



Supplementary Table S1. Data Collection Form

MEDICAL RECORD # _____		GENDER Male Female		DATE OF BIRTH _____ Age _____	
BLOOD GRP _____		HEIGHT _____		WEIGHT _____	
BMI _____					
MARITAL STATUS	Single	Married	Divorced	Widowed	
EDUCATION	No formal Edu.	Primary	Secondary	Tertiary	
SMOKING	Smoker	Non-Smoker	Ex-smoker		
ALCOHOL	Drinker	Ex-drinker	Non-drinker		
NUTRITION	Well Nourished	Malnourished	Vegetarian		
Allergy	None		Allergic to _____		
DISEASE HISTORY	Diabetes	Dyslipidemia	Hypertension	IHD	_____
	Stroke	Heart Failure	Arrhythmia	IBD	_____
	Asthma	IBS	L. Cirrhosis	R. Arthritis	_____
	COPD	CKD	Gout	Osteoporosis	_____
FAMILY HISTORY	Cancer (Type _____)			NONE	

B: COLORECTAL CANCER CHARACTERISTICS

Colon cancer	Yes	No
Rectum cancer	Yes	No
Stage (TNM)		
Diagnosis date		
Last visit date		
Treatment method	Surgical	Radiotherapy Chemotherapy
Medical treatment protocol	FOLFOX	FOLFIRI Other _____
Number of cycles completed		

C: LAB RESULTS (last readings)

Renal function test					CBC					Other				
Na				135-145 mmol/L	RBC				4-11 x103/mm3	R.B Glu				
K				3 -5 mmol/L	WBC				4-6.2 x103/mm3	HbA 1c				
Ur ea				1.7 – 8.3 mmol/L	HGB				11-18 g/dL	INR				
Cr				53-97 µmol/L 44-80µmol/L	HCT				35-55%	CRP				
Cr Cl					MCV				80-100					
Uri c acid				210-420 µmol/L	PLT				150-400 x103/mm3					
Mg				0.7-1.05										
Ca				2.3-2.5mmol /L										
Ph osp				0.9-1.3 mmol/L										

D: Home MEDICATIONS

Drug	Frequency	

Outcomes of treatment: cure death recurrence not known
 Years of survival after diagnosis: _____