Irregular periods can also occur if the child is obese. There is a condition called Polycystic Ovarian Disease (PCOD) which can also present with irregular periods, in teenage girls. In this condition there are many small cysts in the ovary and this can be diagnosed with an ultrasound scan. Patients with PCOD are mostly obese but there is a group of patients with PCOD who are not obese.

This study is being done to find out the extent of the problem of obesity in adolescent girls and to assess the risk factors for obesity in them. It is also being done to assess the menstrual pattern in obese teenage girls and to find out how many of the obese teenage girls have PCOD.

For this study you will be required to answer questions regarding details of the child's menstrual cycles, lifestyle and other details which may point to the cause of obesity. The child will be examined by the doctor and if necessary the doctor will order for ultrasound scan.

Informed consent

Study	y Title: Obesity in adolescent girls
Study	y Number:
Subj	ect's Name:
Subj	ects Hospital Number:
Date	of Birth / Age:
(i)	I confirm that I have read and understood the information sheet dated
	for the above study and have had the opportunity to ask questions. []
(ii)	I understand that my participation in the study is voluntary and that I am free to
	withdraw at any time, without giving any reason, without my medical care or legal rights
	being affected. []
(iii)	I understand that the Ethics Committee and the regulatory authorities will not need my
	permission to look at my health records both in respect of the current study and any
	further research that may be conducted in relation to it, even if I withdraw from the trial
	I agree to this access. However, I understand that my identity will not be revealed in any
	information released to third parties or published. []
(iv)	I agree not to restrict the use of any data or results that arise from this study provided
	such a use is only for scientific purpose(s). []
(v)	I agree to take part in the above study. []

Signature (or Thumb impression) of the Subject/Legally Acceptable
Date:/
Signatory's Name:
Signature:
Signature of the Investigator:
Date:/
Study Investigator's Name:
Signature or thumb impression of the Witness:
Date: / /

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INFORMED ASSENT FORM

This informed assent form is for girls between the ages of 12-17 years who attend the

gynaecology OPD and we are inviting to participate in study of prevalence of obesity in

adolescent girls and associated risk factors for the same.

Name of principal investigator: Dr Evangeline

Name of Organisation: Christian Medical College and Hospital (CMCH)

Name of project: Study of obesity in adolescent girls

INFORMATION SHEET

My name is Dr Evangeline Reeni, I am a post graduate student in the department of

gynaecology and obstetrics. I am doing a study on 'obesity in adolescent girls' attending the

gynaecology OPD in CMCH- to find out the prevalence of obesity and the associated risk

factors for it. You will be required to answer a few questions (given in the form) and after

that I will be examining you. If your menstrual cycles are irregular an ultrasound scan will be

done and you will be required to pay for the same. I am giving you this information about the

study and I invite you to be part of it. You can choose to participate or not do so. I have

discussed this study with your parents/guardian and they know that we are also asking you

for your agreement. If you are going to participate in the study, your parents/guardian also

have to agree. But if you do not wish to take part in the study you do not have to, even if your

parents have agreed. You can decide whether to participate or not after you have talked it

over with your parents or friends or anyone else you feel comfortable talking to. You do not

have to decide immediately.

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There may be some words you don't understand or things that you want me to explain more

about because you are interested or concerned. Please ask me to stop at any time and I will

take time to explain.

Purpose: Why are you doing this research?

I am doing this study to find out the prevalence of obesity and its associated risk factors. I am

also trying to find out the number of obese adolescent girls with polycystic ovarian disease.

Choice of participants: Why are you asking me?

My study involves adolescent girls.

Participation is voluntary: Do I have to do this?

You do not have to be in this study if you do not want to be. It is up to you. If you decide not

to be in the research it is okay and nothing changes. This is still your clinic, everything stays

the same as before. Even if you say "yes" now, and later change your mind it is still okay.

I have checked with the child and they understand that participation is voluntary

__(initial)

Procedures: What is going to happen to me?

You will be asked a few questions and then a physical examination will be done. If you have

menstrual irregularity an ultrasound scan will be done. You do not have to come back to the

hospital for the sake of the study, but if you have any medical problems you can follow up in

CMCH at any time.

I have checked with the child and they understand the procedures _____(initial))

Benefits: Is there anything good that happens to me?

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You will get to know your BMI and the associated risk factors that you have. You will be

advised accordingly to change your lifestyle.

I have checked with the child and they understand the benefits (initial)

Reimbursements: Do I get anything for being in the research?

No

Confidentiality: Is everybody going to know about this?

We will not tell other people that you are in this study and we will not share information about

you to anyone who is not part of this study.

Information that will be collected from the research will be put away and no-one but the

researchers will be able to see it. Any information about you will have a number on it instead

of your name.

Right to Refuse or Withdraw: Can I choose not to be in the research? Can I change my

mind?

You do not have to be in this study, if you choose not to. No one will be angry or disappointed

with you if you say no. It is your choice. You can think about it and tell us later if you want.

You can say "yes" now and change your mind later and it will still be okay.

Who to Contact: Who can I talk to or ask questions to?

For any information you can contact on this number and I will get back to you.

Phone number: 9788595589

If you choose to be part of this research I will also give you a copy of this paper to keep

for yourself.

You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions?

Certificate of Assent

I understand the study is about 'obesity in adolescent girls' attending the gynaecology OPD in CMCH.

I will be asked questions and a physical examination will be done. If menstrual irregularities are present an ultrasound scan will be done.

I have read this information (or had the information read to me) I have had my questions answered and know that I can ask questions later if I have them.

I agree to take part in the study.

OR

I do not wish to take part in the study and I have <u>not</u> signed the a	ıssent
below(initialled by child/minor)	
Only if child assents:	
Print name of child	
Signature of child:	
Date: day/month/year	

A literate witness must sign (if possible, this person should be selected by the participant, not

be a parent, and should have no connection to the research team). Participants who are illiterate

should include their thumb print as well.

If illiterate:

I have witnessed the accurate reading of the assent for	orm to the	chia, and the individual
has had the opportunity to ask questions. I confirm th	nat the indi	vidual has given consent
freely.		
Print name of witness (not a parent)	AND	Thumb print of
participant		
Signature of witness		
Date		
Day/month/year		
I have accurately read or witnessed the accurate	reading of	the assent form to the
potential participant, and the individual has had the	he opportu	unity to ask questions. I
confirm that the individual has given assent freely.		
Print name of researcher		
Signature of researcher		
DateDay/month/year		
Statement by the researcher/person taking consent		
I have accurately read out the information sheet to	o the poter	ntial participant, and to
the best of my ability made sure that the childundersta	ands that tl	ne following will be done:
1. Filling up of questionnaire		
2. Physical Examination		
3. Ultrasound scan in case of menstrual irregularities		
I confirm that the child was given an opportunity to	ask questi	ons about the study, and

all the questions asked by her have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this assent form has been provided to the participant.

Print Name of Researcher/person taking the assent_______

Signature of Researcher /person taking the assent _______

Date _______ Day/month/year

Copy provided to the participant ______ (initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ____No ____ (initialed by

researcher/assistant)

sno	hospital	name	age	unit	w	t b	onse	age	studying	grade	fbmi	fbmirange	mbmi	mbmirange	ses	obeinsib	acne	trt	epi	often	vn eat	out	frequent	intake	friedfd	snacks
1	437500g	Gurusha Kumari	13	1	. 2	2.7	1		1	8	35	4	28	3	2	2	2	2	2		2	1	3	2	0	biscuit,mixture
2	410758g	Suravi B	17	1	. 2	2.6	1		1	11	19.9	2	20.34	2	2	2	2	2	2		2	1	4	0	1	biscuit,mixture
3	119365g	Shreya	19	1	. 1	1.5	1		1	13	31.25	4	25.23	3	2	2	2	2	2		2	1	1	4	1	fryums,samosa
4	764345g	Usha	18	1		3	1	3	2	9	25.47	3	26.67	3	3	1	2	2	2		1	2		0	0	biscuit,mixture
5	746337g	Thenmozhi	12	1	. 2	2.5	1	10	1	7	18.5	2	24.77	2	4	2	2	2	2		2	2		0	1	mixture
6	756150g	Deborah	17	1		3	1	6	1	12	25.4	3	28.13	3	3	2	2	2	2		2	2		1	0	biscuit,mixture
	771725g		13	2		4	1		1	7	22.58	2	25.39	3	3	2	2	2	2		1	2		0	0	biscuit,chocolate
	299634g		16	2		3	1		1	10	21.26	2	19.53	2	2	2	2	2	2		2	1	1	0	2	chocolate,noodles,pas
	238593d		15			2.5		13	1	10	22.49		25.39	3	2	2	2	2	2		2	2		0		chips,samosa
	736507g		16		+	2.4	_		1		20.31		23.78	2	2	2		2	2		2	2		0		bhajji,chips
	532793g	-	13			3.5			1		27.34		22.04	2	4	2		2	2		2	2		0	0	
	539461g		18	2	+	3			1		20.24		22.66	2	3				2		2	2		0	-	mixture
	121918c		14			2.5		12		9		_			2			2	2		2	1	1	1		biscuit,chips
	749887g		16			2.8			1	-	24.65	2	31	3	3			2	2		2	1	3	3		biscuit,noodles
	857229b		16	1		2		14		11	21.05		- 51	4	2	1		2	2		2	1	1	4		biscuit
	773388g		16		+	2.2		12			26.35	2	24.56	2	1			2	2		2	2		4		biscuit,cake
			14		+		_	12	1	9	20.33	2			4				2		2	1	4	3	0	Discuit,cake
	765476g		18			2.5		16		13		2		3	1			2	2		2	2	4	4		biscuit
	327328g				+		_	10			24.0				2					\vdash						
		Saisupraja	16	1		3			1	11	21.8	2		5		2		2	2		2	1	4	0	3	biscuit
	724823g		18			3.5			1	12		3		2	2			2	1	1	2	1	1	4		
		Keerthana	17			2.7		15		12		4		3	2	1		2	2		2	2		0		bread
	770229g		14		+	2.5	_		1		23.15		26.37	3	1	2		2	2		2	2		4		biscuit
	643817g		18			2.5			1		22.04	2		3	2			2	2		2	2	4	4		biscuit,puffed rice
	804248d		16		+	2.5	_		1	12	31.2	3		2	4	2		2	2		2	2		0		biscuit,rusk
25	724735g	Shilpa	18	1	. 2	2.6	1		2	10	23.9	2		2	3			2	2		2	2		0	0	
26	746793g	Shilpa	18	1	. 2	2.8	1		1	14	24.7	2	23.2	2	3	2	2	2	2		2	1	2	0	0	biscuit,cake
27	626374g	Aishwarya	15	1	-	3	1		1	11	19	2	19.5	2	3	2	2	2	2		2	2		0	0	
28	720437f	Darshini	14	1	. 3	3.4	1		1	9	25.35	3	19.53	2	1	2	2	2	2		2	1	4	0	0	biscuit,nuts
29	557582d	Divya	15	1		3	1	2	1	11	25.77	3	27.55	3	1	2	2	2	2		1	2		0		biscuit,chocolate
30	774935g	Asmitha	15	1		3	1	12	1	11	20.96	2	19.78	2	2	2	2	2	2		1	1	3	0	0	mixture
31	762401g	Divya	18	1		3	1		1	12	25.39	3	26.04	3	2	2	2	2	2		2	2		0	1	biscuit,chips
32	773043g	Chandrika	18	1	. 2	2.8	1		1	14	22.99	2	34.67	4	2	2	2	2	2		2	2		1	4	
33	362821c	Hemapriya	13	1	. 2	2.5	1		1	8	22.1	2	22.6	2	4	2	2	2	2		2	2		0	0	chips
34	050560c	Bhavya	15	2	2	2.2	1		1	11	28.73	3	27.34	3	2	1	2	2	2		2	2		0	0	cake,chips,chocolate
35	713478g	Mou Saha	16	2	2	2.6	1	14	1	11	23.15	2	26.04	3	2	2	2	2	2		2	1	4	4	1	biscuit
36	773806g	Most Tasnim	16	2	3	3.5	2	4	1	10	24.3	2	37.7	5	2	2	2	2	2		2	1	2	1	1	biscuit
37	070612g	Divya	16	2	2	2.4	1		1	11	24.69	2	24.09	2	4	2	2	2	2		2	2		0	0	biscuit
38	504616f	Poojitha	15	2	2	2.5	1	5	1	10	21.5	2	23.2	2	3	2	2	2	2		2	1	1	1	2	biscuit
39	276364d	Swasthika	17	2	2	2.5	1		1	11	18.6	2	29.1	3	2	1	2	2	2		2	1	2	2	2	burger,pizza
	105710g		18			3.5		1	1	14	19.9	2		2	4	2	2	2	2		2	2		0		biscuit
		Karma Sonam	19	2		3		15			28.34	3		3	3			2	2		2	1	1	1		biscuit,bread
	765990g		18			1.5		0			35.69		22.77	2	2			2	2		2	1	1	0		biscuit
	771898g		13	1		3		10		9	25.71		26.16	3	3	2		2	2		2	1	3	1		biscuit
	744425g		13		+	2.4	_	10			28.6		26.84	3	2				2		2	1	1	0		bonda,chips
		Tanushree		1	-	_		-10	1		21.64		18.67	2			_	2			2	2		0	0	
		Prasannakumari	17			3			1		22.86		20.81					2			2	2		0		biscuit
	887498f		19			2.7		18			22.89		26.67	3	4			2	2		2	2		0	1	J.Jeuit
	494129f		19			2.7		10	1		23.43		31.21	4	4				2		2	2		0	4	
	893591d		16			3			1		22.22		23.59	2	2				2		2	2		4		biscuit,chips,noodles
					-	2.9					27.68							2								biscuit
	682383c		17					_	1				24.03	2	2			2	2		2	2		0		
		Priti Sarkar	12			3		8			24.84		24.97	2	2			2	2		2	1	3	1		biscuit,pakoda
		Hemalatha	15			2.5			1		24.39	2			3				2		2	2		0	0	
	745277g		19			2.5			1		23.88		23.11	2	1				2		2	2		0		biscuit
	766325g		13			2.5			1			2		2				2			2	2		1		biscuit,mixture
	541597g		15	1			1	12		10					3				2		2	1	1	1		chips,puff
	629144g		18			2.7		2			25.91		21.64	2				2	2		2	2		0		bhajji,bonda
57	780971g	Jaspreet	15	1		4	2		1	10		3			1	2	2	2	2		1	1	1	1		biscuit,cake,chips
58	526266f	Renu	13	1	. 3	3.5	1		1	8		3		4	2	2	2	2	2		2	2		0	1	bonda,chips,nuts
	776043ø	Fatema	19	1	. 2	2.5	1	3	1	13	26.12	3	29.3	3	2	1	2	2	2		2	2		0	1	biscuit

	poi pi	iyact ni	sspent	omp							ed d	rug e	xer ag	emen m	enarche d								vaist h	nip wh	hratio wai	isthip s	ysbp	diasbp	pr hir	s hirsye	s acnei	topic	aı aca	.i uitrasu	pco
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	2	4	2	4	2	2 2	2	2 2	2	2	2		2	10	9	2	2	1	1 14	4 52	25.08	2	73	89	0.82	2	124	80	120	2	1 2	2	2	2	
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	1	1	0	2				2 2		2	2		2	12		2	2	2	1 15		30.76	5	89 1		0.82	2	111	80		2	1 2	2		1 ovarian cyst	
	2	4	1	4			_		_			_	2	13	-		2	2	1 15						0.85		84			_				2	+
	_				_	_		_	_	2	2	-		-		2			_	_		3	87 1			2	-	63		2					+
L	2	4	1	2		_		2 2	-	2	2	-	2	12		2	3	2	1 15			2		86	0.77	1	134	95		2	1			2 normal	4
	1	4	1	1	2	2 2	2	2 2	2	2	2		2	11	2	2	3	2	2 16	2 49	18.67	2	76	92	0.83	2	95	69	120	2	2	2	2	2 normal	
	2	4	3	1		2 2	2	2 2	,	2	2		1	14		1	5	1	1 16	1 00	33.95		100 1	122	0.82	2	98	69	0.5	2		2	2	2	

60 445409g	Mossamat	15 1	1	1	3 1	. 9	29.38	3	23.68	2	2	1	2	2	2		2	2		()	1
61 633173c	Kalaivani	16 1	1 3.5	1	1		22.23	2	25.78	3	2	2	2	2	2		2	2		()	2 biscuit
62 770412g			2 3.5		2 1			2		3	2	2	2	2	2		2	2		2		2 biscuit,bread,cake
63 539297g	Shwetha	17 2	2 2.5	1	1 1	13	27.7	3	25.1	3	3	2	2	2	2		2	1	4	4		4 chips,mixture
64 778689g	Tushi	18 1	1 2.4	1	1	l 11					4	2	2	2	2		2	1	2	1		1 bhajji,biscuit
65 541424g	Subalakshmi	18 1	1 2.6	1	1	14			23.4	2	4	2	1	2	2		2	2		()	2
66 302954c	Sheetal D	17 1	1 2.2	2	1	l 12	23.88	2	23.44	2	2	2	1	1	2		1	2		4	ı	1 biscuit
67 751853g	Ishita	14 2	2 2.5	1	1	l 10	25.8	2	30	2	2	1	1	2	2		2	1	3	2	2	2 bread,noodles
68 765173g		13 2	2 1.9	1	1	L 9	21.5	2	19.5	2	3	2	2	2	2		2	2		()	1 puffed rice,samosa
69 242936c		15 2	2 2.5	1	1	l 10	24.7	2	31.2	3	2	2	2	2	2		2	1	4	3	3	2 chips,chocolate,roll
70 540922g			2 3	1	2	2 8	28.1	3	26.7	3	3	2	2	2	2		2	1	2	1		2 biscuit,samosa
71 547886d		16 2	2 2.5	1 1	.4 1	l 10	23.9	2	28.1	3	2	2	2	2	2		2	2		4	1	2
72 425712f	Dipanwita	19 1	1 2.7	1	1	L 14	30.86	4	24.14	2	2	2	2	2	2		2	2		()	2 bread,puffed rice
73 768562g	Nilanjana	14 1	1 3.7	1	1		24.5	2	23	2	3	3	2	2	2		2	1	1	2		2 chips,noodles,roll
74 118641d			1 3.2		.3 1			2	34.17	4	2	2		2	2		2	2		(3 biscuit
75 775049g			1 2.5		1	l 11	25.21	3	19.05	2	2	2	2	2	2		2	2		()	2 biscuit,cake
76 540973g		19 1	1 3	1	2	2 13	22.4	2	31.6	4	2	2	2	2	2		2	1	1	2	2	0 chips
77 365603d		16 2	2 2.5	1	1	l 11	25.66	3	22.94	2	2	2	2	2	2		2	1	4			4 biscuit
78 541377g	Divya	17 2	2 3	1	1	l 13	25.83	3	21.47	2	4	2	2	2	2		2	2		()	4 mixture
79 721284g		18 2	2 3	1	1	l 13	28.04	3	19.98	2	3	2	2	2	2		2	2		4	1	1 puffed rice
80 542032g		15 1	1 2.5	1	1	1 10	26.7	3	26.6	3	2	2	2	2	2		2	2		()	1 biscuit
81 779973g	Pampa	16 1	1 2.3	1	1	l 11	22.6	2	21.4	2	3	2	2	2	2		2	1	1	()	0
82 419932d		13 1	1 2.5	1 1	.0 1	L 8	24.2	2	30.4	4	2	3	1	1	2		2	1	2	2	2	2 chips,chocolate,kurkure
83 782103g	Waziha	14 1	1 2.5	1	7 1	L 8	33.7	4	43.3	6	2	3	2	2	2		2	2		4		4 noodles,roll
84 758907g		16 2	2 1.5	1	1	l 12	24.4	2	21.5	2	3	2	2	2	2		2	2		()	3 biscuit,chips,noodles
85 787521g		18 2	2 2.1	1	1	l 13	19.9	2	18.7	2	2	2	2	2	2		2	1	3	(2 puffed rice, samosa
86 153081c			2 2.8		1	l 10		3		3	3	2		2	2		1	1	4	(1 biscuit
87 860312b		16 2	2 2	1	1	l 11	25	2	26.3	3	4	2	2	2	2		2	2		()	4 chips
	Mahalakshmi		2 2.8		1 1			2	26.7	3	4	2		2	2		2	2		(1
89 427561d			2 2.5		2			3		3	4	2		2	2		2	2		4		0
90 787069g			1 4		1			3			2	1		2	2		2	2		:		2 biscuit,chips
91 758211g		17 1	1 2.5	1	1	l 11	20.76	2	25.4	3	2	1	1	2	1	6	2	1	1	()	2 chips
	Rajnandhini		1 3		1		29.1	3	30.4	4	3	2		2	2		2	2		(2 biscuit,samosa
93 972821f	-		1 3.5		0 1	L 9		3	29	3	2	2		2	2		2	1	2	4		1 chips
94 991043b	Agalya	16 1	1 2.8	1	1	l 11	24	2	22	2	3	3	1	2	2		2	2		()	0 biscuit
95 779464g		19 1	1 3.5	1 1	.5 1	1 13					1	1	2	2	2		2	1	4	2	2	2 chips
96 674082d		18 1	1 3	1	1	l 12			23.1	2	1	1	1	1	2		2	1	4	()	1 biscuits,cake,chocolate
97 774740g	Kanika	19 1	1 3.5	1 1	.1 1	l 13	22.3	2	21.6	2	1	2	2	2	2		2	1	1	()	2 chips
	Chandralekha	14 1	1 2.8	1	1	l 10		2		2	4	2	1	2	2		2	2		()	0
99 815426g	Sandhiya	16 1	1	1	1	1 11	22	2	23	2	3	2	1	2	2		2	1	1	1		2 biscuit,chips,mixture
100 787197g		15 1	1 3.4	1	1 1	1 10		4		3	2	2	2	2	2		2	2		1		1 puffed rice
101 231059c			2 2.1		1	L 9		4			2	2	1	2	2		2	1	3	(2 chips,kurkure
102 992617b	Riya M	16 2	2 4	1 1	.3 1	1 10	28.58	3	30.75	4	2	2	1	2	2		2	1	2	()	1 bread
103 775613g	Mary	16 2	2 3	1 1	.5 1	l 11		2		2	1	3	1	2	2		2	2		2	2	1 chips
104 789566g		17 2	2 2	1	1	L 8					2	2	2	2	2		2	2		(2 mixture
105 767560g	Nupur	19 2	2 3	1	1	. 13	24.97	2	16	1	4	2	2	2	2		2	1	3	1		2 chips
106 626043g			2 3		1		26.23	3			3	1	2		2		2	2		(0 biscuit
107 959441b			2 1.6		1				25	2		2	1		2		2	2		4		4 biscuit
108 787070g	Kathijathul		2 3		.0 1	L 9	21.6	2	32	4		2	1		2		2	2		(1 biscuit,chips
109 538614d		15 2	2	2	1	1 11					3	2		2	2		2	2		()	0 biscuit
110 457615f	Kavipriya	16 2	2 3.2	1	1	1 12			30.6	4	4	2	1	2	2		2	2		()	0 chips
111 787529g	Abirami	15 1	1 2.7	1 1	.2 1	1 11	25.4	3	40.6	6	3	3	2	2	2		1	2		2		3 biscuit
112 785837g	Sandhya	19 1	1 2.9	1 1	.7 2	2 10		4		4	3	1	1		1	6	2	2		1		1
113 958186b	Revathi	16 2	2 3	1	1	1 11	19.8	2	37.9	5	2	2	2	2	2		2	2		()	1 mixture
114 468706f	Srijitha	15 2	2 2.7	1	6 1	1 10	21.6	2	26.2	3	2	3	2		2		2	2		()	2 biscuit
115 789772g			2 2.9						33.33	4	4	1	1		2		2	2		(3 biscuit
116 845612f			2 2.4					3		3	2	2	2		2		1	1	2			2 biscuit,chocolate
117 788060g			2 2.7		2			3		2	4	2	2		2		2	2		1		0
118 791241g	Haripriya	19 2	2 2.6	1	1	14	25.6	3	25.33	3	2	2	2	2	2		2	1	1	3	3	1 biscuit
119 415660g	Barsita	13 1	1 2.5	1	1	L 9	20.7	2	32	4	2	3	2	2	2		2	1	1	()	2 biscuit

1 2 4	2 4 2	2 2	2 2	2 2	2	11	4	2 3	2	1 157	71 28.	3 4	81 10	4 0.78	1	102	68 104	2	2	2	2	
1 2 3	0 2 2	2 2	2 2	2 2	2					135	39 21.	1 2	76 8	1 0.94	3	100	79 117	2	2	2	2	
1 2 4	1 5 2	2 2	2 2	2 2	2	12	2	2 4	1	1 154	65 27.4	1 4	81 9	4 0.86	3	105	74 84	2	2	2	2 mass anterior to uterus	
2 2 4	3 0 2		2 2	2 2		13		2 3		1 158			86 9			124	74 86	2	2	2	2 normal	
1 1 4	4 4 2		2 2	2 2		12		2 5		2 136			61 8			103	59 56	2	2	2	2 normal	
				2 2		13	-	3 4	2	2 156	60 24.6		77 9				59 103		2	2	2 normal	
			2 2		_		-		-			-			2	92	00 -00	2	_			
1 2 4	2 4 2		2 2	2 2		13		2 2		1 160			70 8		2	91	52 91	2	2	1	2	
1 1 4	0 5 2		2 2	2 2		12		2 2		1 154			55 7			111	69 91	2	2	2	2 normal	
1 2 4	1 2 2	2 2	2 2	2 2	2	11	2	2 2	2	1 150	34 15.1	1 2	58 7	4 0.78	1	96	61 107	2	2	2	2	
2 2 4	0 4 2	2 2	2 2	2 2	2	12	3	3 5	2	2 151	44 19.	3 2	60 8	1 0.74	2	100	60 90	2	2	2	2 ovarian cyst	
1 2 4	0 3 2	2 2	2 2	2 2	2	12	6	2 2	1	1 152	48 20.7	3 2	72 8	2 0.88	3	107	75 96	2	2	2	2	
2 1 4	0 3 2	2 1	2 2	2 1	3 2	13	3	2 2	2	1 145	60 28.5	1 3	76 9	1 0.84	2	104	61 113	2	2	2	2 normal	
1 2 4	1 3 2		2 2	1 1		12	7	2 2	2	2 155			88 9	8 0.9	3	96	76 85	2	2	2	2 normal	
1 1 4	2 3 2		2 2	2 2		11	3	2 3	2	2 156			72 8	6 0.84		112	74 71	2	2	2	2 normal	
1 2 4	1 3 2		2 2	2 1		13		2 5		1 155	84 34.9		102 11			115	78 79	1	7 2	2	1	1
							-															1
1 1 4	1 3 2		2 2	2 2		13		2 2		2 155			81 9			112	72 99	2	2	2	2 normal	
1 2 4	1 2 2		2 2	2 2		13	6	2 2	1	1 163			67 8			114	72 116	2	2	2	2	
1 2 4	2 2 2		2 2	2 1						149	52 23.4	2 2	76 9	1 0.84		131	92 108	2	2	2	2	
1 1 4	2 2 2	2 2	2 2	2 2	2	15	2	2 2	1	1 176	54 17.4	3 2	67 8	3 0.8	1	120	80 90	2	2	2	2	
1 2 4	0 2 2	2 2	2 2	2 2	2	15	3	2 2	1	1 158	41 16.4	2 1	61 8	2 0.74	1	99	64 94	2	2	2	2	
2 1 4	6 1 2	2 2	2 2	2 2	1	13	2	2 2	1	1 149	41 18.4	7 2	71 8	1 0.87	3	108	64 92	2	2	2	2	
1 1 3	3 1 2	2 2	2 2	2 2	2	12	4	2 2	1	2 154	44 18.5	5 2	68 9	0 0.75	1	110	70 92	2	2	2	2	
1 2 4	1 2 2		2 2	2 2		12	1	2 5		1 160			84 9			116	79 112	2	2	2	2	
2 1 4	3 3 2		2 2	2 2		12		2 4	1	1 155	88 36.6		93 10		3	90	50 100	2	2	2	2 normal	
1 2 4	3 1 2		2 2	2 2		14		2 2		1 162	46 17.5		63 8			100	55 77	2	2	2	2 normal	
				2 2		15		2 2		1 156	44 18.0			-					2			
			2 2				-	_					61 7			124	73 120	2		2	2 ovarian cyst	
1 2 4	5 0 2		2 2	2 2		12	2	3 4	2	2 165			74 9				70 96	2	2	2	2	1
1 2 4	1 1 2		2 2	2 1				_		150			65 7		3	87	59 111	2	2	2	2 hydrometrocolpos	
2 2 3	2 1 2		2 2	2 2						156	69 28.3		87 10			135	80 93	2	2	2	2 small uterus, normal ovary	
2 2 4	0 0 2	2 2	2 2	2 2	2	12	6	3 2	2	2 166	56 20.3	2 2	80 9	4 0.85	2	150	86 124	2	2		2	
					_			-	-	2 100	30 20.3		80 9	4 0.65	_		80 124	-		2	2	
2 1 4	4 1 2	2 2	2 2	2 2		12	-	1 3		1 158			62 7		1	94	73 97	2	2	2	2	
2 1 4 1 1 3	4 1 2 2 4 2		2 2 2		2		1	-	2			2 2		9 0.78	1			_				1
		2 2		2 2	4 2	12	1 4	1 3	2	1 158	40 16.0	2 2	62 7	9 0.78 0 0.8	1	94	73 97	2	2	2	2	1
1 1 3	2 4 2	2 2 2	2 2	2 2 2	2 4 2 2	12 13	1 4 2	1 3 2	2	1 158 2 156	40 16.0 43 17.6 45 19.4	2 2 7 2 3 2	62 7 64 8	9 0.78 0 0.8 3 0.78	1 1 1	94 108	73 97 71 118	2	2	2	2 2	1
1 1 3 2 2 4 2 2 3	2 4 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 1 2 2 2 2	2 4 2 2 2	12 13 11 11	1 4 2 3	1 3 2 2 3 3	2 2 2	1 158 2 156 1 152 1 170	40 16.0 43 17.6 45 19.4 88 30.4	2 2 7 2 3 2 5 5	62 7 64 8 65 8 95 11	9 0.78 0 0.8 3 0.78 9 0.8	1 1 1	94 108 84 134	73 97 71 118 54 78	2 2 2	2 2 2	2 2 2	2 2 2 normal	1
1 1 3 2 2 4 2 2 3 2 1 1	2 4 2 2 2 2 0 3 2 2 2 2	2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 2 1 2 2 2 2 2 2	2 4 2 2 2 2	12 13 11 11 13	1 4 2 3 3	1 3 2 2 3 3 1 3 1 3	2 2 2 1	1 158 2 156 1 152 1 170 1 158	40 16.0 43 17.6 45 19.4 88 30.4 57 22.8	2 2 7 2 3 2 5 5 3 2	62 7 64 8 65 8 95 11 72 8	9 0.78 0 0.8 3 0.78 9 0.8 6 0.87	1 1 1 1 3	94 108 84 134 109	73 97 71 118 54 78 83 106 63 96	2 2 2 2 2	2 2 2 2 2	2 2 2 2 2	2 2 normal 1 normal 1 normal	1
1 1 3 2 2 4 2 2 3 2 1 1 1 2 4	2 4 2 2 2 2 0 3 2 2 2 2 1 1 2	2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 2 1 2 2 2 2 2 2 2 2 2 2	2 4 2 2 2 2 2 2	12 13 11 11 13 14	1 4 2 3 3 5	1 3 2 2 3 3 1 3 1 3 2 3	2 2 2 1 1	1 158 2 156 1 152 1 170 1 158 1 155	40 16.0 43 17.6 45 19.4 88 30.4 57 22.8 68 28.	2 2 7 2 3 2 5 5 3 2 3 3	62 7 64 8 65 8 95 11 72 8 86 9	9 0.78 0 0.8 3 0.78 9 0.8 6 0.87 7 0.89	1 1 1 1 3 3	94 108 84 134 109	73 97 71 118 54 78 83 106 63 96 62 80	2 2 2 2 2 2 2	2 2 2 2 2 2 2	2 2 2 2 2 2 2	2 2 2 normal 1 normal 1 normal 2 normal	1
1 1 3 2 2 4 2 2 3 2 1 1 1 2 4 1 1 4	2 4 2 2 2 2 2 0 3 2 2 2 2 1 1 2 1 1 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2	2 4 2 2 2 2 2 2 2	12 13 11 11 13 14	1 4 2 3 3 5 5	1 3 2 2 3 3 3 1 3 2 3 2 3	2 2 2 1 1 1 2	1 158 2 156 1 152 1 170 1 158 1 155 1 152	40 16.0. 43 17.6 45 19.4 88 30.4 57 22.8 68 28. 48 20.7	2 2 7 2 3 2 5 5 3 2 3 3 3 2	62 7 64 8 65 8 95 11 72 8 86 9 69 9	9 0.78 0 0.8 3 0.78 9 0.8 6 0.87 7 0.89 5 0.73	1 1 1 1 3 3	94 108 84 134 109 102 95	73 97 71 118 54 78 83 106 63 96 62 80 63 95	2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2	2 2 normal 1 normal 1 normal 2 normal 2 normal	1
1 1 3 2 2 4 2 3 2 1 1 1 1 2 4 1 1 1 4 1 1 4	2 4 2 2 2 2 2 0 3 2 2 2 2 2 1 1 2 1 1 2 3 1 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 4 2 2 2 2 2 2 2 2 2 2	12 13 11 11 13 14 13	1 4 2 3 3 5 5	1 3 2 2 3 3 1 3 2 3 2 3 2 4	2 2 2 1 1 1 2	1 158 2 156 1 152 1 170 1 158 1 155 1 152 1 153	40 16.0 43 17.6 45 19.4 88 30.4 57 22.8 68 28. 48 20.7 89 38.0	2 2 7 2 3 3 2 5 5 3 3 3 3 2 5 5 5	62 7 64 8 65 8 95 11 72 8 86 9 69 9	9 0.78 0 0.8 3 0.78 9 0.8 6 0.87 7 0.89 5 0.73 0 0.88	1 1 1 3 3 3 1	94 108 84 134 109 102 95	73 97 71 118 54 78 83 106 63 96 62 80 63 95 76 101	2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2	2 2 normal 1 1 normal 1 normal 2	
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120 7	69769g	Pampita	14	1	3.5	1		1	10)	2		2	2	2	2	2	2	2	1	1	1	. 2	2 biscuit,chips
121 6	98473D	Keerthana	17	1	3	1		1	13		2		2	4	1	2	2	2	2	1	1	C) 3	3 biscuit,mixture
122 7	58287g	Kabita	18	1	2.5	1		1	12	21.6	2	25	2	4	2	2	2	2	2	1	3	3	. 2	2 biscuit
123 7	5228g	Payal	19	1	3	1		9 1	14	31.2	4	30.5	4	3	1	2	2	1 6	5 2	1	2	C	1 2	2 noodles
124 7	94811g	Ruchika	16	1	3.2	1		1	11	26.4	3	21.3	2	2	3	2	2	2	2	2		C	0	noodles
	50868g		17		2.1			1				27.6	3		2	2	2	2	2	1	4	0		2 biscuit
	71515g		18	1		1	10		13					1	1	2	2	2	1	1	1	1		2 biscuit
	58402g		14	1		1	10				2		2		2	2	2	2	2	1	1			,
		Monisha	19		2.8			1			4		4		2	2	2	2	2	2		0		1 chips
	94729g		12	1		1		1	7		2		2		2	2	2	2	2	2		0	_	1 chips
		Priyanka	18		3.5			1	13					2	2	1	2	2	2	2		0		2 noodles
	10579g		19	2		1		1						3	2	1	2	2	2	2		2		3 biscuit,chocolate
		Sreemusli	19		2.6	-		1	13		2	23.14	2		2	2	2	2	2	2		4		biscuit biscuit
	43483g		18	2		1		2				25.21		3	1	1	2	2	2	1	4		_) biscuit,chips
		Redwana	13		3.5	-		9 1	9		5	37.7	5		2	2	2	2	2	1	1			2 biscuit
	82999g		14		2.8			1	10		3		3		3	1	2	2	2	2	-	4		1 chips,chocolate,icecream
		Sakthiswari	18		2.7			1				27.4		2	2	2	2	2	2	2		0		2 cake,chips
	88182g		16		3.2			1	9		4		4		1	1	1	2	2	1	1			
								2			2		2		2	2		2	2	1	4			1 chips,chocolate
	92281g		18		2.6												2				4			2 biscuit
		Most Suriya	17	2		2		1	10		4		2		2	2	2	2	2	2		3		1 hhaiii handa
		S P Rechal	18	2		1		3 1	13		2		2		3	2	2	2	2	2		0		1 bhajji,bonda
	17769g		14	2		H		1						2	2	2	2	2	2	1	1			1 biscuit
	02322c		16	2		1		1	11		2	21.3		2	2	1	1	2	1	1	1			1 biscuit,chips
	68152g		18	2		1		1	11					3	2	2	2	2	2	2		0		
		Maymuna	19	2		1		1	13					3	2	2	2	2	2	2		1) biscuit,chips,noodles
	88696g		19	1		1		1	14		2		2		2	1	2	2	2	2		C		1 noodles
		Sathy Roy	16		2.5			1	11		2		2		2	2	2	2	2	2		4		
	94166g		17		3.5		1-	4 2	10		2		4		2	1	2	2	2	1	4	2		
		Vaishnavi	18		3.5			1	13		5	31.18	4	2	2	1	1	2	1	1	1			1 chips,chocolate
	53298c		14		2.5			1			4	=	2	2	1	2	2	2	2	1	4			2 chips
		Angelica	17	1	2.5		1:	2 1	12	!		37.7	5		1	2	2	2	2	1	2	2	! 2	2 biscuit
151 5	43518g	Seline	18	1		2		1	14					4	2	1	2	2	2	2		2	! 1	1 biscuit,chips
152 7	78008g	Purba	18	1	2.9	1		1	13					4	2	1	1	2	2	1	2	2	! 2	2 biscuit,roll
153 8	01598g	Shadia	15	2	2	1		1	10)		29.2	3	3	2	2	2	2	2	2		C) 1	1 bhajji,samosa
154 8	00934g	Most Mahamuda	18	2		1	1	5 1	14	23.9	2	25.4	3	2	1	2	2	2	2	1	2	2	. 2	2 sandwich
155 8	68785c	Gomathi	14	2	2.5	1		1	9	23.4	2	23.3	2	3	2	2	2	2	1	2		C) (biscuit,puff,vada
156 7	94713g	Preethika	15	1	2.8	1		1	10)	2		2	4	1	2	2	2	1	2		0) (biscuit,chocolate,icecream
157 0	35765g	Najiya	12	1	2.3	1		1	8	8		22.2	2	2	2	2	2	2	2	2		C) 2	2 cake
158 7	91115g	Mita B	16	1	1.5	1		1	10)	2		2	3	1	2	2	2	1	2		0) (biscuit
159 2	75470c	Keerthana	15	1	3.5	1		1	10)				4	2	1	2	2	2	1	1	2	! 2	chips,samosa
160 1	51196g	Amul	18	1	2.3	1		1	14	18.5	2	17.8	1	4	2	2	2	2	2	2		C) 1	1 biscuit
161 5	83543c	Laksmipriya	12	1	1.4	1	:	2 1	7	28.7	3	26.8	3	1	2	2	2	2	2	1	4	C) (ו
162 8	38369f	Monalisha	14	2	4	1		1	10	25.9	3	28.3	3	2	2	2	2	2	2	2		1	. 1	1 chips,chocolate,mixture
163 2	04955f	Anu	12	2	3.7	1		1	7	23.5	2	20.3	2	2	2	2	2	2	2	2		3	3	biscuit,chips,noodles
164 5	44779g	Srividhya	18	2	2.7	1		1	14	24	2	28.1	3	3	2	2	2	2	2	1	4	C	1	1 biscuit,mixture
165 7	71336g	Arpita	12	2		1		1	8	21.9	2	20.4	2	1	2	2	2	2	2	1	4	4	1	1 biscuit,chips
166 8	02986g	Umme Habiba	13	1	3	1		1	9	28.4	3	24.2	2	2	3	2	2	2	2	2		4	. 2	biscuit,cake,noodles
167 9	91917f	Devi	12	1	2.2	1		1	7	27	3	26.7	3	3	2	2	2	2	2	2		C) 2	cake,chocolate,puff
168 3	54064d	Ankha	15	1	2.6	1		1	10	20.3	2	28.6	3	2	2	2	2	2	2	1	3	3	1	1 biscuit,mixture
169 1	27441f	Ashwathi	17	1	2.5	1		1	13	25.7	3	28	3	2	2	2	2	2	1	2		C	1	1 biscuit
170 5	44246g	Pooja	17	1	3	1		1	13	19.8	2	19.4	2	3	2	2	2	2	2	2		C	2	1
171 3	97600g	Amreen	19	1	3.2	1		3 2	10	24.7	2	25.3	3	4	1	2	2	2	2	2		C) 3	3 biscuit
172 8	01929g	Riya	17	2	2.3	1		1	11	18.5	2	21.1	2	4	3	1	2	2	2	1	1	1	. 1	1 chips,noodles
		Mst Sanzida	17		3			0 2						2	2	1		2	2	1	4	4		1
174 8	10298g	Tiasa	14	1	2.8	1		1	g	33.1	4	25.8	3	1	2	2		2	2	1	1	1	. 1	1 biscuit,chips
175 8	01638g	Mousumi	18	1		1		4 1	13					2	1	2		2	2	1	1	1		2 chips
	84528g		16		2.4			1			3	26.3	3		2	2		2	2	1	1			1 biscuit
	84547g		14		3							24.6	2		2	2		2	2	2		1		2 biscuit
	40425g		16		3			1			1	28		2	2	_	2		2	1	1	1		2 biscuit
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2 2 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 2 4	1 2 2 2 2 2 2	2 2 2 2	162 47 17.91 2 66 81 0.81 2 106 56 100 2 2 2 2 rudimentary horn
2 2 4 0 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 2 4	3 1 2 2 2 2 2	2 2 2 2 12	12 6 2 5 2 1 163 69 25.97 3 79 96 0.82 2 118 89 103 2 2 2 2 normal
1 1 3 2 2 2 2 2 2 2 2 2 2 2 2 1 1 2 3 2 2 1 1 1 1	2 2 4	1 2 2 2 2 2 2	2 2 2 2	162 47 17.91 2 70 83 0.84 2 94 65 90 2 2 2 2 1
2	2 2 4	0 1 2 2 2 2	2 2 2 2 14	14 1 2 5 1 1 161 51 19.68 2 79 90 0.87 3 93 63 67 2 2 2 2 1
2	1 1 3	2 2 2 2 2 2 3	2 2 2 2 11	11 1 3 3 2 1 159 39 15.43 2 68 82 0.83 2 105 60 104 2 2 2 2 overian cvst
2 1 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
2 2 4 0 0 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
1 2 3 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
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1 1 4 2 5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 2 4	2 3 2 2 2 2	2 2 2 2 10	10 3 2 3 1 1 1 147 42 19.44 2 60 76 0.79 1 92 62 106 2 2 2 2
1 2 4 0 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 2 1	1 2 2 2 2 2	2 2 2 1 11	11 1 3 2 2 3 150 35 15.56 2 56 71 0.79 1 102 66 94 2 2 2 2
1 2 4 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 1 1 5 2 2 2 1 1 1 1	1 1 4	2 5 2 2 2 2	2 2 1 3 2 12	12 3 2 2 2 2 149 50 22.52 2 72 81 0.89 3 96 56 90 2 2 2 2 2
1 2 4 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 1 1 5 2 2 2 1 1 1 1	1 2 4	0 5 2 2 2 2 2	2 2 2 2 14	14 3 2 2 1 1 161 55 21.22 2 70 88 0.78 1 94 52 72 2 2 2 2 2
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180 748348	Shruri	14	2	2.7	1		1	8	28.7	3	23.8	2	2	2	2	2	2	2	2		4		cake,chips,chocolate
181 805342		14	2		1	10		9		5		3		1	2	2	2	1	1	4			chips,samosa
182 806786		13	1		1	10	1	9		2		2		2	2	2	2	1	1	4			
183 805380		15		2.7			1	11	18.7	2		3	4	2	2	2	2	2	1	4			biscuit,chocolate
184 823197		16		2.7			1	13	23.1	2		2	2	2	2	2	2	2	2		4		
185 812220		19		2.5			1	13	23.1		24.1	2		2	2	2	2	2	1	2			burger,pizza
186 807624		18		2.8			1	13	26	3		3	3	2	2	2	2	2	2		4		biscuit,chips
187 754995		18		3.1			2	10		2		3	4	2	2	2	2	2	1	4			2 puffed rice
188 401472		16		1.9		11		11		3		2		1	1	1	2	2	2		4		bread,noodles,puffed rice
189 965124		16		2.4		- 11	1	10		4		2		2	2	2	2	2	1	1			
190 807421		18		3.5			1	13		4		3		2	2	2	2	2	1	4) chips,icecream
191 220985		17		2.3		15		11	23.4			4		3	2	2	2	2	1	3	0		chips,noodles,puffed rice
192 810971		18		2.5			2	10			19.5	2		2	2	2	2	2	2		0		
	Santhoshini	14		2.9			1	10		5		2		2	2	2	2	1	2		0) biscuit
194 471146		16		2.7			1	11	29.6	2		2	4	3	2	2	2	2	2		0		puffed rice
195 795175		18		2.4			1	14		2		1		2	2	2	2	2	2		4		biscuit
196 802853		17	1				1	8	LL.I		20.2		2	2	1	2	2	1	2		4		t chips
197 813970		18		1.7			1	13	31.1	4	29.7	3		2	2	2	2	2	1	4			chips,pakoda
198 763246		13	1		1	11		7		2		3	2	3	1	2	2	2	1	4	0		
199 773314		15		2.3			1	10		4		3	3	3	1	1	2	2	2		0		
200 749963		15		2.7			1	9	24.4	2		3	4	3	2	2	2	2	2		0		
201 811368		17		2.8		16		13		2		3	4	2	2	2	2	2	2		0		
202 544397		18	2				1	13		2		2		2	2	2	2	2	2		3) biscuit,chips
203 546092		19		2.9			2	11	23.5	2		2	2	2	1	1	2	2	2		0		peas
204 991077		16		3.5			1	11		2		2		1	2	2	2	2	2		1		biscuit,chips
205 545605		18	1		1		1	13		3		2		2	1	2	2	2	1	2			L puff
206 812384		18	1		1	16		14		2		4	3	1	2	2	2	2	1	1			biscuit
207 823048		14	1	2.5	2		1	9		4		4	3	1	2	2	2	2	1	1	2		chips,panipuri
208 789100		18		2.2		12		12	30.5	4	27.2	3	4	2	2	2	2	2	2		0		biscuit,chips
209 103522		15		2.7		12		10		3	30	3	1	2	2	2	2	2	2		2		2 biscuit
210 147373		19		2.7			1	14	22	2		2	2	2	2	2	2	2	2		0		biscuit,chocolate
211 806504	G Upasana	13	1	2.4	1	10	1	8	25.1	3	25.5	3	2	2	2	2	2	2	1	2	1	2	2 biscuit
212 001994	F Esha	16	1	2.9	2		1	10	24	2	26.4	3	2	3	1	1	2	2	2		0		biscuit
213 536228	G Gayathri	16	1	2.6	1		1	11	19.5	2	24.8	2	4	2	2	2	2	2	2		0	1	
214 806346	G Suparna	19	1	2.7	1	1	2	12	27	3	24.2	2	2	3	1	1	2	2	2		0	2	chips
215 758813	G Dipika	14	2	2.4	1		1	9			17.5	1	4	2	2	2	2	2	2		0	1	puffed rice
216 760463	G Kaushikee	15	2	3.5	1	1	1	10	32.7	4	28.2	3	2	3	1	2	2	2	2		0	2	noodles
217 760437	G Rimjhim	17	2	2.4	1		1	13	22.1	2	21.9	2	3	2	2	2	2	2	2		2	1	biscuit
218 818973	G Shruthi	19	2	3	1	14	1	13	25.1	3	27.9	3	1	2	2	2	2	2	1	4	1	2	biscuit,noodles
219 759591	G Susweta	16	1	3	1	8	1	10	21.1	2	21.5	2	2	3	1	2	2	2	2		0	2	biscuit,chips
220 293273	G Hemalatha	17	1	4.5	1	0	2	10			24	2	4	2	2	2	2	2	2		0	2	2 biscuit
221 821343	g Barsha	13	1	2.6	1		1	9	26.2	3	23.8	2	3	2	2	2	2	2	2		0	2	2 biscuit
222 216544	Farhath	15	1	2.5	1	10	1	9	35.9	5	39.1	5	3	2	1	2	2	2	2		0	2	puff,samosa
223 821747	Debsena	15	1	3	1		1	8	31.6	4	25.6	3	1	2	1	2	2	2	2		3	2	chips,chocolate,noodles
224 787473	Ananya	14	1	3.5	1		1	9	20.2	2	26.4	3	1	2	1	2	2	2	1	3	1	2	biscuit,chips,chocolate
225 827751	g Riti	14	1	2.5	1		1	8	25	2			4	3	1	2	2	2	2		0	2	chips,kurkure
226 794302	Vaswati	19	2	1.7	1		1	11	22	2	30.1	4	2	3	1	2	2	2	1	4	0	1	puffed rice
227 817018	Atquia	16	2	3	1		1	12	28.6	3	23.1	2	2	2	1	1	2	2	2		1	1	chips,chocolate
228 824188	Suchanda	19	2	2.7	1	18	1	13	25.9	3	24.8	2	3	3	1	2	2	2	1	2	1	2	chips,chocolate
229 815371	yijayashanthi	17	2	2	1		1	13					4	2	1	2	2	2	1	4	0	2	2
230 164718	Dharani	19	2	2.5	1	13	2	12				4	4	2	1	2	2	2	1	4	0	4	bonda
231 794224	Punam	16	2		1		1	10		4		4	4	2	2	2	2	2	2		0	1	biscuit,mixture
232 823074	g pavithra	17	2	1.5	1		1	11					3	2	1	2	1 3	2	1	1	1	2	2 samosa
233 812419	g Fariha	12	1	2	2	3	1	8	25.7	3	23.2	1	3	3	2	2	2	2	2		0	2	biscuit,noodles,puffed rice
234 699065	Rajashree	16	1	3.5	1		1	10	22.5	2	22.7	2	3	3	2	2	2	2	2		0	2	momo,noodles
235 824687	Ruhi	18	1	3	1		1	14	26.2	3	21.2	2	2	2	2	2	2	2	1	4	1	2	biscuit,chips
236 818728	g Parna roy	18	1	2.3	1		1	10	27.3	3	33.1	4	3	3	2	2	2	2	2		0	2	biscuit,chips
237 998311	f Rameshwari	18	1	2.9	1		1	13	25.4	3	27.9	3	3	2	2	2	2	1	2		0	1	L biscuit,mixture
238 148202	Vidhya	17	2	2.5	1		1	12	26.23	3	35.67	5	2	2	2	2	2	2	1	4	4	4	biscuit,chips,chocolate
239 830710	Saheli	13	2	1.2	1		1	9	19.5	2	26.7	3	4	3	2	2	2	1	2		3	1	noodles

1 2 4 1 5 2 2	2 2 2 2 2 2 12	2 2 4 2 1 147 31 14.35 1 54 69 0.78 1 78 61 98 2 2 2 2
2 2 4 1 2 2 2		1 2 3 1 1 162 93 35.44 5 101 116 0.95 3 137 91 104 1 4 2 2 1 ovarian cyst
1 2 4 1 1 2 2		1 2 5 1 1 150 41 18.22 2 71 80 0.88 3 102 64 103 2 2 2 2
2 2 4 1 3 2 2		3 2 2 1 1 150 42 18.67 2 63 81 0.78 1 97 63 94 2 2 2 2
1 2 4 1 3 2 2	2 2 2 2 2 2 13	3 2 5 1 1 157 47 19.07 2 63 83 0.75 1 88 59 61 2 2 2 2 1
2 2 4 0 4 2 2		5 2 5 2 1 159 39 15.43 1 56 81 0.69 1 70 51 84 2 2 2 2 1
1 2 4 1 5 2 2		6 2 2 2 1 158 62 24.84 2 72 101 0.79 1 111 68 86 2 2 2 2
2 2 4 3 2 2 2		5 2 2 1 1 155 46 19.15 2 72 83 0.86 3 120 75 106 2 2 2 2 bicomuate uterus
1 2 4 1 6 2 2		5 2 2 1 1 152 65 28.13 3 75 91 0.82 2 117 75 90 1 3 2 2 2 1
2 2 4 2 3 2 2	2 2 2 2 2 2 11	5 2 2 2 2 157 53 21.5 2 73 88 0.83 2 110 68 87 2 2 2 2 2 normal
2 2 3 2 3 2 2	2 2 2 2 2 1 11	7 2 3 2 1 157 47 19.07 2 67 81 0.88 3 110 69 86 2 2 2 2 2 1
1 2 4 1 2 2 2	2 2 2 2 2 2 12	5 2 3 1 1 155 70 29.14 3 86 100 0.86 3 130 83 93 2 2 2 2 2 1
2 2 4 2 0 2 2	2 2 2 2 2 2 12	6 2 2 1 1 158 46 18.43 2 73 86 0.85 2 126 98 97 2 2 2 2 ovarian cyst
1 2 4 2 3 2 2	2 2 2 2 2 2 12	2 2 2 1 1 153 39 16.66 2 61 76 0.8 1 96 63 115 2 2 2 2 2
1 2 4 2 3 2 2	2 2 2 1 2 2 12	4 2 3 1 1 158 60 24.03 2 77 91 0.85 2 116 76 96 2 2 2 2 1
1 2 4 1 5 2 2	2 2 2 2 2 2 12	6 2 2 1 2 156 35 14.38 1 53 75 0.71 1 132 79 87 2 2 2 2 2
1 2 4 1 1 2 2	2 2 2 2 2 2 12	5 2 2 1 1 1 157 50 20.28 2 75 86 0.87 3 110 80 88 2 1 2 2 normal
1 1 1 2 3 2 2	2 2 2 2 1 3 1 15	3 2 5 1 1 1 162 62 23.62 2 82 91 0.9 3 115 72 99 2 2 2 2
1 2 4 1 3 2 2	2 2 2 2 2 2 11	2 2 5 2 1 165 65 23.88 3 77 95 0.81 2 125 87 90 1 3 1 2 2
1 2 4 1 4 2 2	2 2 2 2 2 2 12	2 2 5 1 1 165 57 20.94 2 68 84 0.8 1 130 79 141 2 2 2 2 normal
2 2 4 1 3 2 2		3 2 5 1 1 155 31 12.9 1 56 74 0.76 1 76 50 101 2 2 2 2 normal
1 1 4 2 1 2 2	2 2 2 2 2 2 12	5 2 4 1 1 146 55 25.8 3 72 87 0.83 1 115 76 100 2 2 2 2 2 1
2 2 4 0 2 2 2	2 2 2 2 2 2 15	3 2 2 1 1 162 41 15.62 1 59 77 0.76 1 97 63 77 2 2 2 2 2 normal
1 2 4 2 0 2 2	2 2 2 2 2 2 14	5 2 2 1 1 160 44 17.19 1 58 80 0.73 1 101 65 101 2 2 2 2 2 ovarian cyst
1 2 1 1 1 2 2	2 2 2 2 2 2 12	4 2 2 2 1 158 40 16.02 1 61 79 0.77 1 111 74 119 2 2 2 2 2 voarian cyst
1 2 1 1 2 2 2		5 2 2 1 1 159 59 23.34 2 86 100 0.86 3 95 57 86 2 1 2 2 normal
1 2 1 1 2 2 2	2 2 2 2 2 2 13	5 3 2 2 2 164 69 25.65 3 90 105 0.86 3 117 66 88 2 2 2 2 normal
1 2 1 1 2 2 2	2 2 2 2 2 2 13	1 3 3 2 2 171 49 16.76 2 67 87 0.77 1 114 71 119 2 2 2 2 2
2 2 4 1 5 2 2	2 2 2 2 1 3 2 11	7 2 5 1 1 157 78 31.64 4 92 108 0.85 2 98 64 112 2 2 2 1 1
2 2 4 0 7 2 2 1 2 4 4 2 2 2	2 2 2 2 1 3 2 13 2 2 2 1 1 3 2 12	2 3 3 1 1 1 164 69 25.65 3 86 104 0.83 2 95 61 119 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 2 4 0 3 2 2	2 2 2 1 1 3 2 12	2 2 2 1 1 158 61 24.44 3 84 99 0.85 2 102 69 97 2 2 2 2 2 Derinoud
1 1 4 1 6 2 2		4 2 5 2 1 163 58 21.83 2 79 88 0.9 3 113 79 80 2 2 2 2 2 normal
2 2 4 2 2 2 2	2 2 2 2 1 3 2 13	3 2 2 2 1 162 51 1943 2 70 85 0.82 2 96 65 108 2 2 2 2 2 2 normal
1 1 4 2 10 2 2	2 2 2 2 1 1 2 14	5 2 4 2 1 159 66 26.11 3 87 98 0.89 3 119 69 103 2 2 2 2 normal
1 2 4 2 4 2 2		145 30 14.27 1 51 68 0.75 1 86 59 136 2 2 2 2 small uterus
1 2 2 1 8 2 2	2 2 2 2 2 1 12	3 2 4 2 1 165 76 27.92 3 83 107 0.81 2 135 77 125 2 2 2 2 1
2 2 4 1 1 2 2	2 2 2 2 2 2 12	5 2 2 1 1 146 42 19.7 2 65 78 0.83 2 121 79 90 2 2 2 2 2
2 2 4 0 3 2 2	2 2 2 1 2 2 13	6 2 2 1 1 163 85 31.99 4 95 106 0.9 3 101 65 75 2 2 2 2 2 ovarian cyst
2 2 4 0 6 2 2	2 2 2 1 2 2 13	3 2 3 2 2 158 77 30.84 4 90 107 0.84 2 112 72 91 2 2 2 2 1
1 2 4 2 0 2 2	2 2 2 2 1 3 2	162 72 27.43 3 90 102 0.88 3 110 77 91 2 2 2 2 unicornuate uterus
2 1 4 2 1 2 2	2 2 2 2 2 2 12	1 2 3 1 1 157 40 16.23 2 57 76 0.75 1 89 51 96 2 2 2 2 1
1 2 4 2 3 2 2		4 2 3 2 1 165 93 34.16 5 93 117 0.79 1 121 76 110 2 2 2 1
1 1 4 2 4 2 2	2 2 2 2 2 2 12	3 2 4 2 1 156 51 20.96 2 65 87 0.74 1 89 52 71 2 2 2 2 1
1 2 4 1 4 2 2	2 2 2 2 2 2	147 30 13.88 1 55 67 0.82 2 106 70 88 2 2 2 2 normal
1 2 4 1 2 2 2	2 2 2 2 2 2 12	2 2 2 1 1 159 57 22.55 2 73 89 0.82 2 138 88 135 2 2 2 2 1
1 2 4 1 4 2 2	2 2 2 2 1 4 2 15	4 3 3 2 1 162 66 25.15 2 80 94 0.85 2 103 63 100 2 2 2 2 2
1 1 4 2 2 2 2		4 2 2 2 1 166 50 18.14 2 73 88 0.83 2 95 60 90 2 2 2 2 1
1 1 4 1 2 2 2	2 2 2 2 2 2 11	8 2 2 2 2 155 75 31.22 4 90 112 0.8 1 122 81 89 2 2 2 2 normal
1 1 4 1 2 2 2		3 2 2 1 1 164 52 19.33 2 79 89 0.89 3 114 71 61 2 2 2 2 2 normal
2 2 4 0 0 2 2	2 2 2 2 2 2 13	6 2 2 1 2 157 76 30.83 4 89 116 0.77 1 110 70 120 2 2 2 1
2 2 4 1 3 2 2 2 2 1 4 1 4 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	158 44 17.63 2 74 84 0.88 3 104 61 100 2 2 2 2 2 2 normal
2 2 4 1 2 2 2 2 2 4 2 5 2 2		2 2 2 1 1 1 160 65 25.39 4 74 90 0.82 2 103 69 90 2 2 2 2 2 normal 4 2 2 2 1 155 59 24.56 2 82 89 0.92 3 128 77 85 2 2 2 2 ovarian cyst
1 2 4 2 5 2 2	2 2 2 2 2 2 12	4 2 2 2 1 155 59 24.56 2 82 89 0.92 3 128 // 85 2 2 2 2 2 ovarian cyst
1 2 4 2 4 2 2	2 2 2 2 2 2 14	4 2 2 1 1 150 54 24 2 75 92 0.81 2 103 65 89 2 2 2 2 absent urerus, normal ovary
2 2 4 0 1 2 2		3 2 2 2 2 147 42 19.44 2 62 77 0.8 1 101 64 107 2 2 2 2 1
2 2 4 1 2 2 2		1 3 5 2 1 137 42 2238 2 74 83 0.89 3 104 66 108 2 2 2 2 arcuste uterus
1 2 4 2 2 2 2		128 22 13.43 1 53 60 0.88 3 90 60 78 2 2 2 2 absent uterus absent ovary

240 280371c	Jecintha	14	2	3.7	1		1	8	25.7	3	24.6	2	2	2	2	2	2	2	1	3	3	0	3
241 158649d	Priya	19	2	2.9	1	1	2	11					4	2	2	2	2	2	2			0	4
242 362098c		13		2.8		1	1	8		2		2	2	2	2	2	2	2	1	2	2	1	2 chips,chocolate
243 831234g		16		2.4			1	10		3	23.1	2	3	2		2	2	2	1	4	1	3	0 bread.puffed rice
244 695954g		18		2.7		10		13		2		2	2	2		2	2	1	1	2		2	1 biscuit,chips
245 594604b		19		2.7		- 10	1	14	26.9	3	24.2	2	1	3		2	2	2	1	3	_	4	2
246 307449f		15		1.7			1	10	20.5	2	24.5	2	3	2		2	2	2	2		,	0	3
									27.2						_			2	_				
247 203260c		14		2.1		42	1	10		3	22.4	2	3	2		2	2		1	4	_	0	3 biscuit,chocolate,wafers
248 827434g		15	1	4		12		10		2	27.5	3	2			2	2	2	2	1		0	2 burger, noodles
	Vijayadharshini	16		2.5			1	11		2	22.4	2	2	2		2	2	1			-	0	2 biscuit,samosa
	Mskura Khatun	14	1				1	10		2	23.5	2	3	2	_	2	2	2	2		-	0	1 biscuit,puffed rice
251 137781c		14		2.6			1	10		3	26.8	3	2	2	_	2	2	2	1	4		0	1 biscuit
252 543405g		15	2	3			1	11	24.6	2	22.1	2	1	2		2	2	1	1	1	L	1	2
253 814681g	Ajija	16	2	3.5	1		2	10		2	22.2	2	4	2		2	2	2	2			0	1 biscuit, puffed rice
254 822974g	Neha	18	2	2.3	1		1	14	24.2	2	23.6	2	2	2	2	2	2	1	2			3	1
255 899743b	Dakshayni	16	2	2.5	1		1	9	21.3	2	25.4	3	3	2	2	2	2	2	2			0	1
256 820234g	Priya	18	2	2.7	1		2	12	22.7	2	24.2	2	4	2	2	2	2	2	1	4	1	0	1
257 823060g	Asma	13	1	3.5	1		1	7	30.1	4	26.3	3	3	1	2	2	2	2	2			0	3 chips,icecream
258 712708g	Angelina	14	1	2.6	1	9	1	9	25	2	28.8	3	2	2	2	2	2	2	2			0	1 biscuit,puff
259 810187g	Deblila	16	1	2.5	1		1	10	20.5	2	25.3	3	1	2	1	2	2	2	2			3	4 noodles
260 369725g	Manjula	17	1	1.7	1	14	1	13	28.7	3	30.3	4	4	2	2	2	2	2	2			0	1 biscuit
261 831647g	Ankita	18	1	2.7	1		1	13	24.5	2	29.7	3	2	2	1	2	2	2	2			0	1 biscuit
262 762577f	Anju	18	1		1		1	10					3	2	1	2	2	2	2			1	2 biscuit
263 188952g	Anwesha	14	2	2.5	2		1	9	25.9	3	19.9	2	2	3	2	2	2	2	2			0	1 biscuit
264 804214g	Parthona	15	2	3	2		1	9	28	3	24	2	2	2	1	2	2	2	1	4	1	1	2 chips,chocolate,noodles
265 964126d	Shuvra	15	1	2.5	1		1	10	21.6	2	26	3	2	1	2	2	2	2	2			0	2 biscuit,mixture
266 824165g		19		2.7		10	1	12		3	25.1	3	1	2		2	2	2	1	3	3	0	1 biscuit,cake
267 777946g		17		2.5			1	12		2	26.6	3	1	2		2	2	2	1	4		0	2 noodles
268 822072g		18		2.1			1	10		2	22.2	2	4	2		2	2	2	2			4	2 biscuit,puffed rice
269 443589g		14		2.2		1		9	33.9	4	27.9	3	1	2		2	2	2	1	3		0	2 biscuit,noodles
		16		2.9			1	12		3	28.5	3	3	2		2	2	2	2		1	0	
270 881332b						42																	2 chips,puff,samosa
271 695495d		18		2.3		12		10		2	24	2	2	2		2	2	2	2			0	2 noodles
272 800758g		12		1.7			1	7		2		2	3	1		2	2	1	2		_	0	0 biscuit
273 776894g		15		3.6			1	11		2	25.8	3	2	3		2	2	2	1	1	L	2	1 chips,kurkure
274 572809c		13		3.5		8	1	9	24.3	2	20.8	2	2	2		2	2	2	2		-	0	4 biscuit
275 838874g		14		2.4			1	10		2	24.4	2	4	2		2	2	2	2			0	1 noodles
276 778812g	Shivangi	15	1	2.1	1	14	1	10		3	26.1	3	2	3		2	2	2	2		-	0	4
277 469146g	Nandhini	15	1	2.6	1		1	10				2	4	2	2	2	2	2	2			0	0
278 827017g	Poornima	18	1	3.5	1		1	13	20.1	2	26.7	3	3	2	2	2	2	1	1	1	L	1	2 chocolate
279 046441g	Vichitra	17	1	4.5	1		1	12				2	5	2	2	2	2	2	2			0	1
280 231908c	Jisha	14	1	2.3	1	8	1	9	29.4	3	32.4	4	2	2	1	2	2	2	2			0	2 murku,sweets
281 074078g	Supriti	16	1	2.7	1		1	12	18	1	19.2	2	1	2	2	2	2	2	2			3	2 puffed rice
282 837728g	Anupriya	14	1	3.6	1		1	10		2	33.4	4	3	2	2	2	2	2	2			0	1 biscuit
283 776121g	Tanushree	18	1	3	1	10	1	12	24.8	2	24.2	2	3	2	1	2	2	2	2			4	2 puffed rice
284 792507g	Sohini	17	1	2.5	2	16	1	11	27.1	3		2	1	2	1	2	2	2	2			0	2
285 827692b	Monisha	17	1	3.2	1		1	12	27.5	3	24.4	2	3	2	2	2	2	2	1	1	ı	1	1 chips,chocolate
286 994814f		16		3			1			2		2	1	2	2		2	2	2			3	2 chocolate,mixture
287 826363g		13					1		24.5		35.4	5		2	1		2	2	1	3	3	2	2 icecream
	Vijayalakshmi	13		3			1		26.5		27.9	3		2	2			2	2			0	0
289 485346c		16		2.4			1			-		2		2	1		2	2	2			0	0 bread,bun
290 843244g		17		1.6			1		22.8	2	28	3		2	2		2	2	2			0	2 biscuit
291 621924g		18		2.5			1			2		2		2	2		2	1	2			0	0
292 844490g		14		3		11				2		2	1	2	1		2	2	1	1		1	1 biscuit,bread,samosa
292 844490g 293 436921f		17		3.6		11	1			3		3		3	2		2	2	1	1		4	1 biscuit,cake
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294 253483f		19	$\overline{}$	3.5			2				26.7	3		2	2	_	2	2	2		-	0	2 bread
295 724452d		17		3		13				4		2		2	1		2	1	2		-	0	2 hissoit
296 824591g	-	14		2.5			1			2		2		2	2		2	2	2			0	3 biscuit
297 670543g	Parameshwari	14		3		10		10		4		4	4	1	2	2	2	1	2			0	1 biscuit
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298 619932g 299 547890D		18 16		3.5		15	1			3	25.8		2	2	2	2		2	2			0	3 biscuit,sweets 1 biscuit,chocolate

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300 604488g	Mahvish	18	1	2 1		1	12		2		3	2	2	2	2	2		2	1	2		1	2 biscuit,mixture
301 406482g	Anamika	18	1	3.5 1		1	12		2		2	2	2	2	2	2		2	2		C	1	2 chips,chocolate
302 549545g	Jayashree	17	1	3.5 1		1	11		2		2	4	2	2	2	2		2	2		C	1	1
303 868595b		17	1	1.7 1		1	11	30.1	4	20	2	3	2	2	2	2		2	1	1	. 3		1 chips,kurkure
304 837611g	Priyanka	17	2	2.5 1		1	10		4		3	3	2	2	2	2		2	2		C		2 biscuit,noodles
305 839927g	Asha	16	2	2 1		1	11		2		2	3	2	2	2	2		2	2			1	1
306 024619c	Faiza	16	2	2 1	. 1	1	12		4		4	3	2	2	2	2		2	2				2 biscuit,chips
307 207365g	Kasu	16	2	2.5 1		1	10		2		2	2	3	2	2	2		2	2				2 biscuit,chocolate
308 829886g		17		3.3 1		1			2	24.2	2		2	2	2	2		2	2		(0 biscuit
309 834671g		17		3.5 2		1		29	3		2		2	2	2	2		2	1	1	1		4 biscuit
310 264604c		18		2.7 1		2		22	2	25.6	3		2	2	2	2		2	2		3		1 biscuit,chips
311 005765g		18	1	2.2 1	15				2		2		1	2	2	2		2	1	4	. 1		2
312 752066g		13		2.7 1					2		2		2	2	2	2		2	1	4	. 1		1 biscuit,cake
313 473707g		16		2.5 1		1		19.4	2		4		2	2	2	2		2	2		4		2 biscuit,bread
314 765110g		15		2.8 1		1			2		2		2	1		2		2	1	1	. 2		1 chocolate
315 816953g		17		3.6 1		1	12		2		2		2	2	2	2		2	1	1			0 chocolate
316 110305g		18		2.3 1		1			2		2		2	2	2	2		2	1	1	. 2		1 biscuit
317 840124g		16		2.4 1		1	10		2		2		2	2	2	2		2	2		1		2 biscuit,burger,chips,sandwich
	Khansa Tabassum	18		3.7 1		2			4	26	3		2	1	2	2		2	2				2 biscuit
319 499791c		13		3.5 1		1	8	29.4	3	27.5	2	2	2	1	2	2		2	1	1			2 cutlet,samosa
320 816823g		16		2.8 1		1	10	27.5	3	27.1	3	2	3	2	2	2		2	1	1			4
321 857262g		17	1	2.9 1		1			2		2	4	2	2	2	2		2	2			1	1 biscuit
322 847552g		13	1	3 1		1	10		2		2	2	2	1	2	2		1	1	3			2 chips,kurkure,mixture
323 203278c		14		3.5 1					4	26.4	3	3	2	2	2	2		1	2		4		1 biscuit,chips,sweets
324 468985g		16		3.9 1		1		26.6	3	26.7	3	2	2	2	2	2		2	2		1		2 biscuit,noodles
325 855477g		15		3.8 1			10		2	32	4	2	2	2	2	2		2	1	3			2 chips,noodles
326 806390g		18		2.5 1		1			4		4		3	2	2	2		2	1	1			2 bhajji,biscuit
327 319151f		18	2	2 1		1	11	27.2	3	25.1	3	2	3	2	2	1	6	2	1	3			1 puffed rice
328 252618c		14	1	3 1		1	10		2	29.2	3		2	2	2	2		2	1	4			0 chips,samosa
329 858731g		17	1	2.4 1		1						2	3	2	2	2		2	1	4			2 chips,noodles
330 549052g		15		2.5 1		1	8					4	2	2	2	2		2	2				0 biscuit
331 838103g		16	1	1		1	12					4	2	2	2	2		2	2		0		0 biscuit,chips
332 818981g		19	1	3.2 2		1	12		2		2	1	2	1	2	2		2	2		(1	1 biscuit
333 844240g		16	1	2.5 1		1	10		2		2	2	3	2	2	2		2	1	2	3		1 chocolate,icecream
334 859191g		15	1	4 2	10	1	9		2		4	2	2	1	2	2		2	1	3	1		2 noodles
	Tulasinarmada	18	1	2.4 1	. 14	1	13		2		2	3	3	1	2	2		2	1	2	1		2 panipuri
336 802136g	Debjani	16	1	1.8 2	11	1	11	27.1	3	27.8	3	1	2	2	2	2		2	1	2	1		2 biscuit,chat
337 846259g	Suparna	14	1	3 1		1	8		2		2	3	2	2	2	2		2	2		C	1	1 puffed rice
338 899340b	Sharmila	17	1	2.5 1	. 14	1	12		4		2	3	2	2	2	2		2	2		C		1 biscuit,chocolate
339 549680g	Poornima	17	1	2.5 1		1	12		2		2	4	2	1	2	2		2	1	1	. 1		1 chips,chocolate,icecream
340 860263g	payel	18	1	2.5 1		1	12		2		2	3	3	1	1	2		2	1	1		1	2 biscuit
341 852610g	Nirosha	14	1	2.8 1	. 12	1	10	27.33	3	31.24	4	2	2	2	2	2		1	2		4		0 sweets
342 829661g	Soumi	15	1	2.4 2		1	10		4		4	2	1	2	2	2		2	1	2		1	1
343 865841g	Shreya	16	1	3.2 1		1	12	27.5	3	26.7	3	2	2	2	2	2		2	1	1	. 4		1 biscuit
344 855681g	Priyanka	17	1	2.7 1		1	11		2		4	3	2	2	2	2		2	1	1			2 biscuit,cake
345 849411g	Mahalakshmi	19	2	2.4 1		1	14		3		4	3	2	2	2	2		2	2		C	1 :	3 chocolate
346 856914g	Alafiya	14	2	3 1		1	9		4		2	3	2	2	2	2		2	2		C		4
347 090154c	Mubasshira	15	2	2.7 1		1	11		2		2	4	2	2	2	2		1	2		1		1 biscuit
348 557502g	Lavanya	16	2	2.6 1		1	10		2		2	4	1	2	2	2		1	2		C	1	0
349 861521g	Susmita	18	1	3 1		1	12		2		2	3	2	2	2	2		2	2		C	1	1 biscuits,puffed rice
350 825428g	Sourita	14	1	2.8 1		1	9				2	1	3	1	1	2		2	1	3	3		0 cake
351 458502f	Kaviarasi	14	1	2.7 1		1	10		2		3	4	2	2	2	2		2	2		C	1	1
352 837179g	Priya	16	1	3.2 1		1	10		2		2	3	2	2	2	2		2	2		C	1	1 biscuit,puffed rice
353 854005g	Tanima	18	1	2.7 1		1	13		2		3	2	3	1	2	2		2	2		C) :	2 noodles,puffed rice
354 557010g	Bharathi	17	1	2.4 1		2	10				2	4	2	2	2	2		2	2		C)	1 biscuit
355 853898g	Dishita	12	1	3 1	. 8	1	8				2	3	2	2	2	2		1	2		C)	1 biscuit
356 817393f	Sutotthita	15	1	2.5 1		1	10	25.4	3	28	3	1	2	1	1	2		2	2		1		2 biscuit,chips
357 854798g	Babli	15	1	1.7 1	10	1	10		2		2	2	3	1	2	2		2	2		3		3 biscuit,cake
358 854952g	deepika	15	1	2.5 1	12	1	10		2		2	4	2	1	2	2		1	1	1		1	1 chips
359 884080b	Thahseen	17	1	2.9 1	14	1	12		2		2	4	2	2	2	2		2	2		C)	1 chocolate,biscuit

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2 1	4	2 4	2	2	2	2 2	2 2	2		1 12	4	2	2	2	1 163	57	21.45	2	66	80	0.82	2 104		9 89	2		2	2	2		
1 2	4	3 0	2	2	2	2 2	2 2	2		2 11	7	2	3	1	1 161	73	28.16	3	86	98	0.88	3 99		0 89	2		2	2	2	1	
1 2	3	3 2	2	2	2	2 2	2 2	2		2 12	1	3	2	2	2 154	37	15.6	2	63	77	0.81	2 125		6 128	2		2	2	2		
2 2	4	2 4	2	2	2	2 2	2 2	2		2 13	3	2	2	2	1 157		18.26	2		82	0.77	1 114		4 123	2		2	2	2	1	
2 2	. 4	1 3	2	2		2 2	2 2	2			2	2	2	1	1 150		15.56	1		71	0.76	1 94		8 104	2		2	2	2 dermoid		
2 2	4	2 1	2	2	2	2 2	2 2	2		2 12	1	3	4	2	2 157		25.15	3		92	0.86	3 117		3 102	2		2	2	2	1	
1 2	4	0 3	2			2 2	_				2		2	1	1 165		25.71	3	78		0.85	2 110		1 88	2		2	2	2		
1 1	4	0 8	2	2	2	2 2	2 2	2		12	4	3	2	1	1 153	48	20.5	2	59	86	0.69	1 98		3 98	2		2	2	2 normal		
1 2	4	0 5	2	2	2	2 2	2 2	2		2 15	3	2	2	1	2 161	63	24.3	3	81	96	0.84	2 98		8 78	2		2	2	2		
2 1		5 3		2		2 2	_		3	-	6	2	2	2	1 157		16.63	1		77	0.76	1 103		2 88	2		2	2	2 adnexal cyst		
2 2		1 5		1		2 2			2		4	2	4	1	1 164		23.42	2	_	90	0.85	2 120	_	4 97	1	3	2	2	2	1	
1 2		1 2				2 2			2			2	1	1	1 154		20.24	2		90	0.82	2 88		6 80	2	3	2	2	1	1	
1 2		1 2				2 2							3	1	1 154		23.61	2		97	0.77	1 113		9 88	2	-	2	2	2		
2 1		1 2	_			2 2				-	4	2	2	1	1 162			1	65		0.77	1 102		8 86	2		2	2	2		1
1 1		2 1	-			2 2		-			4	3	3	2	3 155			2	74	-	0.8			8 107	2	-	2	2	2		
			_	2		_	_	-			- 1	2	2	_			21.64	-	77	-		1 103			-	-				1	
		2 4	_	-		2 2			3		6		-	1	1 150			2	**		0.85	2 112		4 131	2	-	2	2	2 ovarian cyst		
1 2		2 4	-	-		2 2			3	-	6	2	2	1	1 153		21.79	-	75		0.88	3 65		12 86	2	-	2	2	2 ovarian cyst		
1 2		2 4	2	2		2 2		-	-		3	3	3	1	1 156		27.53	3		95	0.82	2 120		86 122	2	-	2	2	2 bicornuate uterus		
1 1		0 1		2		2 2			-		5	2	5	2	2 158		32.05	4	90		0.76	1 103		98	1	3	2	2	2	1	
1 1		1 8				2 2			-	-	6	2	5	2	2 158		32.05	5	87		0.87	3 144		9 104	1	3	2	2	2	1	
2 1		2 2				2 2				-			2	1	1 154		14	1	58		0.75	1 102	_	77 81	2	_	2	2	2		
1 2		4 2	-	-		2 2	_		-				3	2	1 149			3		88	0.83	2 89		6 90	2	_	2	2	2	1	
1 2		1 2	_	2		2 2			-		5	2	2	1	1 158		18.03	2		79	0.83	2 110	_	0 102	2	_	2	2	2 normal		
1 1		4 4	2			2 2	_				6	2	2	2	1 151		16.67	1	53		0.74	1 102	_	8 83	2		2	2	2	1	
1 2		0 4	2	2		2 2					2	2	2	2	1 157		27.18	3	-	96	0.85	2 96		7 69	2		2	2	2	1	
1 2	-	1 1	2			2 2	_			-	_	1	1	1	1 158		18.83	2		80	0.83	2 110		78	2		2	2	2 adnexal cyst		
1 2	4	1 4	2	2	2	2 2	2 2	2		2 11	5	1	2	1	1 152	52	22.51	2	69	87	0.79	1 115		0 81	2		2	2	2	1	
1 2	4	3 4	2	2	2	2 2	2 2	2		15	2	2	2	1	1 154	43	18.13	2	58	77	0.75	1 114		7 120	2		2	2	2 dermoid		
2 1	4	3 3	2	2	2	2 2	2 2	2		16	3	2	2	2	1 153	41	17.51	2	55	74	0.74	1 103		3 125	2		2	2	2 normal		
1 2	4	1 2	2	2	2	2 2	2 2	2		13	1	2	5	2	1 156	43	17.67	2	57	80	0.71	1 131		5 118	2		2	2	2		
1 2	4	2 2	2	2	2	2 2	2 2	2		2 11	4	3	5	1	1 162	41	15.62	1	59	76	0.77	1 93		6 82	2		2	2	2	1	
2 1	4	2 1	2	2	2	2 2	2 2	2		14	2	3	5	1	1 148	42	19.17	2	59	72	0.81	2 107		5 101	2		2	2	2	1	
1 2	4	3 1	2	2	2	2 2	2 2	2		2 15	3	2	2	1	1 157	42	17.04	1	64	80	0.8	1 102		6 73	2		2	2	2 normal		
1 2	4	4 3	2	2	2	2 2	2 2	2		1 11	3	2	3	1	1 148	38	17.35	2	58	71	0.81	2 91		8 76	2		2	2	2 adnexal cyst		
1 2	. 4	1 1	2	2	2	2 2	2 2	2		2 14	0	2	2	1	1 156		16.44	2	61	78	0.78	1 99		7 77	2		2	2	2 bicornuate uterus		
1 2	. 4	1 2	2			2 2	2 2					2	4	1	1 145		16.65	2		69	0.76	1 126		0 113	2		2	2	2	1	
1 2	4	0 2	2	2		2 2	2 2			2 12	6	2	2	1	1 166		17.06	1		79	0.74	1 106		4 97	2		2	2	2 normal		
1 2		2 0	-		-	2 2	-				4	2	2	1	1 152		23.37	2	76		0.81	2 105		0 110	2	\rightarrow	2	2	2 normal		
1 1		1 4				2 2	_			-	3	2	3	2	1 152		_	3	80		0.87	3 105		3 81	2		2	2	2 ovarian cyst		
2 2		1 1				2 2	_			-	-	2	3	1	2 160		23.83	2	82	-	0.82	2 111	_	8 124	2	-	2	1	1	1	
1 1		2 2				2 2					3	2	2	1	1 144			3	-	88	0.82	2 120		5 89	2		2	2	2	1	
1 2		0 5	2	2		2 2	_				-	2	5	2	2 161			3	75		0.83	1 122		31 73	2	\rightarrow	2	2	1	1	
1 2		2 1					_						3		1 157			3	-	-						-	2	2		1	
1 2	4	z 1	2	2	2	2 2	2 2	- 2		12	5	4	3	1	1 157	80	27.59	3	87	101	0.86	3 121	1	4 120	2		2	2	1	1	

360 854604g	Anarna	18	1	2.3	1	2	10		2		2	4	2	2	2	2	2	2		0	1	mixture,puffed rice
361 782234d		18		2.8		1		26.04	3	26.84	3	1	2	1	2		2	2		0		biscuit
362 797702g		16		2.7		1	12	20.04	2	20.04	3	2	2	2			2	1				chocolate
363 844774g		15		2.3		1	10		2		2	2	3	2	2		2	2		0		bread
	Vijayalakshmi	17		3.2		1	12		3		4	3	2	1	2		2	2		0		chips,samosa
365 926682f		18		2.3		1	14		2		3	3	2	1	2		2	2		0		chips,vada
366 414946f	Faria	14	1	3		1	9		3	26.7	3	2	2	2	2	2	2	2		4		biscuit,chips
367 824853g		16	1	3		1	10		4	20.7	2	2	3	1	2	2	2	1				biscuit,chips
368 853654g		16	1			1	12		4		2	4	2	2	2		2	2		0	0	
369 837491g		18	1			2	10		2		2	4	2	2	2		2	2		0	1	
370 461509g		18	1	1		2	12		4		4	2	1	2			2	1				biscuit,chocolate
371 060711c		15	1	3		1	12					2	1	1	2	2	2	1	2			chicken 65
372 813656b		17	1	3		1	12					2	1	1	2		2	1				chicken 65
373 821403g		17		2.5		1	12		3		2	2	3	1	2		2	1				biscuit,chocolate,noodles,roll
374 496102g		18	2			1	13	27.2	3	36.2	5	2	1	2	2		2	2		3		biscuit,mixture
375 857095g		13		2.5		1	9	27.2	4	50.2	2	3	1	2	2		2	2		0		puffed rice
376 289854c		17	2			1	12		2		2	4	2	2	2		2	2		0	1	
377 275563g		16		2.5		1	12		2		2	4	2	2	2		2	2		0	0	
377 273303g 378 819350f		17		2.7		1	12		2		4	4	2	2	2		2	2		3		chips
379 447497d		15		2.5		1	9		2		2	2	2	2	2		2	2		3		biscuit
380 452809g		17		2.2		1	12		2		2	1	2	2	2		2	1				biscuit,mixture
381 831443g		18		2.5		1	12		2		2	2	2	1	2	2	2	2		0		biscuit, puffed rice
382 834159g		17		3.7		1	12		2		2	2	3	2	2		2	2		0		noodles,pasta
383 362580c		13	1			1	8		4		2	3	2	2	2		2	2		0		chips,kurkure
384 853981g		17	1			1	11		3	25.6	3	2	3	2	2	2	2	1				biscuit,chocolate,noodles
385 824531g		18		3.5		1	12	23.7	2	28.4	3	2	3	1	1		2	2		0		mixture,puffed rice
386 852016g		16		2.7		1	11	23.7	2	20.1	2	3	3	2	2	2	2	2		1		biscuit,chips
387 853099g		16	2		1	1	10	29.4	3	27.1	3	3	2	2	2		1	2		0		biscuit,chips
388 868134g		14	2			1	9	23.4	2	27.1	3	3	3	2	2		2	1				biscuit,chocolate
389 822206g		17	1			1	12		2		4	3	3	1	2	2	2	1				noodles,puffed rice
390 186837d		12	1	3		1	7		2		2	2	2	2	2	2	2	2		0		biscuit
391 558655g		13	1	2		1	7		2		3	4	3	2	2	2	2	2		0		biscuit
392 181248c		15	1			1	11					4	2	2	2		2	2		1		biscuit,chocolate
393 024459c		16	1			1	12				2	4	2	2	2		2	2		0		biscuit
394 860766g		17		2.3		1	10		2		2	4	2	2	2		2	2		0		puffed rice
395 825638g		15		2.7		1	10					2	2	2	2		2	2		1		biscuit
396 443525f		16		2.7		1	10	19.5	2	31.2	4	2	3	2	2	2	2	1			0	
397 323773c		15	2			1	9	13.5	2	JIL	2	1	3	2	2		2	1		-		biscuit
398 153729c		15		2.7		1	10		2		2	2	2	2			2	2		0		mixture,murukku
399 243821d		17		3.3		1	12		3		3	2	2	2	2	2	2	1				biscuit
400 829531g		17		3.5		1	12		2		2	1	2	2	2		2	1				icecream,noodles
401 182690f	Babita	15	2	4		1	10		4		4	3	1	2	2		2	2		0		biscuit
402 752018g	Divya	19	1			2	12	34.3	4		4	3	2	2	2		2	1				rusk
403 876800g		16	1			1	12		2		3	3	2	2	2		2	1				biscuit,chips
404 836719g		17		3.5		1	12		2		3	3	1	2	2	2	2	1				noodles,pasta
405 800289b		17		2.7		1	13		4		4	2	2		2		2	1				chips,puff
406 869606g		17		3.5		1	12	27	3	26.1	3	3	3	2	2		2	2		0	1	
407 878856g		18		1.5		1	12		2		4	2	2	2	2		2	2		0		biscuit
408 834028g		15		2.3		1	10		2		3	2	3	2			2	2		0		biscuit
409 870740g		18		2.8		1	12		2		2	3	2	2			2	1				chocolate
410 709939g		18		2.9		1	13		2		2	2	2	2			2	2		3		noodles,roll
411 867793g		16		2.7		1	12		2		2	3	3	2	2		1	2		0		biscuit
412 688339c		18		2.2		1	12	22.8	2	19.9	2	3	2	1	2		2	2		3	2	
413 881201g		13	1			1	7	29.4	3	27	3	1	2	1			1 2	2		2		pizza
414 395947c		13		3.1		1	9	24.6	2	28.8	3	1	2	2		2	2	1				biscuit,cake
415 879017g		14		3.2		1	9		4		2	1	2	2			1	1				biscuit,chocolate,noodles
	Maneeshareddy	16		2.5		1	12		3		3	1	2	2	2		2	1				biscuit,chocolate
417 377050d		16		2.7		1	11		2		2	1	2	2			2	2		0		biscuit,puffed rice
418 492707g		17		2.4		1	12		2		3	1	2	2			1	2		3		chips,chocolate,icecream
419 345169c		13		3.6		1	8		2		3		2		2		2	2		0		chocolate,panipuri
	-										-					-			-			4 6

1 2 4 3 0 2 2	2 2 2 2 2 2 16	2 2 3 1 1 149 44 19.82 2 64 78 0.82 2 99 64 82 2 2 2 2 normal
1 1 4 0 4 2 2	2 2 2 2 2 2 12	6 1 2 1 2 149 51 22.97 2 76 91 0.83 2 109 71 90 2 2 2 2 2
1 1 4 2 6 2 2		5 2 3 2 2 156 55 22.6 2 70 88 0.79 1 91 50 85 2 2 2 2 1
1 2 4 2 4 2 2		1 2 2 1 1 150 46 17.97 2 64 79 0.81 2 111 71 71 2 2 2 2 2 normal
1 2 4 1 2 2 2		4 2 2 1 1 168 56 19.84 2 74 88 0.84 2 95 69 113 2 2 2 2
2 2 4 3 1 2 2		5 3 3 2 2 153 45 19.22 2 63 79 0.79 1 100 69 83 2 2 2 2 2 normal
2 1 4 1 2 2 2		
1 2 4 0 0 2 2		6 2 2 1 1 152 48 20.78 2 74 86 0.86 3 106 72 56 2 2 2 2
1 2 1 3 0 2 2		6 2 2 1 1 166 85 30.85 4 87 109 0.8 1 102 68 84 1 3 2 2 2 normal
2 1 4 5 4 2 2		2 2 2 2 1 154 57 24.03 2 75 99 0.76 1 93 59 82 2 2 2 1
2 2 4 5 2 2 2		4 2 2 2 1 156 65 26.71 3 89 104 0.85 2 113 69 96 2 2 2 1
1 2 4 1 5 2 2		6 2 3 2 2 156 61 25.07 2 75 92 0.81 2 112 80 111 2 2 2 2 2 1
2 1 4 0 5 2 2		5 3 3 1 1 163 73 27.48 3 77 104 0.74 1 103 68 101 2 2 2 2 1
1 2 4 1 1 2 2	2 2 2 2 2 2	157 69 27.99 4 88 97 0.9 3 115 58 100 2 2 2 1 normal
2 2 4 2 1 2 2		4 2 5 1 1 162 66 25.15 3 75 89 0.84 2 114 85 98 2 2 2 2 1
2 1 4 1 2 2 2		3 3 2 1 1 153 43 18.37 2 63 75 0.84 2 95 60 92 2 2 2 2 normal
2 2 4 1 2 2 2	2 2 2 2 2 1 13	4 2 2 2 1 158 55 22.03 2 73 95 0.77 1 106 58 76 2 2 2 2
1 1 4 2 2 2 2	2 2 2 2 2 2 11	4 2 2 1 1 155 68 28.3 4 77 96 0.8 1 104 64 98 2 2 2 2
1 2 4 1 3 2 2	2 2 2 2 2 2 2 12	5 2 2 1 1 156 47 19.31 2 63 78 0.8 1 104 69 111 2 2 2 2 dermoid
1 1 4 0 3 2 2	2 2 2 2 2 2 13	5 2 2 1 1 150 42 18.67 2 62 81 0.76 1 106 66 96 2 2 2 2 1
1 2 4 2 5 2 2	2 2 2 2 2 1 13	4 2 3 2 2 163 64 24.09 2 78 97 0.8 1 116 66 99 2 2 2 2 normal
1 2 4 1 1 2 2	2 2 2 2 2 2 11	2 2 5 2 1 151 56 24.56 3 75 89 0.84 2 116 64 80 2 2 2 2 1
1 2 1 0 5 2 2	2 2 2 2 2 1 10	7 2 2 2 2 165 56 20.57 2 66 90 0.73 1 103 63 87 2 2 2 2
1 2 4 1 6 2 2	2 2 2 2 2 2 13	5 2 3 1 1 162 59 22.48 2 72 97 0.74 1 99 64 92 2 2 2 2 1
1 2 4 1 4 2 2	2 2 2 2 1 3 2 14	2 2 2 1 1 161 45 17.36 2 63 77 0.82 2 120 70 66 2 2 2 2 2 normal
2 1 4 0 3 2 2	2 2 2 2 2 2 12	4 2 2 1 1 150 43 19.11 2 61 80 0.76 1 90 63 107 2 2 2 2 2 normal
1 2 4 2 2 2 2	2 2 2 2 2 2 11	3 2 2 1 1 164 44 16.36 2 63 82 0.77 1 89 61 84 2 2 2 2 2 normal
1 1 4 2 2 2 2	2 2 2 2 1 2 2 13	4 3 5 1 1 164 93 34.58 5 98 115 0.85 2 109 59 91 2 2 2 1 1
1 2 4 2 2 2 2		0 151 37 16.23 2 57 70 0.81 2 98 68 79 2 2 2 2
1 2 4 1 2 2 2	2 2 2 2 2 2 12	1 2 2 1 1 154 40 16.87 2 55 72 0.76 1 105 65 99 2 2 2 2 2
1 2 4 2 2 2 2		1 2 3 1 1 153 63 26.91 3 86 103 0.83 2 120 76 116 2 2 2 1 1
2 1 4 2 2 2 2		3 2 2 1 1 153 55 23.5 2 73 87 0.84 2 109 66 89 2 2 2 2 normal
1 2 4 1 2 2 2		140 31 15.82 1 55 67 0.82 2 112 85 70 2 2 2 2 small uterus
1 1 2 0 6 2 2		6 2 3 2 2 148 65 29.67 4 91 103 0.88 3 111 61 97 2 2 2 2 2 normal
2 2 1 3 1 2 2		160 51 19.92 2 74 90 0.82 2 100 65 119 2 2 2 2 uterus post op
1 2 4 0 3 2 2		4 2 4 2 1 157 56 22.72 2 70 90 0.77 1 108 75 106 2 2 2 2 2 1
2 2 4 1 3 2 2		5 2 5 1 1 152 48 20.78 2 67 85 0.79 1 108 63 84 2 2 2 2 2 1 1
1 2 4 2 0 2 2		1 10 47 18.36 2 70 84 0.83 2 106 65 111 2 2 2 2 2 small uterus small ovary
1 1 4 1 4 2 2		3 2 3 1 1 156 41 16.85 2 57 80 0.71 1 106 64 82 2 2 2 2 2 2 normal
1 2 4 3 3 2 2 2 1 4 4 1 2 2		3 1 4 1 1 159 77 30.46 5 89 106 0.84 2 116 74 101 2 2 2 2 2 2 and exal cyst 5 2 4 1 1 159 84 33.23 4 100 121 0.82 2 101 61 85 2 2 2 2 1 small uterus
1 1 4 0 3 2 2		
2 1 4 1 2 2 2		6 2 2 1 1 166 41 14.88 1 66 82 0.8 1 110 70 84 2 2 2 2 2
2 2 4 2 2 2 2		3 2 5 1 1159 85 33.62 5 88 115 0.76 1 125 72 108 2 2 2 1 1
1 1 4 2 3 2 2		5 2 3 2 2 147 41 18.97 2 67 82 0.82 2 113 70 107 2 2 2 2 1
1 2 1 1 5 2 2		3 2 3 1 1 165 63 23.14 2 71 98 0.72 1 95 56 73 2 2 2 2 normal
1 2 4 1 2 2 2		4 2 2 1 1 154 35 14.76 1 57 75 0.76 1 113 85 104 2 2 2 2
1 1 4 0 3 2 2		5 2 2 1 1 165 50 18.37 2 65 83 0.78 1 104 66 90 2 2 2 2 1
1 1 4 0 6 2 2		4 2 3 1 1 153 57 24.35 2 75 96 0.78 1 91 64 110 2 2 2 2 normal
1 1 2 0 3 2 2		4 2 2 2 2 158 81 32.45 4 99 104 0.87 3 108 70 88 2 2 2 1 ovarian cyst
1 1 4 2 2 2 2		3 2 2 1 1 158 56 22.43 3 74 93 0.79 1 94 63 81 2 2 1 2 normal
1 2 4 2 3 2 2	2 2 2 2 2 2 11	2 2 4 1 1 160 61 23.83 3 73 87 0.84 2 124 68 118 2 2 2 1 1
2 2 1 2 4 2 2	2 2 2 2 2 1 10	4 2 2 1 1 158 38 15.22 1 50 76 0.65 1 94 56 109 2 2 2 2
1 2 4 0 4 2 2		4 2 4 1 1 146 47 22.05 2 63 80 0.78 1 88 58 83 2 2 2 2 2 normal
1 2 4 1 2 2 2	2 2 2 2 2 2 11	5 2 3 1 1 149 47 21.17 2 63 89 0.7 1 105 70 85 2 2 2 2 1
1 1 4 2 3 2 2	2 2 2 2 2 2 2 14	3 2 5 1 1 155 51 21.23 2 66 88 0.75 1 115 73 107 2 2 2 2 1
1 1 4 3 2 2 2	2 2 2 2 2 2 2 13	0 2 2 1 1 164 43 15.99 2 58 72 0.8 1 98 64 112 2 2 2 2

420 972274g Vo	mathi	18	1	3.5	1		1	13	2	2	4	2	2	2	2	2	2		0		1
420 873374g Ko																					
421 876088g Dis		14		2.2			1	9	3	3	3	2	2	2	2	2	1	1	0		1 biscuit,chips
422 252041g Ne		14		2.7			1	9	2	2	1	2	2		2	2	1	3	4		1 biscuit
423 146890g Art		16		2.7			1	9	2	2	4	2	2	2	2	2	2		0		biscuit
424 788327b Po	oornima	18	2	3.5	1		1	13	2	3	3	2	2	2	2	2	1	3	2		1 cake
425 876295g An	njali	15	1	2.5	1		1	11	2	2	2	2	1	1	2	2	1	2	1	:	1 biscuit
426 819536g Nic	dhi	18	1	2.7	1		1	12	2	2	2	1	2	2	2	2	1	1	1		2 biscuit,noodles
427 794835c Sa	ndhiya	14	1	2.7	1		1	9	2	2	4	2	2	2	2	2	2		0	:	1 mixture
428 801832d Sa	ndhya R	15	1	3	1	2	1	10	2	2	3	3	2	2	2	2	2		0		1 biscuit
429 813733b Po	ooja	17	1	2.5	1	2	1	10	4	4	2	2	2	2	2	2	2		2		1 biscuit,chocolate
430 558362g Ch	nandralekha	18	1	2.6	1		2	5	3	3	4	2	2	2	2	2	2		0	:	1
431 876156g Va	sugi	18	1	2	1		2	12	2	2	3	2	1	1	2	2	2		0	:	1 biscuit
432 816734g B	Aishi	19	2	3.3	1		1	14	2	2	1	2	1	1	2	2	1	3	1	:	biscuit,chocolate,noodles
433 852892g Ch	nandhana	12	2	3.2	1		1	7	4	4	3	2	2	2	2	2	2		0	:	1
434 336925g Pri	iyanga	16	2	2.7	1		1	11	2	2	2	2	2	2	2	1	2		0	(biscuit,chips
435 559559g Ra	ıni	17	2	2	2	14	1	12	4	4	3	2	2	2	2	2	2		0	:	1 mixture,pasta
436 626722g Kri	iti	19	2	2.5	1		1	12		2	2	2	2	2	2	1	2		2		biscuit,mixture,noodles
437 429842c Su		13	1	1.5	1		1	6	2	2	2	2	2	2	2	2	2		1		2 chips,chocolate
438 705972d Ma		18	1	3			1	12	2	2	2	2	1	2	2	2	1	4	4		1 chocolate
439 819676g Sra		17	2	3		16	1	13	2	2	1	2	1	1	2	1	1	3	4		2 biscuit,cake,chips,mixture
440 873215g Na		17		2.5			1	12	2	2	3	2	2	2	2	2	2		0		1 biscuit, mixture
	ivatharani	16		2.7		15	1	12	2	3	2	1	2		2	2	2		0		3 biscuit,chocolate,mixture
	ıviya	17		2.5			1	12	-	2	1	2	1	2	2	2	2		1		1 biscuit,chocolate
443 875313g Su		14	1	3			1	9	2	2	3	2	2	2	2	2	2		3		1 puffed rice
444 870205g Be		16		2.7		6	1	10	3	3	3	1	2	2	2	2	1	1	0)
445 800103g So		17		2.7		14	1	12	4	2	4	1	2		2	2	1	1	2		2 biscuit,chocolate
446 448260g Ra		19		2.5		14	1	13	2	2	3	2	2	2	2	1	1	2	2		2 chips
447 866760g Sh		14	\rightarrow	2.7		12	1	10	2	2	1	2	2	2	2	2	1	4	0		2 biscuit,chocolate
448 892139g An		16		2.5		12	1	12	2	2	4	2	2	2	2	2	2	-	3		3 chips,mixture
									2				2		2		2		0		
	ema	15 15		2.7			1	10	2	2	3	3	1	2	2	2	2		3		biscuit,chocolate,icecream biscuit,cake,chocolate
450 731963d Tri									2						_		2				
451 878785g Th		15		2.2			1	10	2	2	4	2	2	2	2	2			0		1 chocolate
452 819049d Ha		15	\rightarrow	2.4		10	1	10		4	3	3	1	2	2	2	1	1	1		2 biscuit,cake
453 047793g Sh		16		2.6			1	10	3	3	3	2	2		2	2	1	3	3		2 biscuit,chips
454 883862g Sye		16		2.9			1	12	2	2	3	2	2	2	2	2	2		2		2 biscuit,chips
455 831640g Pre		14	1		1	13	1	10	3	3	1	1	2	2	2	2	2		0		2 biscuit
456 610726b sa		19	1	3			1	14	4	4	1	2	1	2	2	2	1	1	0		2 biscuit
457 876982g Up	oasna	19	1	2.8	1		1	12	2	2	3	2	2	2	2	2	1	1	2		2 biscuit,noodles,pasta
458 625513b Vis		19		2.9		15	1	13	3	2	3	2	1	1	2	2	2		0		1 chips
459 894779g Su	jatha	13	1	3	1		1	9	2	2	2	3	2	2	2	1	2		1	:	1
460 893706g Art	ti	18	1	2.9	2		1	12	3	2	2	2	2	2	2	2	2		0	:	1 biscuit
461 894483g Kh	nusboo	15	1	3			1	10	4	2	2	2	2	2	2	2	2		2		chips
462 870515g Pu	ıja	17	1	2.4	1		1	12	2	3	2	2	1	2	2	2	2		0	- 3	2 panipuri
463 124443d Su	dipta	15	1	3	1		1	10	2	3	3	1	2	2	2	2	1	3	0	- 3	chips,cake,chocolate
464 876909g Ka	ızi Salma	18	2	3.5	1	15	2	10	2	2	1	2	2	2	2	2	2		0		biscuit,puffed rice
465 867184g Ra	ijlokhi	16	2	3	1	13	1	10	2	3	2	1	1	2	2	2	2		0	:	1 biscuit,chocolate
466 355712g Sn	igdha	13	2	3	1	12	1	8	2	2	1	2	2	2	2	2	2		0		biscuit,cake,puffed rice
467 860069g So	nia	15	2	2.4	1	12	1	10 30.88	4 27	3	2	3	2	2	2	2	2		0		biscuit,chocolate,puffed rice
468 257793d Dh	nanam	14	2	2.7	1		1	8	2	2	3	2	2	2	2	2	2		0	:	1
469 750884g He	elen	17	2	3.5	1	14	1	10	2	3	3	2	2	2	2	2	1	4	1	4	biscuit,chocolate,icecream
470 512769g Mo	onisha	15	2	2.5	1	10	1	9	2	2	4	2	1	2	2	2	2		0	:	2 biscuit,mixture
471 762769b Siv	varanjani	18	2	2.8	1	13	1	12	2	2	1	2	2	2	2	2	1	4	2	:	2 biscuit
472 691155g pri	iyadarshini	17	1	2.7	1		1	12	2	3	2	2	2	2	2	2	1	3	0	(biscuit
473 882220g Sa		13	1	2.9	2		1	9	2	2	4	2	2		2	2	2		0	:	1 biscuit,chips,chocolate
474 260749c Me		14		3.5		10	1	10	2	3	2	2	2		2	2	2		1		1 biscuit,chips
475 689748g Sh		18	\rightarrow	3.7			1	13	2	2	3	2	2		2	2	2		1		1 biscuit,chips
476 882501g Ga		19	\rightarrow	2.5			1	10	2	2	3	2	2	2	2	2	1	1	1		1 biscuit,chips
477 579992b Sa		18		2.7		17	1	13	3	3	3	2	2		2	2	2		1		1 biscuit,chips,chocolate
478 896106g Ko	-	18	\rightarrow	2.7			1	12	2	2	2	2	2		2	2	2		1		1 biscuit,chips
479 882479g Pra		18	1		1	10	1	13	2	2		1		2	2	2	1	4	0)
3 302-4736 FT6		10	-	,	-	10	-	10	2		3	1	-	-	-		-	7	- 0	,	-

1 2 4 1	2 2 2	2 2 2	2 2	2		146 45	21.11	2 67 89	0.77	1 116	80 103	2	2 2	2 small uterus small ovary	
1 1 4 2	2 2 2	2 2 2	2 2	2 12	2 2 2		16.23	2 62 78		1 100	60 94	2	2 2		1
1 2 4 1	1 2 2	2 2 2	2 2	1 13			15.94	2 60 74		2 103	66 98	2	2 2	2 normal	1
2 2 4 0	1 2 2	2 2 2	1 2	2 15		1 1 151 44		2 61 80		1 89	53 62	2	2 2	2 110111141	
1 2 4 2	4 2 2	2 2 2	2 2	2 11			25.44	2 72 89		1 104	74 92	1 3	2 2		1
1 2 4 1	1 2 2	2 2 2	2 2	2 13			21.87	2 79 95		2 107	70 88	2	2 1	-	1
1 1 4 0	2 2 2	2 2 2	2 2	2 12			21.78	2 78 96		2 92	60 78	2	2 2	2 normal	1
1 2 4 1	1 2 2	2 2 2	2 2	2 12	6 2 2	142 38		2 69 79		3 128	67 102	2	2 2	2 normal	
2 2 4 1	3 2 2	2 2 2	2 2	2 13	2 2 4		28.31	4 88 108		2 125	70 94	2	2 2	2 normal	
1 2 4 1	2 2 2	2 2 2	2 2	2 12			27.27	3 73 96		1 123	68 88	1 3	2 2		1
2 2 4 6	0 2 2	2 2 2	2 2	2 16		1 1 151 39		1 64 76		2 86	59 96	2	2 2		1
1 2 4 1	0 2 2	2 2 2	2 2	2 13			19.83	2 74 88		2 113	70 115	2	2 2	2 normal	1
1 2 4 1	5 2 2	2 2 2	2 1	3 2 13			21.61	2 73 96		1 120	77 110	2	2 2		1
1 2 4 1	3 2 2	2 2 2	2 2	2 11			16.89	2 56 99		2 106	72 118	2	2 2		1
1 2 4 0	3 2 2	2 2 2	2 1	4 2 12		1 1 156 55		2 75 88		2 96	70 86	2	2 2	2	1
1 2 4 0	2 2 2	2 2 2	2 2	2 13							64 66	2	2 2		1
1 1 4 1	2 2 2	2 2 2	2 2	2 12			25.97 18.37	3 72 88 2 64 80		2 99 1 95	64 97	2	2 2		1
2 2 4 1	4 2 2	2 2 2	2 2	2 12			16.37	2 53 74		1 100	70 100	2	2 2	2	-
2 2 4 1	4 2 2	2 2 2	2 2	2 12			14.66	1 54 74		1 100	70 110	2	2 2	2	
1 2 4 0	4 2 2	2 2 2	2 2	1 12			27.39	3 93 104		3 145	88 143	2	2 2		1
2 2 4 1	1 2 2	2 2 2	2 1	3 2 15			21.37	2 74 93		1 101	71 101	2	2 2	2 normal	1
2 1 4 2	2 2 2	2 2 2	2 2	1	- 4 3		26.23	3 76 95		1 101	63 83	2	2 2	2 normal	
1 2 4 0	3 2 2	2 2 2	2 2	2 15	2 2 2		16.02	1 57 75		1 117	72 88	2	2 2	2	
1 2 4 1	2 2 2	2 2 2	2 2	2 13			15.63	1 56 77		1 97	69 115	2	2 2	2 normal	
1 1 4 5	3 2 2	2 2 2	2 2	2 15		2 1 165 119		5 113 133		2 114	80 85	2	2 2	1 adnexal cyst	
1 2 4 2	2 2 2	2 2 2	2 2	2 13			30.12	4 87 102		2 116	70 98	2	2 2	1	
2 2 4 0	3 2 2	2 2 2	2 2	2 13		1 1 151 40		2 70 83		2 109	62 107	2	2 2	2 normal	
1 2 4 2	2 2 2	2 2 2	2 2	1 13		1 1 155 58	24.14	3 73 87		2 97	69 90	2	2 2	2 normal	
1 2 4 3	2 2 2	2 2 2	2 2	2 13			18.36	2 64 86		1 101	71 92	2	2 2	2 no ovary	
2 2 4 0	0 2 2	2 2 2	2 2	2										2 small uterus small ovary	
							22.31	2 70 88	0.79		60 88				
1 2 4 1					3 2 2		22.31	2 70 88 2 69 89		1 100 1 107	60 88 68 94	2	2 2		
1 2 4 1		2 2 2 2	2 2	2 12	3 2 2	1 1 161 55	21.22	2 70 88 2 69 89 1 56 66	0.77	1 100 1 107 2 90	60 88 68 94 60 82	2 2	2 2 2 2 2	2 normal	
	4 2 2	2 2 2	2 2 2 2	2 12		1 1 161 55 147 26	21.22 12.03	2 69 89 1 56 66	0.77	1 107 2 90	68 94	2	2 2	2 normal	1
1 2 4 1	4 2 2 1 2 2	2 2 2 2 2 2 2	2 2 2 2	2 12	5 3 2	1 1 161 55 147 26 2 2 157 80	21.22	2 69 89 1 56 66	0.77 0.84 0.75	1 107	68 94 60 82	2 2	2 2 2	2 normal	1
1 2 4 1 1 1 2 1 0	4 2 2 1 2 2 2 2 2	2 2 2 2 2 2 2 2 2	2 2 2 2 2 1	2 12 2 2 3 1 10	5 3 2 4 2 2	1 1 161 55 147 26 2 2 157 80 1 1 154 39	21.22 12.03 32.46	2 69 89 1 56 66 5 87 115	0.77 0.84 0.75 0.76	1 107 2 90 1 110	68 94 60 82 67 88	2 2 2	2 2 2 2 2 2	2 2 normal 1	1
1 2 4 1 1 2 1 0 2 1 4 2	4 2 2 1 2 2 2 2 2 3 2 2	2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 1 2 2	2 12 2 2 3 1 10 2 12	5 3 2 4 2 2 3 2 2	1 1 161 55 147 26 2 2 157 80 1 1 154 39 1 1 165 61	21.22 12.03 32.46 16.44	2 69 89 1 56 66 5 87 115 2 54 71	0.77 0.84 0.75 0.76	1 107 2 90 1 110 1 95	68 94 60 82 67 88 69 112	2 2 2 2	2 2 2 2 2 2 2 2	2 normal 1 normal	1
1 2 4 1 1 2 1 0 2 1 4 2 1 1 4 2	4 2 2 1 2 2 2 2 2 3 2 2 1 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 1 2 2 2 2	2 12 2 3 1 10 2 12 2 13	5 3 2 4 2 2 3 2 2 2 2 2	1 1 161 55 147 26 2 2 157 80 1 1 154 39 1 1 165 61 1 1 156 70	21.22 12.03 32.46 16.44 22.41	2 69 89 1 56 66 5 87 115 2 54 71 2 87 93	0.77 0.84 0.75 0.76 0.93	1 107 2 90 1 110 1 95 3 110	68 94 60 82 67 88 69 112 69 98	2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2	2 normal 1 2 normal 2 normal 2 hematocolpos 2	1
1 2 4 1 1 2 1 0 2 1 4 2 1 1 4 2 1 2 4 1	4 2 2 1 2 2 2 2 2 3 2 2 1 2 2 4 2 2	2 2	2 2 2 2 2 1 2 2 2 2 2 2	2 12 2 3 1 10 2 12 2 13 1 12	5 3 2 4 2 2 3 2 2 2 2 2 6 3 5	1 1 161 55	21.22 12.03 32.46 16.44 22.41 28.76	2 69 89 1 56 66 5 87 115 2 54 71 2 87 93 4 85 102 2 83 95	0.77 0.84 0.75 0.76 0.93 0.82 0.87	1 107 2 90 1 110 1 95 3 110 2 132 3 107	68 94 60 82 67 88 69 112 69 98 72 99	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 normal 1 2 normal 2 normal 2 hematocolpos 2	
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1 2 4 1 1 2 1 0 2 1 4 2 1 1 1 4 2 1 2 4 1 2 1 4 0 2 1 4 1 2 1 4 0 2 1 4 2	4 2 2 1 2 2 2 2 2 3 2 2 1 2 2 4 2 2 4 2 2 1 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 1 2 2 1 2 1 2 1 2 1	2 12 2 3 1 10 2 12 2 13 2 14 2 14 2 14 2 14 2 14 2 14	5 3 2 4 2 2 3 2 2 2 2 2 6 3 5 5 1 3 7 2 5	1 1 161 55 147 26 2 2 157 80 1 1 154 39 1 1 165 61 1 1 156 70 2 3 160 65 1 1 157 46 1 1 149 60	21.22 12.03 32.46 16.44 22.41 28.76 25.39 18.66	2 69 89 1 56 66 5 87 115 2 54 71 2 87 93 4 85 102 2 83 95 2 70 84	0.77 0.84 0.75 0.76 0.93 0.82 0.87 0.83 0.88	1 107 2 90 1 110 1 95 3 110 2 132 3 107 2 97	68 94 60 82 67 88 69 112 69 98 72 99 62 65 64 98	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 normal 1 2 normal 2 hematocolpos 2 2 2 adnexal mass 1	1
1 2 4 1 1 2 1 0 2 1 4 2 1 1 1 4 2 1 1 1 4 2 1 2 1 4 1 2 1 4 0 2 1 4 0 2 1 4 0	4 2 2 1 2 2 2 2 2 3 2 2 1 2 2 4 2 2 4 2 2 1 2 2 3 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 1 2 2 2 2 2 2 2 1 2 2 2 2 2 2	2 12 2 3 1 10 2 12 2 13 1 1 12 2 13 2 14 2 14 2 12	5 3 2 4 2 2 3 2 2 2 2 2 6 3 5 5 1 3 7 2 5 1 2 3	1 1 161 55	21.22 12.03 32.46 16.44 22.41 28.76 25.39 18.66 27.03	2 69 89 1 56 66 5 87 115 2 54 71 2 87 93 4 85 102 2 83 95 2 70 84 3 85 96	0.77 0.84 0.75 0.76 0.93 0.82 0.87 0.83 0.88 0.88	1 107 2 90 1 110 1 95 3 110 2 132 3 107 2 97 3 112	68 94 60 82 67 88 69 112 69 98 72 99 62 65 64 98 73 118	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 normal 1 2 normal 2	1
1 2 4 1 1 2 1 0 2 1 4 2 1 1 4 2 1 1 4 2 1 1 4 0 2 1 4 0 2 1 4 0 2 1 4 0 2 1 4 0 1 1 2 4 3	4 2 2 1 2 2 2 2 2 3 2 2 2 1 2 2 4 2 2 4 2 2 1 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 12 2 2 3 1 10 2 12 2 13 1 12 2 13 2 14 2 12 2 12	5 3 2 4 2 2 3 2 2 2 2 2 6 3 5 5 1 3 7 2 5 1 2 3 6 2 3	1 1 161 55	21.22 12.03 32.46 16.44 22.41 28.76 25.39 18.66 27.03 18.22	2 69 89 1 56 66 5 87 115 2 54 71 2 87 93 4 85 102 2 83 95 2 70 84 3 85 96 2 64 75	0.77 0.84 0.75 0.76 0.93 0.82 0.87 0.83 0.88 0.88 0.85 0.87	1 107 2 90 1 110 1 95 3 110 2 132 3 107 2 97 3 112 2 108	68 94 60 82 67 88 69 112 69 98 72 99 62 65 64 98 73 118 66 113	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 normal 1 2 normal 2 normal 2 hematocolpos 2 2 2 2 adnexal mass 1 2 2	1 1 1
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480	847426g	Sneha	13	1	3	1	. 10	1		2	2	3	3	2	2	2	2	2		0	:	biscuit
481	885754g	Pinki	14	1	2.6	1	. 12	. 1		2	2	4	2	2	2	2	2	2		0	:	chocolate,mixture
482	896670g	Sindhu	15	1	2.7	1		1	10		2	4	2	2	2	2	1	2		0	:	chips
483	425019c	Santhiya	16	1	2.6	1	. 1	. 1	1	2	3	3	2	2	2	2	2	2		4	3	biscuit,chocolate
484	558554g	Shalini	18	1	2.6	1	15	2	1	3	2	3	2	2	2	2	2	1	3	1	(biscuit
485	154512g	Supriya	18	1	2	1		1	10	2	2	3	2	2	2	2	1	2		4	2	biscuit,mixture
486	887255g	Kavya	17	2	3.7	1	. 12	! 1	1	3	2	2	2	1	2	2	2	1	2	1	:	chat,pizza
487	112254d	sadika	15	2	3.5	1		1	10	2	3	2	2	2	2	2	2	1	3	2	- 2	cake,french fries,pizza
488	413942f	Glory	16	2	3	1		1	1	2	2	3	1	2	2	2	2	2		0	:	panipuri
489	846323g	Priyanka	19	2	2.7	1		2	1	2	2	3	2	2	2	2	2	2		0	:	cake,puffed rice
490	896607g	Munazza	14	2	2.5	1		1		2	3	2	2	2	2	2	1	2		0	2	biscuit,pakoda
491	682345f	Durgadevi	19	2	2.5	1	. 15	1	1	2	2	4	2	2	2	2	2	2		0	:	mixture
492	873163g	Pavithra	18	2	2.4	1	15	1	1	2	2	4	1	2	2	2	2	2		0	:	biscuit
493	882177g	Kavita	14	2	3	1		1	10		2	3	2	2	2	2	2	2		0	:	biscuit,chocolate
494	967736b	Pooja	17	2	2.5	1	16	5 1	1	4	2	3	1	2	2	2	2	2		4	3	biscuit
495	840537g	Jayasmitha	17	1	2.8	1	13	1	1	2	2	1	3	1	1	2	2	2		0	:	biscuit
496	885541g	Banashree	18	1	2.7	2		1	1	2	2	3	3	1	2	2	2	1	2	0	2	biscuit,chips,kurkure
497	861750g	Sangeeta	13	1	2.7	1	. 11	. 1		2	3	3	2	2	2	2	1	1	1	0		chips,biscuit
498	877370g	Ahona	16	1	2.2	1		1	1	2	2	2	3	2	2	2	2	1	3	1	2	burger,noodles,panipuri,pizza
499	892491g	Apurba	17	1	2.8	2		1	10	2	2	3	2	2	2	2	1	2		0		biscuit,chocolate
500	894598g	Deepika	18	1	2.5	1		1	1	2	2	1	2	1	2	2	2	1	2	0		chocolate,puff
501	316149f	Preethi	18	1	3	1		1	1	2	2	1	2	1	2	2	2	1	1	3	2	biscuit,chips

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CERTIFICATE

This is to certify that the dissertation titled "A CROSS-SECTIONAL STUDY TO INVESTIGATE THE PREVALENCE OF OBESITY IN ADOLESCENT GIRLS ATTENDING GYNAECOLOGY OUT PATIENT CLINIC IN A TERTIARY LEVEL HOSPITAL" by the candidate Dr Evangeline Reeni Christian with registration number 22161401 towards partial fulfilment of the requirements of the Tamil Nadu Dr M.G.R Medical University for the award of the Degree of MS OBSTETRICS AND GYNAECOLOGY (BRANCH II) examination to be held in May 2018, I personally verified the urkund.com website for the purpose of plagiarism check. I found that the uploaded thesis file contains from title to conclusion pages and the result shows **ZERO** percentage plagiarism in the dissertation.

Dr Elsy Thomas

Guide

Professor and Head of Unit 1

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