

EMPLOYEE CONSENT FORM

Authorization to participate in a research project entitled:

WORKPLACE HEALTH PROMOTION PROGRAMME

Non-communicable diseases (NCD) such as high blood pressure, diabetes and heart disease are emerging and accelerating among industrial population at an alarming rate. These disease burdens occur in productive mid-life period and will, therefore, adversely affect workforce productivity and economic development. The Present health promotion programme is thus being conducted in my workplace, as part of the Doctoral study of Miss. Trushna Bhatt, with an aim of helping the employees to adopt healthy lifestyle and dietary habits and thus preventing these diseases in later life.

I, _____ hereby give my consent to be included as a subject in the research study to be conducted in my workplace to assess the effect of counselling on prevention and management of non-communicable diseases in industrial population.

I understand that I may be given counselling and may be asked to undergo biochemical estimations (blood analysis) as part of the programme and have been informed to my satisfaction the purpose of the clinical trial that would be carried out.

I am also aware of my right to opt out of the trial at any time during the course of the study without having to give the reasons of doing so.

Email ID

Signature

Phone no.

Date

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Introduction

Employees spend approximately 36% of their total waking hours at work. This makes the worksite an ideal place to provide workers with the knowledge and skills needed to help improve attitudes and behaviors concerning health. Improving employee health can:

- Improve physical fitness and mental alertness
- Boost employee morale
- Possibly reduce absenteeism

The Worksite Wellness Index is a self-assessment and planning guide adapted from the Center for Disease Control and Prevention (CDC) *School Health Index: A Self Assessment and Planning Guide* (2004).

It will help you:

- Identify the strengths and weaknesses of your worksite's wellness and health promotion policies and programs
- Develop an action plan to implement a worksite wellness program or improve an existing program

Healthy eating and regular physical activity help people to stay in shape, feel good, and avoid developing risk factors that can lead to heart disease, stroke, cancer, and diabetes. Unfortunately, many people do not meet the physical activity and nutrition recommendations, and more and more Americans are becoming overweight than ever before.

Cardiovascular disease, stroke, cancer, and diabetes are all linked by common risk factors, behaviors and/or health habits associated with physical inactivity and poor nutrition. According to the CDC's 2004 report on *Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity*, poor eating habits and physical inactivity together account for at least 400,000 deaths among U.S. adults. Only tobacco use causes more preventable deaths in the United States. People who avoid behaviors that increase their risk for chronic diseases can expect to live healthier and longer lives.

Note: If at any time assistance is needed while your organization completes the Worksite Wellness Index you may contact the Texas Department of State Health Services, Cardiovascular Health and Wellness program at (512) 458-7670. Find other useful tools for developing worksite wellness programs at www.dshs.state.tx.us/wellness

Texas Behavioral Risk Factor Surveillance System (BRFSS) Facts

Nutrition and Overweight

- 36% of persons between the ages of 18 and 39 reported high fat intake (1993)
- 21% of persons between the ages of 18 and 44 reported eating the recommended five servings of fruits and vegetables each day (2003)
- 57% of adult Texans classified themselves as overweight or obese (2003) (based on Body Mass Index, BMI > 25)
- 57% of persons between the ages of 18 and 44 were recognized as at risk for health problems related to being overweight (2002) (based on Body Mass Index).

Highlights of the 1998 Texas Physical Activity Survey

- More than two-thirds (69%) of adult Texans are not getting the amount of physical activity recommended for greater health benefits (twenty minutes of moderate to vigorous activity three times a week).
- 41% of adult Texans reported the main personal reason they are not more physically active is that they believe they are already getting enough physical activity.
- However, 51% of adult Texans who believe they are already getting enough physical activity are not getting the amount of physical activity recommended for greater health benefits.
- 29% of adult Texans reported the main reason they are not more physically active is the lack of time for physical activity.
- 32% of adult Texans reported the leading community reason for not being more physically active is the lack of enough fitness facilities, sidewalks, and bicycle lanes.

Respondents reported the following barriers for not being physically active at the worksite:

- 71% of the respondents reported their worksites do not allow actual work time to be used for physical activity.
- 69% of the respondents reported their worksites do not have a written flex-time policy on physical activity.
- 82% of the respondents reported their worksites do not offer regular physical activity programs.
- 77% of the respondents reported their worksites do not have facilities or equipment for physical activity.
- 50% of the respondents reported their worksites do not have a safe place to walk.

Find more information regarding the Texas Behavioral Risk Factor Surveillance Survey from the Texas Department of State Health Services www.dshs.state.tx.us/chronicd

Instructions for Coordinator

1. **Review the Worksite Wellness Index assessment tool.**
2. **Assemble a Worksite Wellness Index team.** The first step toward employee wellness is to identify a team of people who will be responsible for completing the Worksite Wellness Index. You may choose an existing team, such as the Employee Wellness Committee or similar group, or create a new team. Broad participation is important for meaningful assessment and successful planning and implementation.
Suggested participants include:
 - human resources/benefits coordinator
 - employees from varying departments
 - administrators
 - supervisors
 - employee wellness staff
3. **Meet to discuss the Index.** At the first meeting, explain the Worksite Wellness Index. Set a timeline for the completion of the assessment. Working as a team will increase the accuracy of responses and tap into creative insights. Make sure that everyone gets a copy of the Instructions, Score Card, and Questionnaire.
4. **Complete the Index.** Each team member should answer the questions by getting any needed information and having open discussion. Each question gives directions on how to select from the four scoring choices. Answers should be written on a copy of the Score Card.
5. **Meet as a team.** Discuss each question and its scoring descriptions. Arrive at a consensus on a score for each question, and record the consensus score on a separate Score Card. The team should then use these results to answer the Planning Questions for each section.
6. **Arrive at recommendations.** As a team, arrive at recommendations for action to address any weaknesses identified by the scores earned for each question. List the team's recommendations in the Recommendation Table and rate each on the five criteria listed in the table.
7. **Prioritize.** Write the sum of the ratings in the "total" column in the Recommendation Table. In the "Priority Ranking" column of the Recommendation Table, indicate the rank order the team has decided for implementing the recommendations. Consider the "Total" column when ranking the recommendations, but do not feel bound to numerical totals. Some very important actions may be too expensive, labor intensive, or too complex to rank as number one. Others may be less important, but require fewer resources or staff to implement. Use the collaborative judgment and knowledge of your team members. Together they know the worksite and will arrive at the best mix of

important, achievable recommendations.

8. **Make a plan.** Once you have prioritized the recommendations, use the Action Plan Worksheet to further develop the team's ideas.
9. **Implement the plan.** Present the recommendations and action plan to the worksite's decision-making authority. After approval, implement the plan and monitor progress.

Tips for Completing the Worksite Wellness Index

- **Accuracy counts.** Please answer all questions as accurately as possible. The Worksite Wellness Index is your self-assessment and planning tool.
- **The focus is on health promotion.** The Worksite Wellness Index was designed to assess implementation of wellness and health promotion activities. It does not address basic administration duties such as bookkeeping.
- **There is no passing grade.** The Worksite Wellness Index is not intended to be used to compare one worksite wellness program with another. You should only use your Index scores to help you understand your worksite's strengths and weaknesses and to develop an action plan for improving your wellness and health promotion efforts. It is realistic to expect low scores in certain areas; low scores can help you build awareness of areas needing improvement.
- **Some actions are easier than others.** Use of the Worksite Wellness Index tool might lead your team to recommend actions that require additional resources. However, you might find that many of the recommended actions simply involve more efficient use of existing resources.
- **Keep the team together.** The purpose of completing the Worksite Wellness Index is to start a path or improve your worksite's wellness program. Once you have started, you can keep the team together and use the Index to monitor your progress. Establish a schedule for annual assessments, so that the Index can serve as tool for continuous improvement and accountability over time.

Part A: Worksite Policies and Environment

Questionnaire

A-1. Worksite Wellness Program Policy

Does the worksite have a current policy outlining the requirements and functions of a comprehensive worksite wellness program?

“A comprehensive” worksite wellness program promotes healthy lifestyle choices through defined policies about the worksite environment and health promotion programs/activities that are conducive to healthy behaviors.

3 = Yes

2 = There is a policy, but it needs modification to meet the needs of the worksite

1 = There is no policy, but there are plans to form one

0 = No

A-2. Representative Committee Oversees Worksite Wellness Programs

Does the worksite have a representative committee that meets at least once a month to oversee worksite wellness programs, including physical activity and nutrition programs?

“Representative” means that it includes relevant members of the workforce, such as staff, supervisors, administration, human resources/benefits coordinator, etc.

3 = Yes

2 = There is a committee, but it is not representative or it meets less than once a month

1 = There is no committee, but there are plans to form one

0 = No

A-3. Worksite Wellness Plan

Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants in, and expected results of a worksite wellness program?

3 = Yes

2 = There is a plan, but it needs modification to meet the needs of the worksite

1 = There is no plan, but there are plans to develop one

0 = No

A-4. Written Policies on Physical Activity

Does the worksite have written policies on physical activity that commit to the following?

- Supporting physical activity during duty time (flex-time)
- Providing incentives for engaging in physical activity
- Offering company sponsored fitness oriented programs for employees other than an exercise facility
- Providing a broad range of competitive and non-competitive physical activities that help develop the skills needed to participate in lifetime physical activities
- Providing exercise/physical fitness messages and information to employees
- Providing prompts to promote physical activity near each stairwell or elevator

“Lifetime physical activities” are those readily carried to settings other than the worksite. Examples include swimming, walking, running, racquet sports, and dancing.

3 = Yes for five or six areas listed above

2 = For three or four areas

1 = For one or two areas

0 = No

A-5. Breaks

Are employees provided with breaks during working hours and are employees encouraged to be active during break time?

Examples of a break time activity could be structured or unstructured such as walking in groups, performing stretching exercises at your desk, etc.

3 = Yes

2 = Breaks are provided each day, but employees are not given encouragement to be active

1 = Breaks are provided each day, but employees are restricted to the restroom, break room, or immediate work area

0 = Breaks are not provided any work day

A-6. Physical Activity Facilities

Does the worksite provide a facility/designated space or related support system on-site for physical activity by employees?

- On-site exercise facility
- Outdoor exercise areas, playing fields, or walking trails for employee use
- Free, discounted, or employer subsidized memberships to fitness centers
- On-site physical activity classes such as aerobics, kick-boxing, dancing, etc.
- Provide showers and/or changing facilities

3 = Yes

2 = For three or four areas

1 = For one or two areas

0 = No

A-7. Employee Access to Physical Activity Facilities Outside of Work Hours

Can all employees use the worksite's indoor/outdoor physical activity facilities outside of work hours?

"Outside of work hours" means before or after work, lunch, evenings, weekends, and on holidays.

3 = Yes, the worksite has identified indoor/outdoor areas that employees can access to engage in physical activity before, during or after work hours

2 = Indoor or outdoor facilities are available, but not both

1 = Indoor or outdoor facilities are available, but the hours of availability are very limited

0 = No indoor or outdoor facilities are available

A-8. Written Policies on Nutrition

Does the worksite have written policies on nutrition that commit to the following?

- *On-site cafeterias following healthy food preparation guidelines and practices (e.g. steaming, low-fat, low calorie, salt substitutes, limited frying, etc.)*
- *Healthy food options for any meetings, conferences, or training offered by the worksite*
- *Vending machines and/or onsite cafeteria offer nutritious food options as 25% of the total choices*
- *Healthy eating messages to the employee population (delivered via e-mail messages, payroll stuffers, bulletin boards, etc.)*
- *Supporting participation in nutrition-related activities during duty time (flex-time)*
- *Providing prompts to promote and identify healthy food/snack/drink choices near vending machine(s) or on-site cafeteria*

3 = Yes, for five or six areas listed above

2 = For three or four areas

1 = For one or two areas

0 = No

A-9. Written Policies on Tobacco Use

Does the worksite have written policies on tobacco use that commit to the following?

- *Prohibiting tobacco use anywhere on property*
- *Supporting participation in smoking cessation activities during duty time (flex-time)*
- *Providing prompts to support no tobacco use policy*

3 = Yes

2 = Yes, but tobacco use allowed in designated area(s)

1 = Yes, but flextime is not allowed to attend cessation classes or policy prompts not provided

0 = No

A-10. Staff Oriented to Policies

Is staff oriented to, and given copies of, the physical activity, nutrition, and tobacco use policies?

3 = Yes

2 = Oriented to or given copies, but not both

1 = No, but there are plans to

0 = No

A-11. Plan to Respond to Cardiac Events

Does the worksite have a written plan for emergency response to cardiac events at their facility?

3 = Yes

2 = Plan is in place, but does not meet the needs of the worksite

1 = No, but there are plans to develop an emergency response plan

0 = No

A-12. Emergency Response Training

Does the worksite provide emergency training for response to cardiac events at their facility?

- *Worksite has provided basic Cardiopulmonary Resuscitation (CPR) training and certification to employees within the current year*
- *Worksite has a policy on training employees on use and placement of Automated External Defibrillators (AED's)*

3 = Yes

2 = CPR training or AED training/placement, but not both

1 = No, but there are plans to do so in the future

0 = No

Part B: Health Promotion for Employees

Questionnaire

B-1. Healthcare Coverage for Employees

Does the worksite offer or provide adequate healthcare coverage for employees and their families for prevention of and rehabilitation of heart disease and stroke?

3 = Yes

2 = Offers or provides access to adequate health healthcare coverage, but coverage for prevention of and rehabilitation of heart disease and stroke is limited

1 = No, but there are plans to do so

0 = No

B-2. Health Screening for Employee

Does the worksite offer or provide easy access to free or reasonably priced health screenings for employees at a minimum of one time a year?

“Provide access to” means that the worksite has a special arrangement for employees to receive either on- or off-site health screening.

Examples of items that are part of a “health screening” include:

- height and weight measurements
- blood pressure checks
- cholesterol screening
- diabetes/blood sugar screening
- individual health risk appraisal

3 = Yes

2 = Offers or provides access to health screening, but is not reasonably priced or not easily accessible

1 = No, but there are plans to do so

0 = No

B-3. Physical Activity/Fitness Programs for Employees

Does the worksite offer or provide easy access to free or reasonably priced physical activity/fitness programs for the employees?

“Provide access to “ means the worksite has a special arrangement for employees to take classes on-site or at an off-site facility.

Examples of such “programs” include:

- Classes
- Workshops
- Facilities
- Special Events

3 = Yes

2 = Offers or provides access to physical activity/fitness programs, but they are not reasonably priced or not easily accessible

1 = No, but there are plans to do so

0 = No

B-4. Nutrition Education/Weight Management Programs for Employees

Does the worksite offer or provide easy access to free or reasonably priced nutrition education/weight management programs for the employees?

3 = Yes

2 = Offers or provides access to nutrition education/weight management programs, but they are not reasonably priced or not easily accessible

1 = No, but there are plans to do so

0 = No

B-5. Promote and Encourage Employee Participation

Does the worksite promote and encourage employee participation in its physical activity/fitness and nutrition education/weight management programs?

Examples of ways to “promote and encourage employee participation” include:

- Information at new employee orientation
- Information on programs provided with paychecks
- Flyers on wall or bulletin boards
- Letters mailed directly to employees
- Announcements at employee meetings
- Employee newsletter articles
- Incentive/reward programs
- Public recognition
- Health insurance discounts
- Provide showers and changing facilities
- Sponsor employee sports teams

3 = Yes, through four or more ways listed above

2 = Through one to three of the ways

1 = No, but there are plans to do so

0 = No

B-6. Awareness and Education Messages

Does the worksite provide awareness and education messages/information on the following?

- Heart disease and stroke prevention including risk factors such as high blood pressure, cholesterol, diabetes, overweight, etc.
- Signs and symptoms of heart attack, stroke, need to call 9-1-1
- Use of AEDs and CPR
- Good nutrition/eating habits
- Physical activity
- Tobacco prevention/control

3 = Yes, for five or six of the above items

2 = For three or four

1 = For one or two

0 = No

B-7. Budget for Employee Health Program

Is there a worksite budget for employee health promotion that includes a salary for a coordinator?

“Coordinator” means a full or part-time employee who is responsible for planning, designing, implementing, and evaluating employee health promotion activities.

3 = Yes

2 = There is a budget, but it does not include a salary for a full or part-time coordinator
(although the worksite may have a volunteer coordinator)

1 = No, but there are plans to create a budget

0 = No

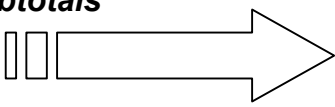
Appendix I – Tables and Worksheets

Part A: Worksite Policies and Environment

Part A: Worksite Policies and Environment

Score Card

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the Planning Questions for each question.

	Fully In Place	Partially In Place	Under Development	No
A-1. Worksite Wellness Program Policy	3	2	1	0
A-2. Representative Committee oversees Worksite Wellness Programs	3	2	1	0
A-3. Worksite Wellness Plan	3	2	1	0
A-4. Written Policies on Physical Activity	3	2	1	0
A-5. Breaks	3	2	1	0
A-6. Physical Activity Facilities	3	2	1	0
A-7. Employee Access to Physical Activity Facilities Outside of Work Hours	3	2	1	0
A-8. Written Policies on Nutrition	3	2	1	0
A-9. Written Policies on Tobacco Use	3	2	1	0
A-10. Staff Oriented to Policies	3	2	1	0
A-11. Plan to Respond to Cardiac Events	3	2	1	0
A-12. Emergency Response Training	3	2	1	0
Total the number of circled responses in each column				
Multiply by the Point Value	X 3	X 2	X 1	X 0
Subtotals				
Total Points Earned	Add all subtotals 			
Total Possible Points				36
Percentage (total points earned/36) x100				%

Part A: Worksite Policies and Environment

Planning Questions

These planning questions will help your worksite use its Index results to identify and prioritize changes needed to improve your worksite wellness program. Answers should be reviewed when completing the Recommendation Table.

1. Based on the scores earned for each question, what are the **strengths** and **weaknesses** of your worksite's policies and environment related to worksite wellness?
2. To improve each of the weaknesses identified in question 1; identify the recommendations for action.

Part A: Worksite Policies and Environment

Recommendation Table

Instructions: Rate each of the recommendations identified in the Worksite Policies and Environment Planning Questions on the following five aspects: importance, cost, time, commitment, and feasibility. Rate each on a scale of 1 to 5 using the chart below.

Importance	How important is the recommendation? 5 = Very important 3 = Somewhat important 1 = Not very important						
Cost	How expensive would it be to plan and implement the recommendation? 5 = Not expensive 3 = Moderately expensive 1 = Very expensive						
Time	How much time and effort would be needed to implement the recommendation? 5 = Little or no time and effort 3 = Moderate time and effort 1 = Extensive time and effort						
Commitment	How enthusiastic would the worksite community be about implementing the recommendation? 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic						
Feasibility	How difficult would it be to complete the recommendation? 5 = Not difficult 3 = Moderately difficult 1 = Very difficult						
Recommendations	Importance	Cost	Time	Commitment	Feasibility	Total Points	Priority Ranking

Part A: Worksite Policies and Environment**Action Plan Worksheet**

Recommendations	Describe the recommendations from the Recommendation Table		
Activities	List the activities required to meet the recommendation/		
Materials, Resources and Personnel	List the individuals who will do the work, and the resources and tools they need to get the job done.		
Time Frame	When will implementation begin? How long will it take to finish?		
Recommendations	Activities	Materials, Resources and Personnel	Time Frame
1.			
2.			
3.			
4.			
5.			

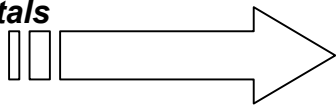
Appendix II - Tables and Worksheets

Part B: Health Promotion for Employees

Part B: Health Promotion for Employees

Score Card

Instructions: To complete this Score Card, first carefully read and discuss the Questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the Planning Questions for that section.

	Fully In Place	Partially In Place	Under Development	No
B-1. Healthcare Coverage for Staff	3	2	1	0
B-2. Health Screening for Staff	3	2	1	0
B-3. Physical Activity/Fitness Programs for Employees	3	2	1	0
B-4. Nutrition Education/Weight Management Programs for Employees	3	2	1	0
B-5. Promote and Encourage Employee Participation	3	2	1	0
B-6. Awareness and Education Messages	3	2	1	0
B-7. Budget for Employee Health Promotion	3	2	1	0
Total the number of circled responses in each column				
Multiply by the Point Value	X 3	X 2	X 1	X 0
Subtotals				
Total Points Earned	Add All Subtotals 			
Total Possible Points				21
Percentage (total points earned/21) x100				%

Part B: Health Promotion for Employees

Planning Questions

These planning questions will help your worksite use its Index results to identify and prioritize changes needed to improve your worksite wellness programs. Answers should be reviewed when completing the Recommendation Table.

1. Based on the scores earned for each question, what are the **strengths** and **weaknesses** of your worksite's health promotion for employees?
2. To improve each of the weaknesses identified in question 1, identify the recommendations for action.

Part B: Health Promotion for Employees

Recommendation Table

Instructions: Rate each of the recommendations identified in the Health Promotion for Employees Planning Questions on the following five aspects: importance, cost, time, commitment, and feasibility.

Rate each on a scale of 1 to 5 using the chart below.

Importance	How important is the recommendation? 5 = Very important 3 = Somewhat important 1 = Not very important						
Cost	How expensive would it be to plan and implement the recommendation? 5 = Not expensive 3 = Moderately expensive 1 = Very expensive						
Time	How much time and effort would be needed to implement the recommendation? 5 = Little or no time and effort 3 = Moderate time and effort 1 = Extensive time and effort						
Commitment	How enthusiastic would the worksite community be about implementing the recommendation? 5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic						
Feasibility	How difficult would it be to complete the recommendation? 5 = Not difficult 3 = Moderately difficult 1 = Very difficult						
Recommendations	Importance	Cost	Time	Commitment	Feasibility	Total Points	Priority Ranking

Part B: Health Promotion for Employees**Action Plan Worksheet**

Recommendations	Describe the recommendations from the Recommendation Table		
Activities	List the activities required to meet the recommendation.		
Materials, Resources and Personnel	List the individuals who will do the work, and the resources and tools they need to get the job done.		
Time Frame	When will implementation begin? How long will it take to finish?		
Recommendations	Activities	Materials, Resources and Personnel	Time Frame
1.			
2.			
3.			
4.			
5.			

ID no.

STEPS APPROACH FOR RISK ANALYSIS

Date :

Time :

1. **Name** _____
2. **Date of Birth** ____ / ____ / ____ **Age** ____ years
3. **Contact information** Phone no. _____ E-mail ID _____
4. **Department** _____
5. **Designation** _____
6. **Sex** a) Male b) Female
7. **Religion** a) Hindu b) Muslim c) Sikh d) Christian e) Paarsi f) Others
8. **Education** a) ITI certificate b) Diploma b) Graduate c) Post graduate
9. **Marital status** a) Unmarried b) Married c) Divorced d) Widowed
10. **No. of members in the family** _____
11. **Total monthly income of family** Rs. _____
12. **Living status :**
 - a) Alone/with roommates
 - b) With family
13. **Do you currently smoke?** Cigar/Cigarette/Bidi/Pipe
 - a) Yes
 - b) No

If yes;

13-A. How frequently do you smoke?

 - a) Daily
 - b) 2-3/week
 - c) Weekly
 - d) Fortnightly
 - e) Monthly
 - f) Rarely

13-B. Amount of usage per day ____

13-C. How old were you when you started smoking? ____ years
14. **If you smoked in the past but have now left it;**
 - 14-A. In the past, did you smoke daily?**
 - a) Yes
 - b) No

14-B. How old were you when you started smoking? ____ years

14-C. How old were you when you stopped smoking? _____ years

15. During the past week (7 days), on how many days did someone in your house/workplace/somewhere else smoke when you were present? ____ days

16. Do you currently use any ‘smokeless tobacco’?

a) Yes

b) No

If yes;

16-A. How frequently do you use smokeless tobacco?

a) Daily

b) 2-3/week

c) Weekly

d) Fortnightly

e) Monthly

f) Rarely

16-B. How old were you when you started using ‘smokeless tobacco’? ____ years

17. If you used ‘smokeless tobacco’ in the past but have now left it;

17-A. In the past, did you use ‘smokeless tobacco’ daily? a) Yes b) No

17-B. How old were you when you started using it? ____ years

17-C. How old were you when you stopped using it? _____ years

18. Have you ever consumed an alcoholic drink?

a) Yes

b) No

If yes;

18-A. During the past 12 months, how frequently have you had atleast one drink?

a) Daily

b) 2-3/week

c) Weekly

d) Fortnightly

e) Monthly

f) Rarely

18-B. During past 30 days, how frequently have you had at least one drink?

a) Daily

b) 2-3/week

- c) Weekly
- d) Fortnightly
- e) Monthly
- f) Rarely

19. If you did consume an alcoholic drink during the past 30 days;

19-A. What was the amount consumed? _____ ml

19-B. How many standard alcoholic drinks did you have on a single occasion?

(For men > 5 drinks, For women > 4 drinks) _____

19-C. How often was it with meals?

- a) Usually
- b) Sometimes
- c) Never

20. What is your frequency of fruit consumption?

- a) Daily
- b) 3-4 times a week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

21. What is the amount of fruit you consume on one such day?

- a) < 100 gm
- b) 100-150 gm
- c) 150-200 gm
- d) > 200 gm

22. What is your frequency of vegetable (excluding potato) consumption?

- a) Daily
- b) 3-4/ week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

23. What is the amount of veg. (excluding potato) you consume on one such day?

- a) < 100 gm
- b) 100-150 gm
- c) 150-200 gm
- d) > 200 gm

24. What is your frequency of eating out/meal not prepared at home?

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

25. With respect to the meal you consume during work hours;

25-A. Breakfast

- a) No breakfast
- b) At home
- c) At office

25-B. If having breakfast at office, what is the frequency of breakfast at office

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

25-C. Lunch

- a) Homemade
- b) Tiffin service
- c) Canteen
- e) Restaurant

25-D. Frequency of lunch from tiffin/canteen/restaurant(whichever applicable)

- a) Daily
- b) 3-4/week

- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

25-E. Snacks at office

- a) Yes
- b) No

25-F. If yes, frequency of snacks in office

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

26. Does your work involve vigorous-intensity activity that causes large increases in breathing/heart rate for at least 10 min. continuously?

- a) Yes
- b) No

If yes;

26-A. In a typical week, on how many days do you do them? ____ days

26-B. In a typical week, how much time do you spend on them? ____ hr. ____ min.

27. Does your work involve *moderate-intensity* activity that causes small increases in breathing/heart rate for at least 10 min. continuously?

- a) Yes
- b) No

If yes;

27-A. In a typical week, on how many days do you do them? ____ day

27-B. In a typical week, how much time do you spend on them? ____ hr. ____ min.

28. Do you walk/cycle for at least 10 min. continuously for travelling?

- a) Yes
- b) No

If yes;

28-A. How many times a week do you do this? ____

28-B. How much time do you spend on this on one such day? ____hr. ____min.

- 29. Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increase in breathing/heart rate for at least 10 min. continuously? (running/outdoor sports)**

a) Yes

b) No

If yes;

29-A. In a typical week, on how many days do you do them? ____ day

29-B. In a typical week, how much time do you spend on them? ____hr. ____min.

- 30. Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause small increase in breathing/heart rate for at least 10 min. continuously? (Brisk walking/cycling/swimming)**

a) Yes

b) No

If yes;

30-A. In a typical week, on how many days do you do these activities? ____ day

30-B. In a typical week, how much time do you spend on them? ____hr. ____min.

- 31. How much time do you usually spend sitting on a typical day? ____hr. ____min.**

- 32. Have you ever had your Blood Pressure measured by a doctor/health worker?**

a) Yes

b) No

If yes;

32-A. When was the last time you had it measured?

a) During past year

b) Longer than a year back

32-B. Have you ever been told by a doctor/health worker that you have raised B.P./Hypertension? a) Yes b) No

If yes;

32-C. When were you told about it?

a) During past year

b) Longer than a year back

32-D. Are you currently receiving any of the following advice/treatments, as prescribed by a doctor/health worker?

- a) Drug (medication) that you are currently taking
- b) Advice to reduce salt intake
- c) Advice/treatment for losing weight
- d) Advice/treatment to stop smoking
- e) Advice/treatment to do more exercise

32-E. Have you ever sought treatment for it from traditional healer/alternative medicine/home remedies? a) Yes b) No

32-F. Are you currently taking traditional/home remedy for high blood pressure?

- a) Yes b) No

33. Have you ever had your Blood Sugar measured by a doctor/health worker?

- a) Yes b) No

If yes;

33-A. When was the last time you had it measured?

- a) During past year
- b) Longer than a year back

33-B. Have you ever been told by a doctor/health worker that you have raised Blood Sugar/Diabetes?

- a) Yes b) No

If yes;

33-C. When were you told about it?

- a) During past year
- b) Longer than a year back

33-D. Are you currently receiving any of the following advice/treatments for it, as prescribed by a doctor/health worker?

- a) Drug (medication) that you are currently taking
- b) Special prescribed diet
- c) Advice/treatment for losing weight
- d) Advice/treatment to stop smoking
- e) Advice/treatment to do more exercise

33-E. Have you ever sought treatment for Diabetes from traditional healers/alternative medicine/home remedies?

- a) Yes b) No

33-F. Are you currently taking traditional/home remedy for high blood sugar/Diabetes?

- a) Yes
- b) No

STEP 2 *Physical Measurements*

34. Height _____ cm

35. Weight _____ kg

36. Waist Circumference _____ cm

37. Hip Circumference _____ cm

38. Blood Pressure:	<i>Reading 1</i>	<i>Reading 2</i>	<i>Reading 3</i>
S.B.P.	____ mm Hg	____ mm Hg	____ mm Hg
D.B.P.	____ mm Hg	____ mm Hg	____ mm Hg

39. Heart Rate ____ bpm ____ mm Hg ____ mm Hg

PRESENTATION - 1

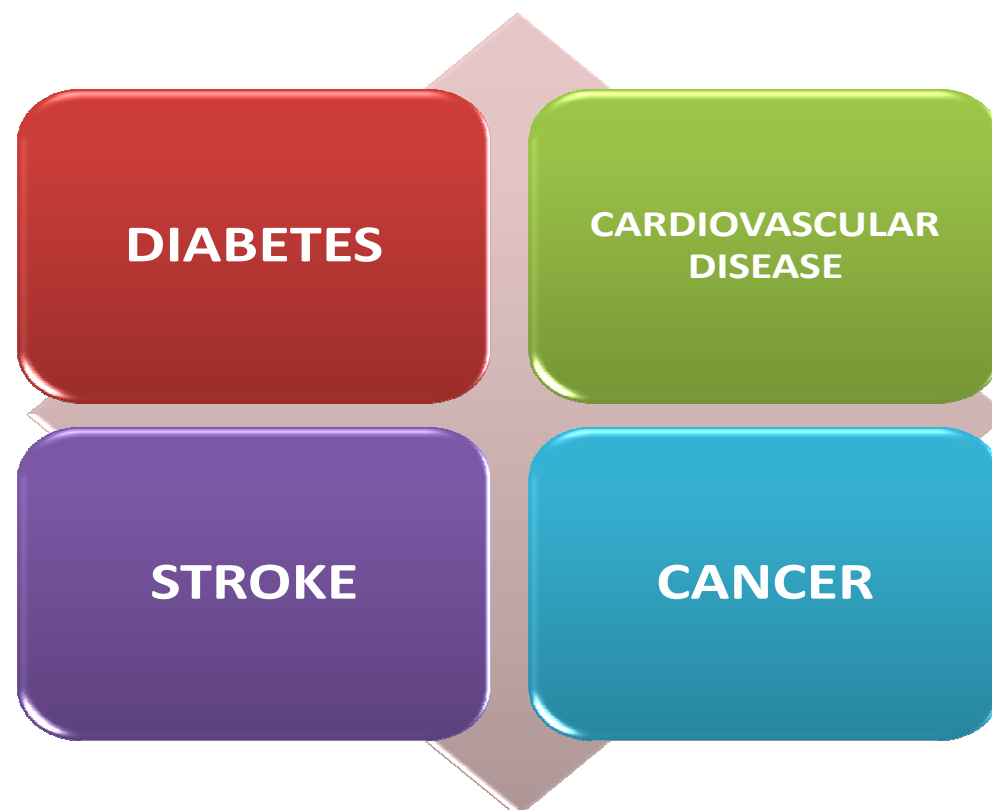
NON COMMUNICABLE DISEASES: DEFINITION & RISK FACTORS

OBESITY

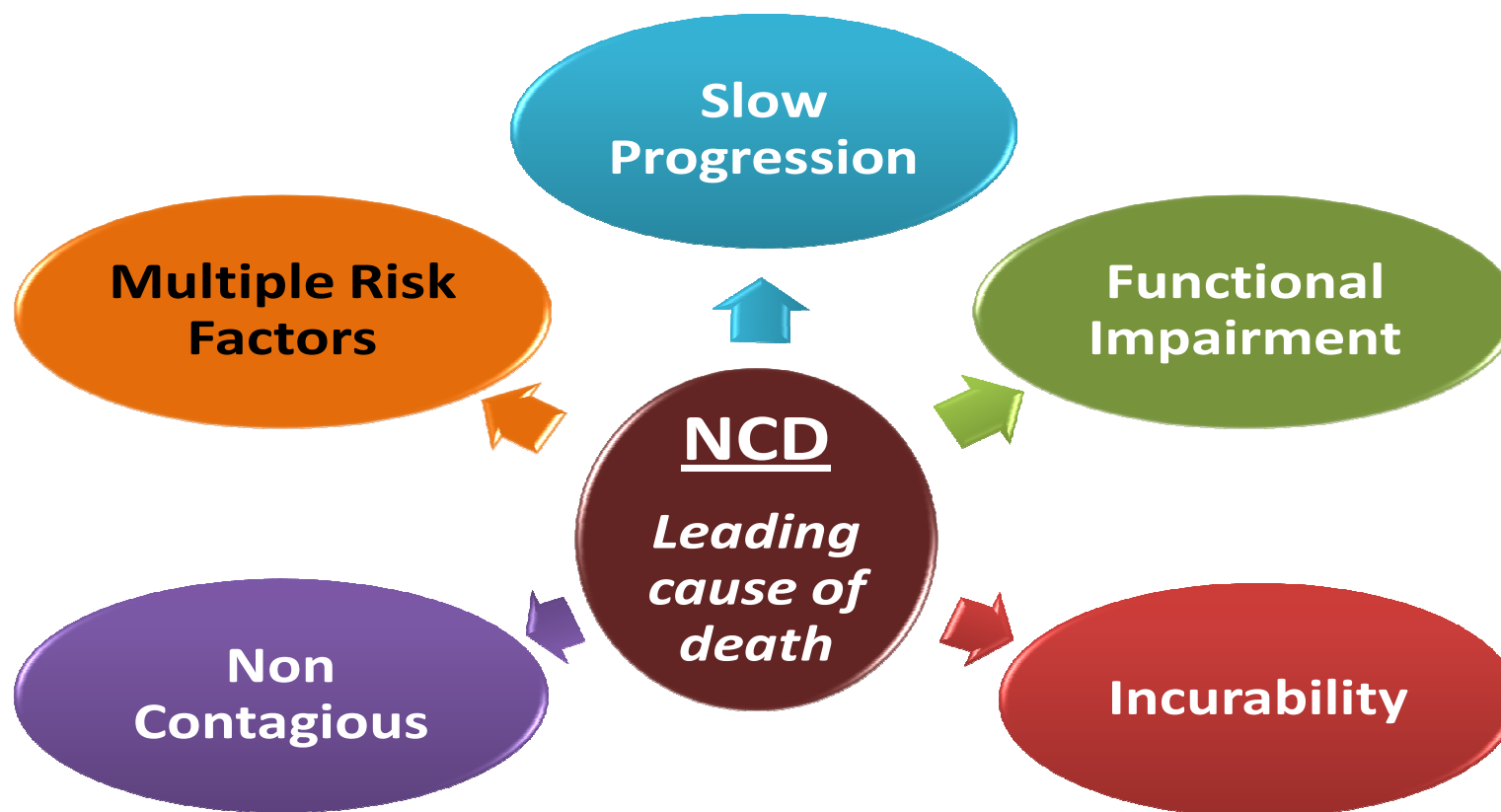
HYPERTENSION

HEALTHY DIET FOR PREVENTION & MANAGEMENT OF NCDs

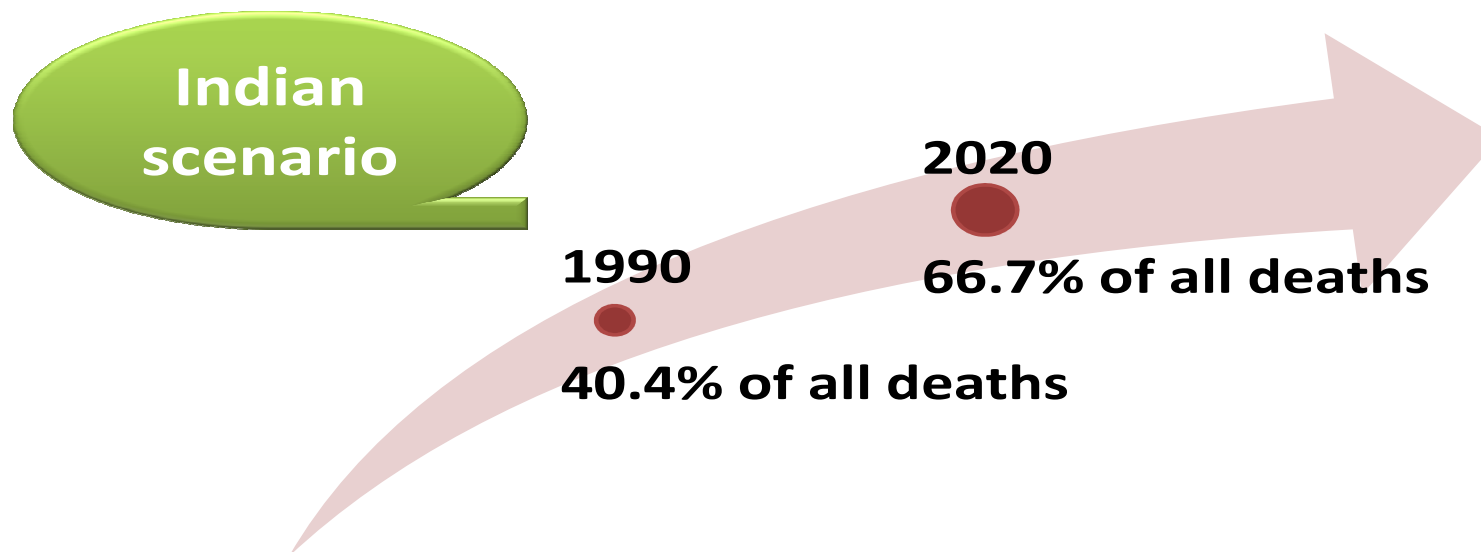
MAJOR NCDs - NON COMMUNICABLE DISEASES



NON COMMUNICABLE DISEASES



NCD - THE “NEGLECTED EPIDEMIC”



NCDs – RISK FACTORS

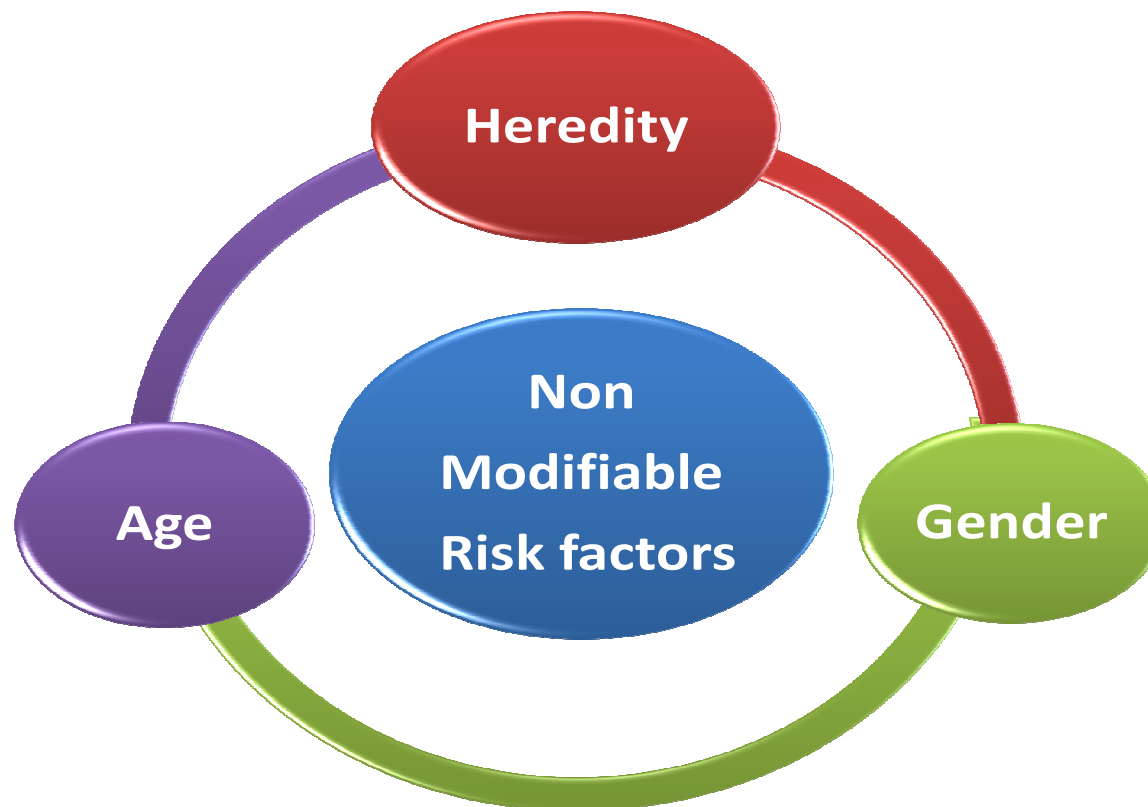
Risk Factors

**Presence of risk factors indicate that
you are at risk of developing NCDs**

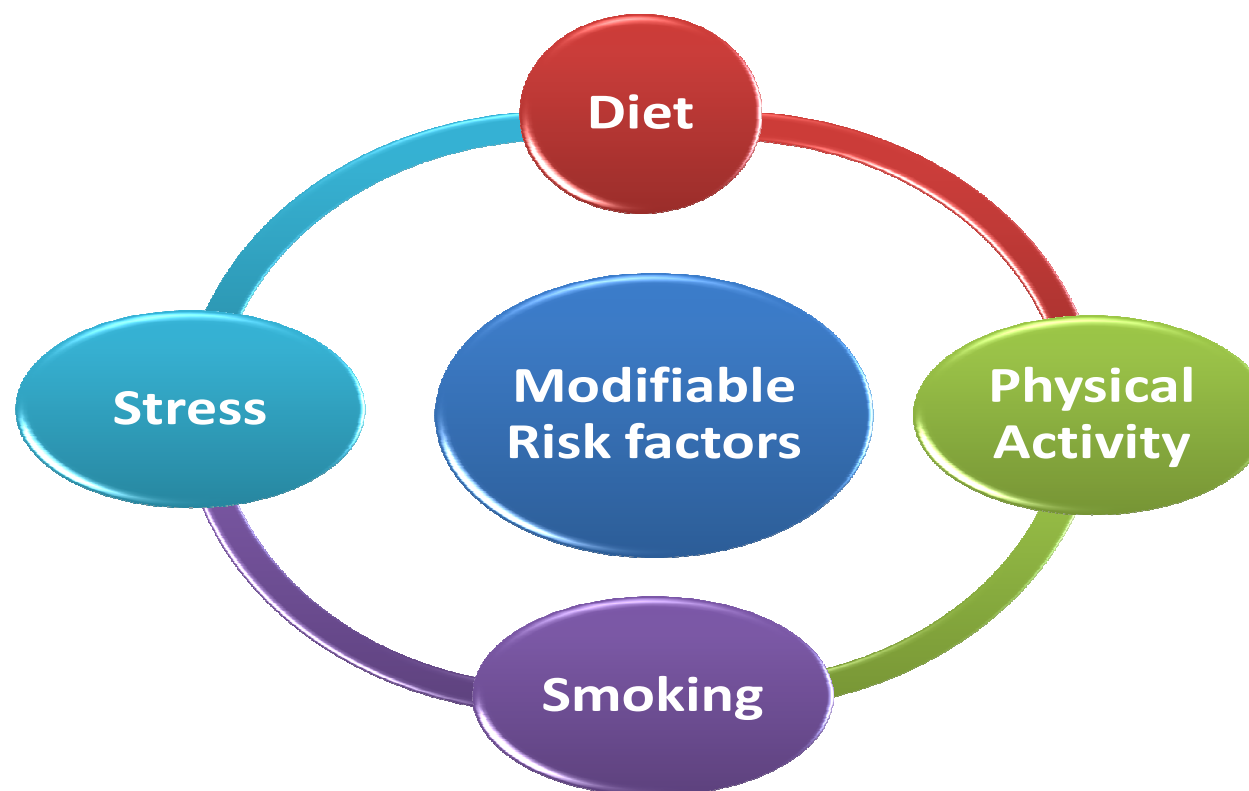
Non Modifiable Risk Factors

Modifiable Risk Factors

NCDs – RISK FACTORS



NCDs – RISK FACTORS



DIET

Shift from
home based to “convenience foods”



More
oil, sugar, sodium
in diet

Less fiber,
Vitamin, Minerals
in diet

Low
Fruit & Vegetable
intake

=

***Overweight, obesity,
High Blood Pressure, High Cholesterol***

DIET

**Oils, Butter, ghee,
cheese, sugar**

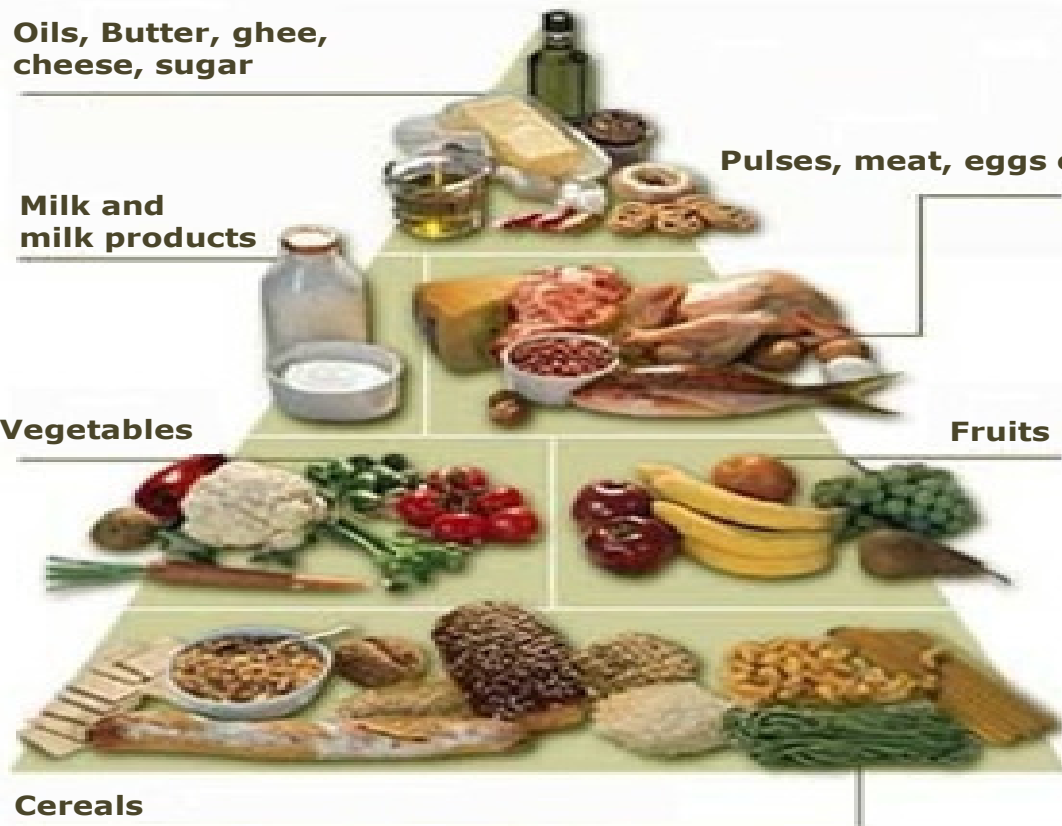
**Milk and
milk products**

Pulses, meat, eggs etc.

Vegetables

Fruits

Cereals



OBESITY

Overweight and Obesity
are defined as
abnormal/excessive fat
accumulation in the body that
presents a **risk to health.**

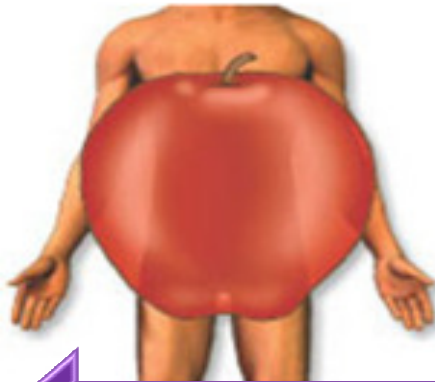


Body Mass Index

$$\text{BMI} = \text{wt (kg)} / \text{ht (m)}^2$$

BMI : 23-24.9 = overweight and ≥ 25 = obese

APPLE SHAPED / PEAR SHAPED BODY



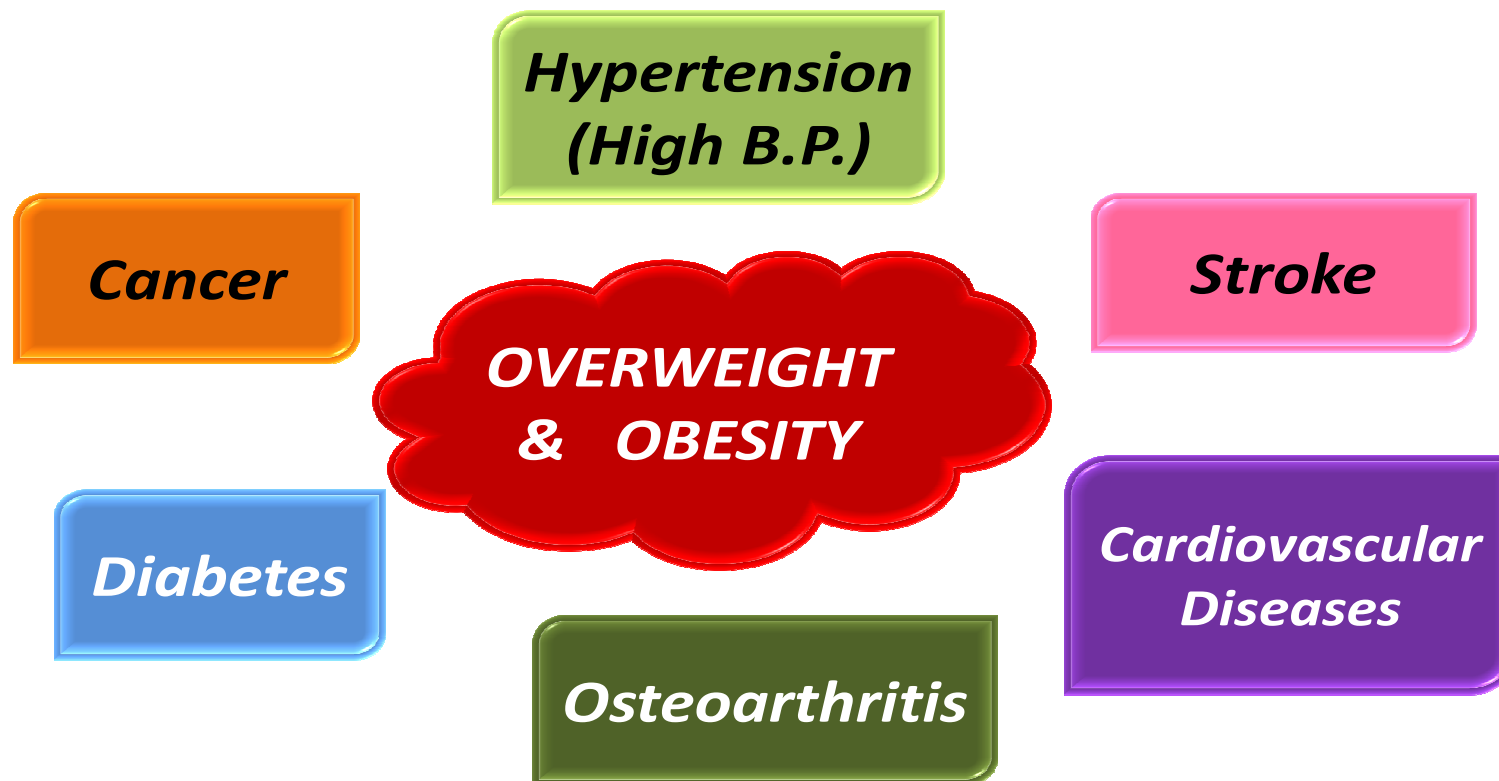
ANDROID OBESITY
*Deposition of fat around waist ;
"Apple shaped" fat distribution
Usually seen in men.*
ABDOMINAL OBESITY

← Ideal waist circumference ; Men:<90 cm, Women:<80 cm →

GYNOID OBESITY
*Deposition of fat in lower body ;
"Pear shaped" fat distribution.
Usually seen in women.*



OBESITY - MOTHER OF ALL DISEASES



PREVENTION / MANAGEMENT OF OVERWEIGHT, OBESITY



Physical Activity

USE FOOD TO LOSE WEIGHT

Helps in
Weight Loss

Helps in
lowering
Cholesterol

**Make your
meals
FIBER RICH**

Improves
Digestion

Helps in
maintaining
Blood Sugar



FIBER RICH FOODS



***Make fruits a
part of your
daily diet
(2 bowls/day)***



***At least
2 bowls/day
of veg.
(except potato)***



***Eat whole grain
cereals: bajra,
oats, whole
wheat flour***

QUICK TIPS: MAKE HEALTHY FOOD CHOICES



Brown Rice



White Rice



Brown Bread



White Bread



Multi grain flour



Wheat Flour



Fruit

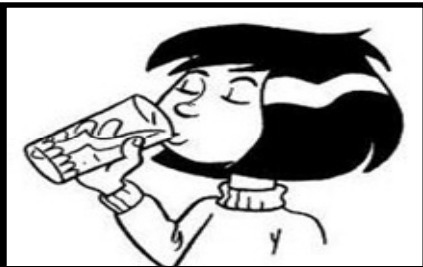


Fruit Juice

KEEP THESE AT A MINIMUM



QUICK TIPS WHEN EATING OUT



Drink a glass of cold water before starting your meal

Have a bowl of salad with each meal



Puri



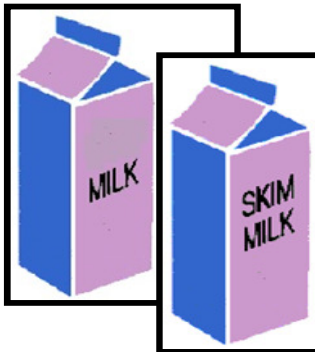
Roti / Paratha



Avoid having sweets more than once a month



QUICK TIPS



Use
skim
milk
instead
of whole
milk



Cut down on tea/coffee. This
will reduce your sugar intake

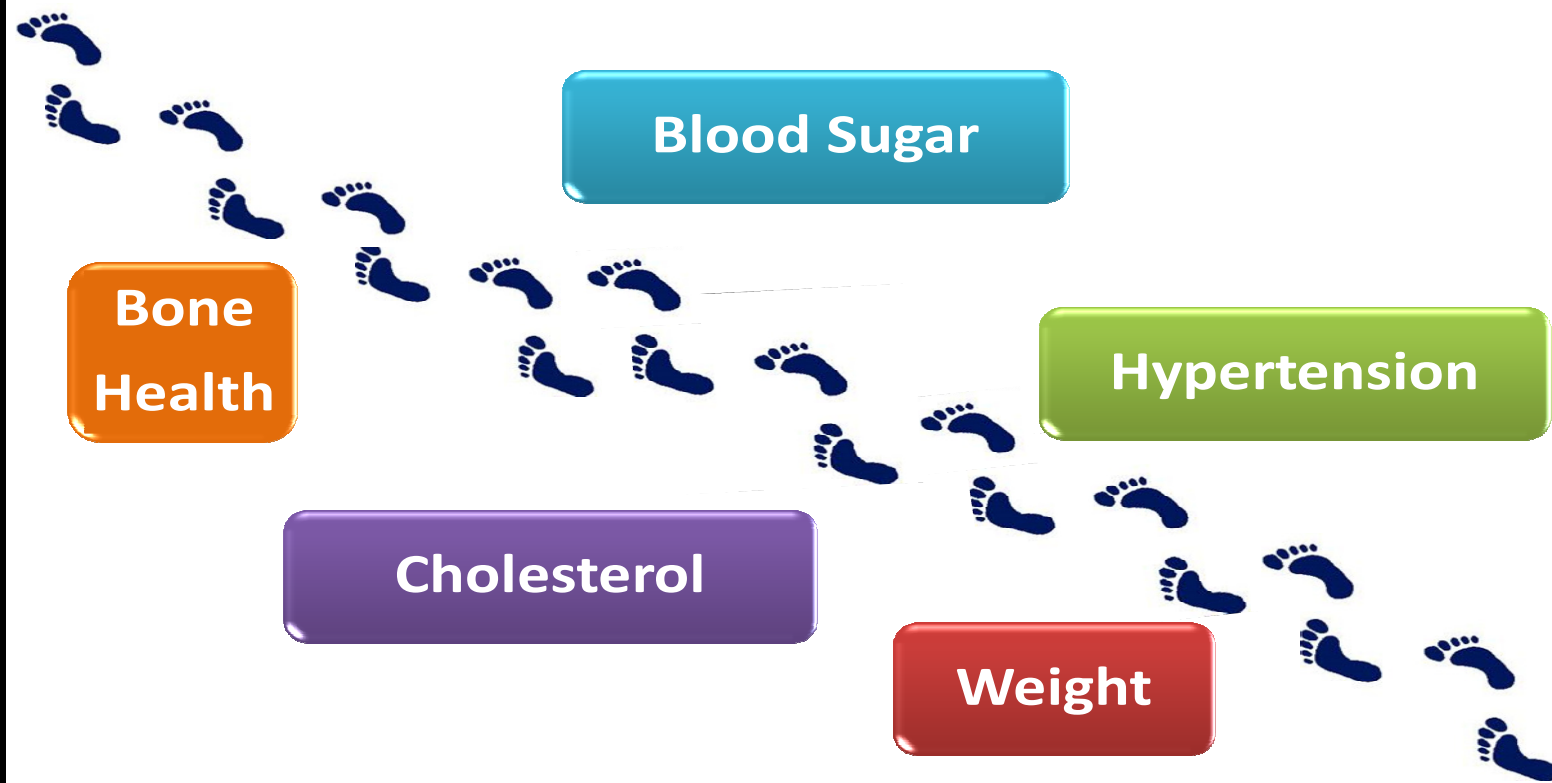


QUICK TIPS



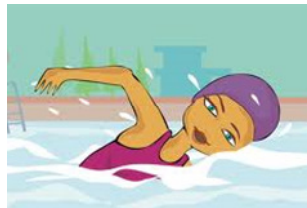
Prefer taking chutney, curd/chhas with food items like handva, muthia, dhokla, khichdi instead of eating them with oil/ghee.

BENEFITS OF REGULAR PHYSICAL ACTIVITY



TYPES OF PHYSICAL ACTIVITY

MODERATE INTENSITY ACTIVITY



VIGOROUS INTENSITY ACTIVITY



Fast Cycling



HOW MUCH PHYSICAL ACTIVITY SHOULD YOU DO ?

FOR WEIGHT MAINTAINENCE

150 min/week MIE OR

75 min/week VIE OR

Equivalent mix of MIE and VIE

At least 10 min At A Time



FOR WEIGHT LOSS

MIE for atleast 1 hour; 5 times a week OR

VIE for atleast 30 min; 5 times a week

COMMON PROBLEMS FACED IN WEIGHT MANAGEMENT

Plateau Effect

**Sustained
Weight loss efforts**

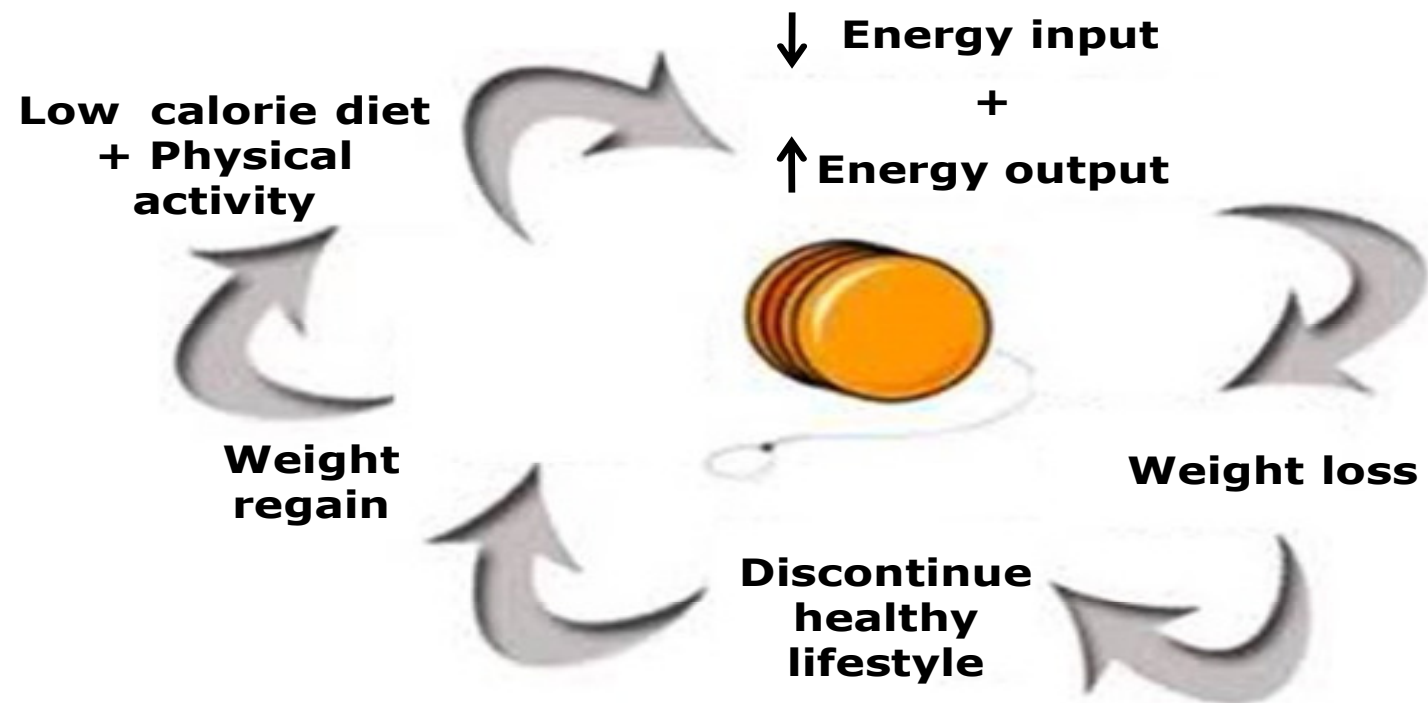
**Success in achieving
weight loss**

WEIGHT PLATEAU

**Increased
weight loss efforts**

**Continued
weight loss**

YO YO Effect



BLOOD PRESSURE



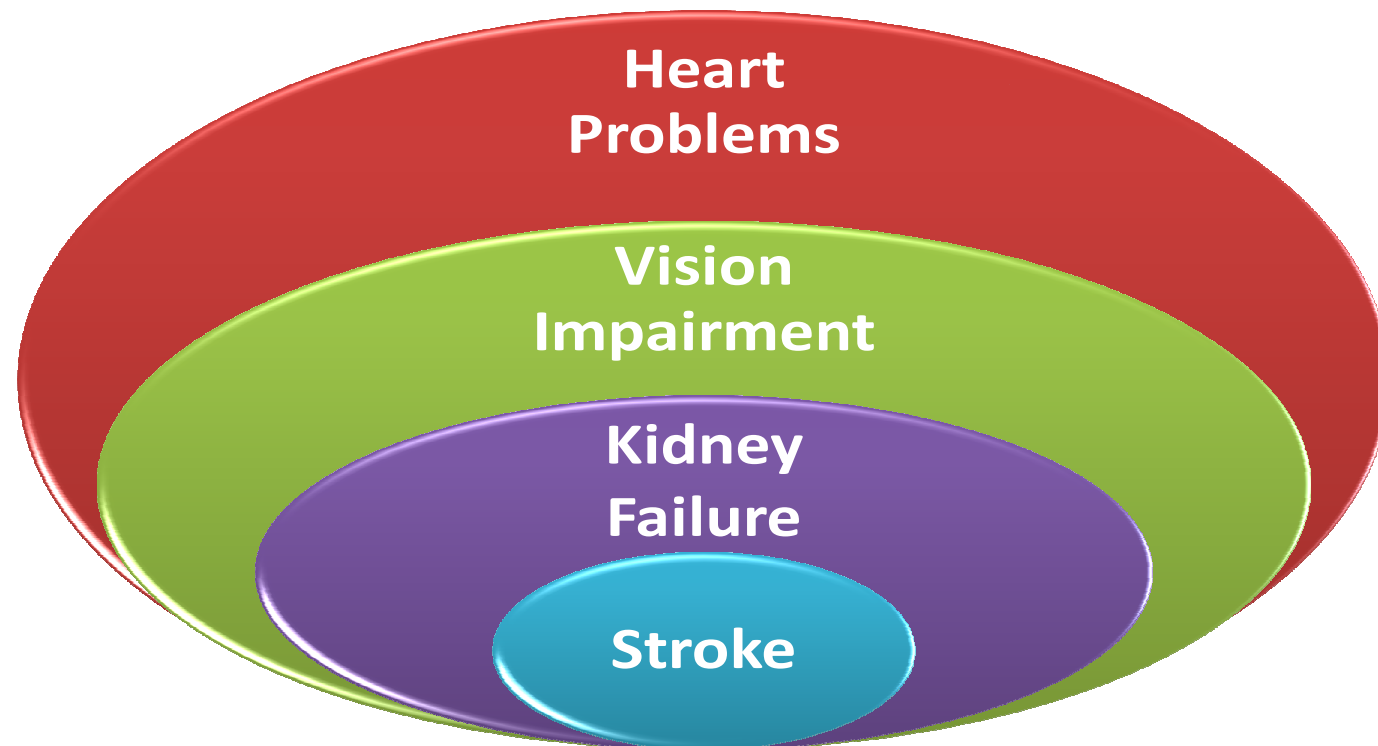
Pressure exerted
by blood

BLOOD PRESSURE

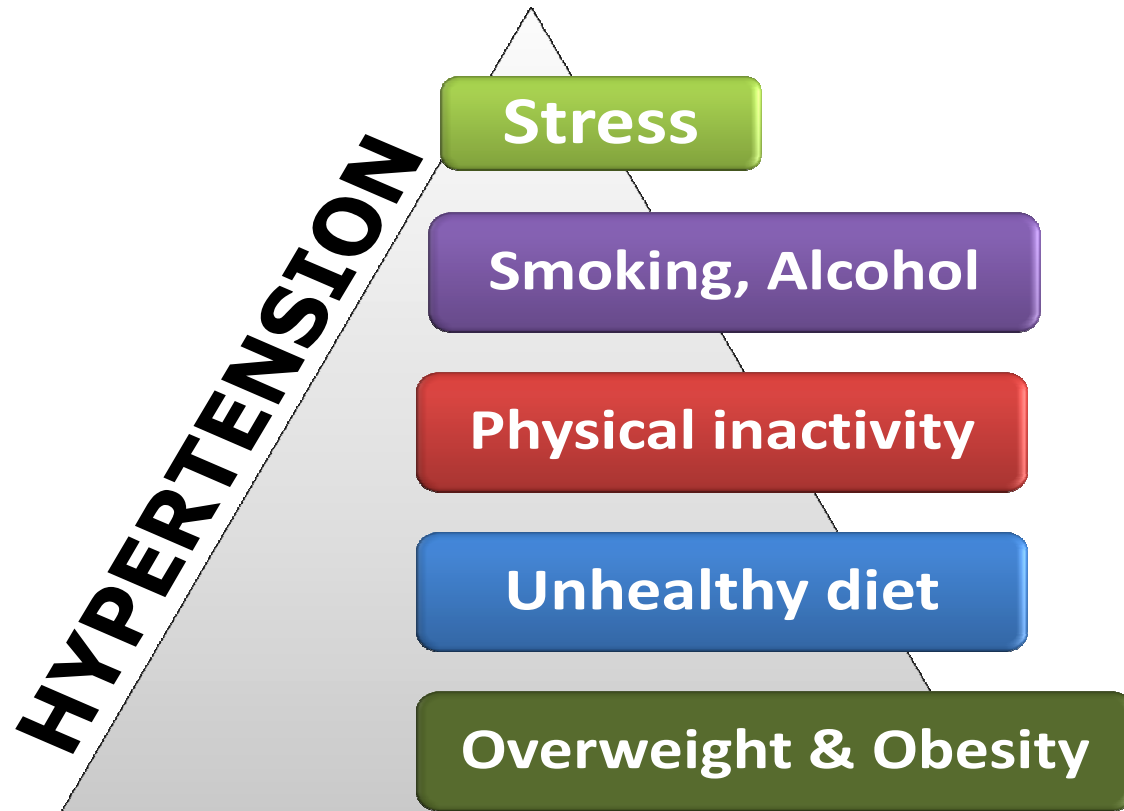


Systolic BP (mm Hg)	Diastolic BP (mm Hg)	Condition
<120	<80	Normal
120-139	80-89	Pre Hypertension
≥140	≥90	Hypertension

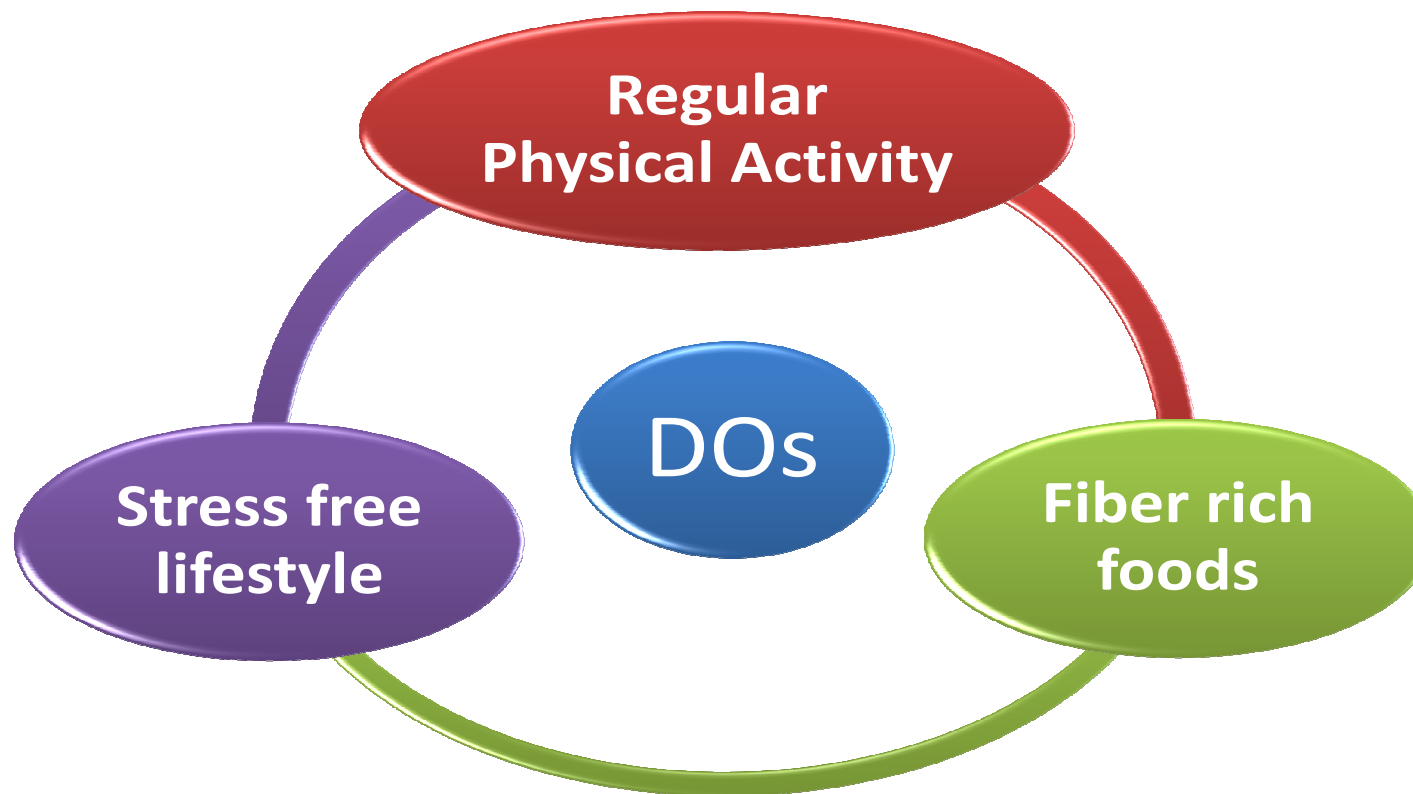
HYPERTENSION -THE SILENT KILLER



WHAT CAUSES HYPERTENSION ?



PREVENTING & MANAGING HYPERTENSION



PREVENTING & MANAGING HYPERTENSION



SODIUM INTAKE IN HYPERTENSION



Packaged
foods



Chutney,
Pickles,
Papad



Chinese
food
containing
MSG



Table salt

Sodium Rich Foods

THANK YOU

PRESENTATION - 2

DIABETES

HEART DISEASES

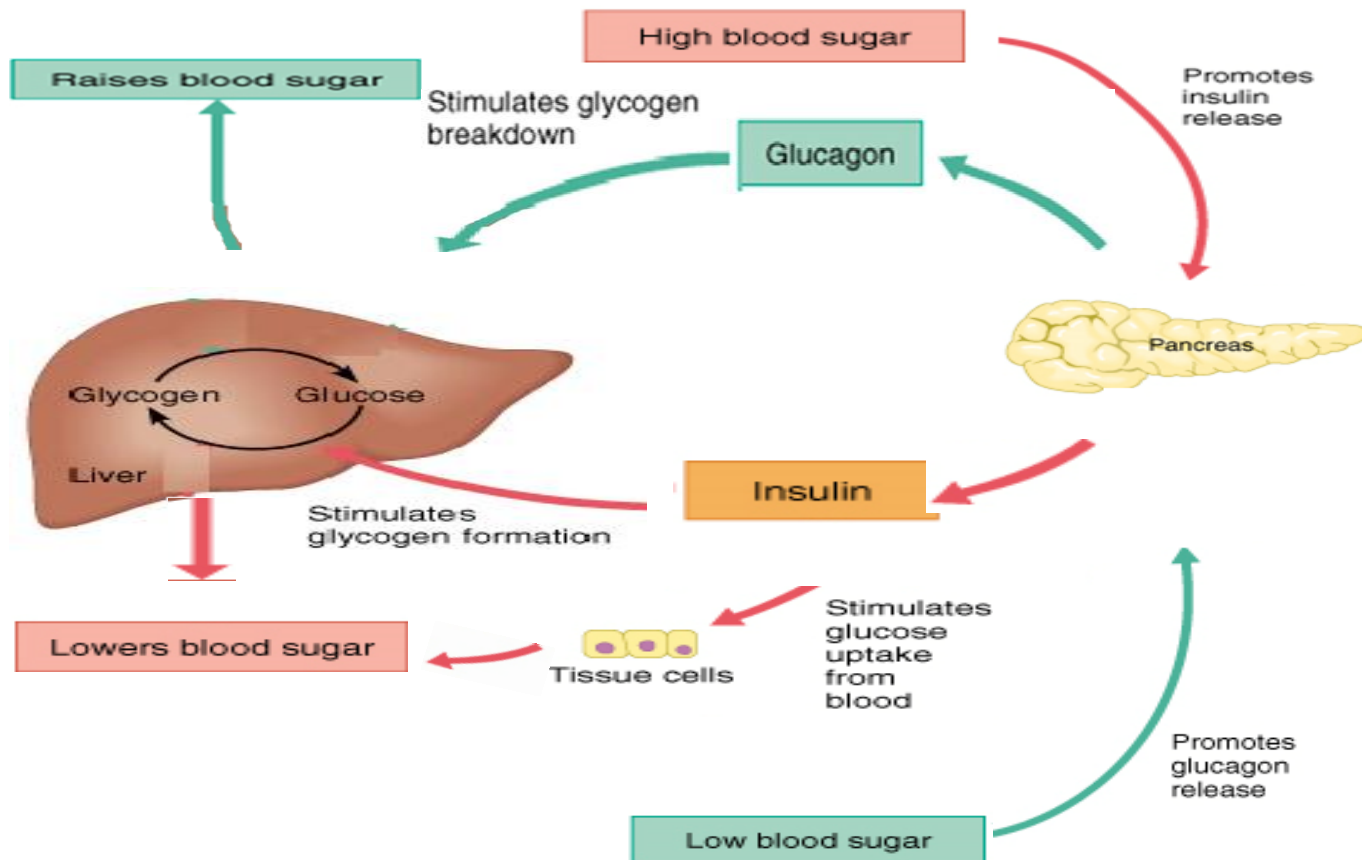
INDIA : DIABETES CAPITAL OF WORLD



**40 million diabetics
in India in 2006**

**Forecast:
80 million by 2030**

Blood Glucose Mechanism in the Body



TYPES OF DIABETES

Type 1 Diabetes

Occurs when the pancreas are unable to produce insulin in the body.

Type 2 Diabetes

Occurs when the body can produce insulin but the cells are unable to use it effectively.

In both cases, the result is an increased level of glucose in the blood also known as Hyperglycemia.

NORMAL & ELEVATED BLOOD SUGAR LEVELS

CONDITION	FASTING BLOOD SUGAR (mg/dl)	POST LUNCH (mg/dl)
Normal	70-100	<140
Pre Diabetes	100-125	140-199
Diabetes	≥126	≥200

SYMPTOMS

**Excessive
thirst**

**Frequent
urination**

**Increased
hunger**

**Delayed
wound healing**

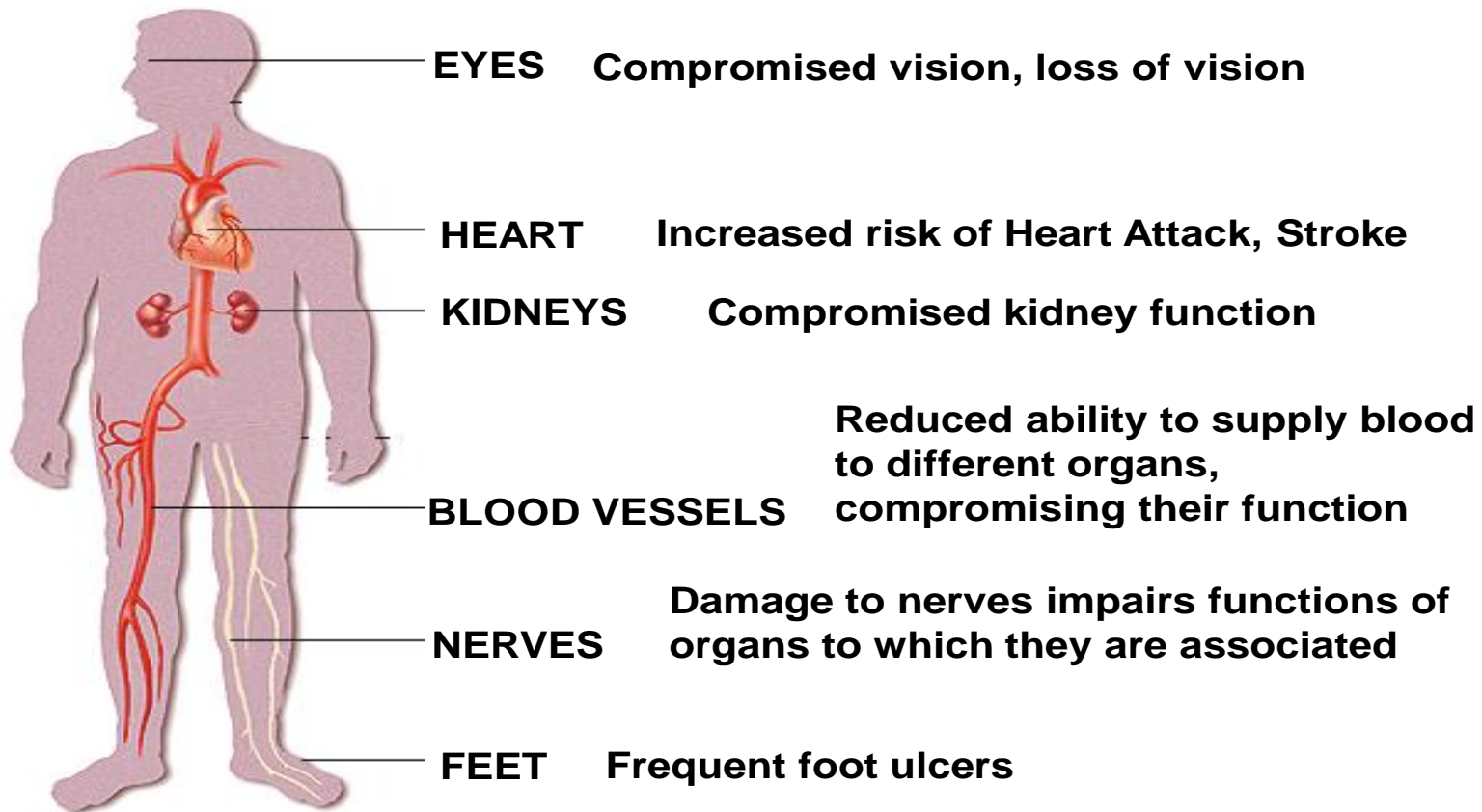
**Frequent skin
infections**

**Unexplained
weight loss**

Fatigue

**Vision
changes**

COMPLICATIONS



WHO IS AT RISK FOR DIABETES ?

**Age > 45 yr
old**

**Overweight,
Obesity**

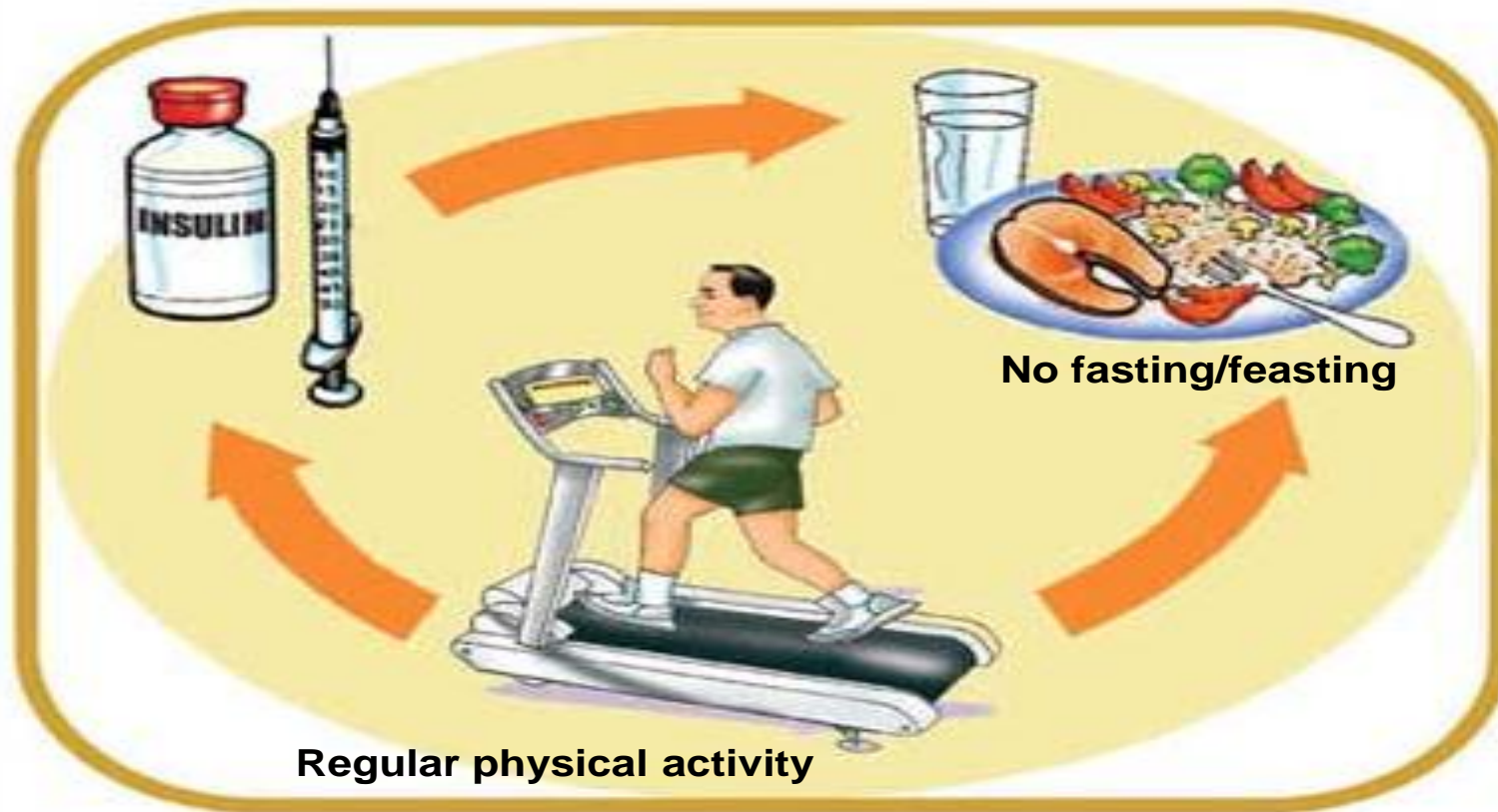
Heredity

**Heart
disease**

**Physically
inactive**

**High
cholesterol
levels**

MANAGEMENT



GLYCEMIC INDEX OF FOODS

Glycemic Index measures *how fast* and *how much* a food raises blood glucose levels

Low Glycemic Index $\leq 55\%$

Medium glycemic index 56-69%

High glycemic index $\geq 70\%$

High GI foods raise blood sugar rapidly and hence should be avoided by Diabetics

EFFECTS OF *HIGH & LOW GI* FOODS

↑ satiety
↓ hunger
↓ voluntary food intake



Low GI foods



High GI foods

↑ Insulin production
↑ Triglycerides
↑ Appetite
↓ HDL cholesterol

HIGH GI FOODS

Sweetened beverages

Soft drinks

White bread

Potato, sweet potato

Chocolates, Ice cream

Sweets, Desserts

All processed foods

LOW GI FOODS

Fruits

Vegetables

Whole grain products

Pulses & Legumes

Skimmed Milk

Skimmed Milk products

Low fat curd

CARDIOVASCULAR DISEASE (CVD)



Disorders of Heart

Heart disease, Stroke, Hypertension, Heart failure

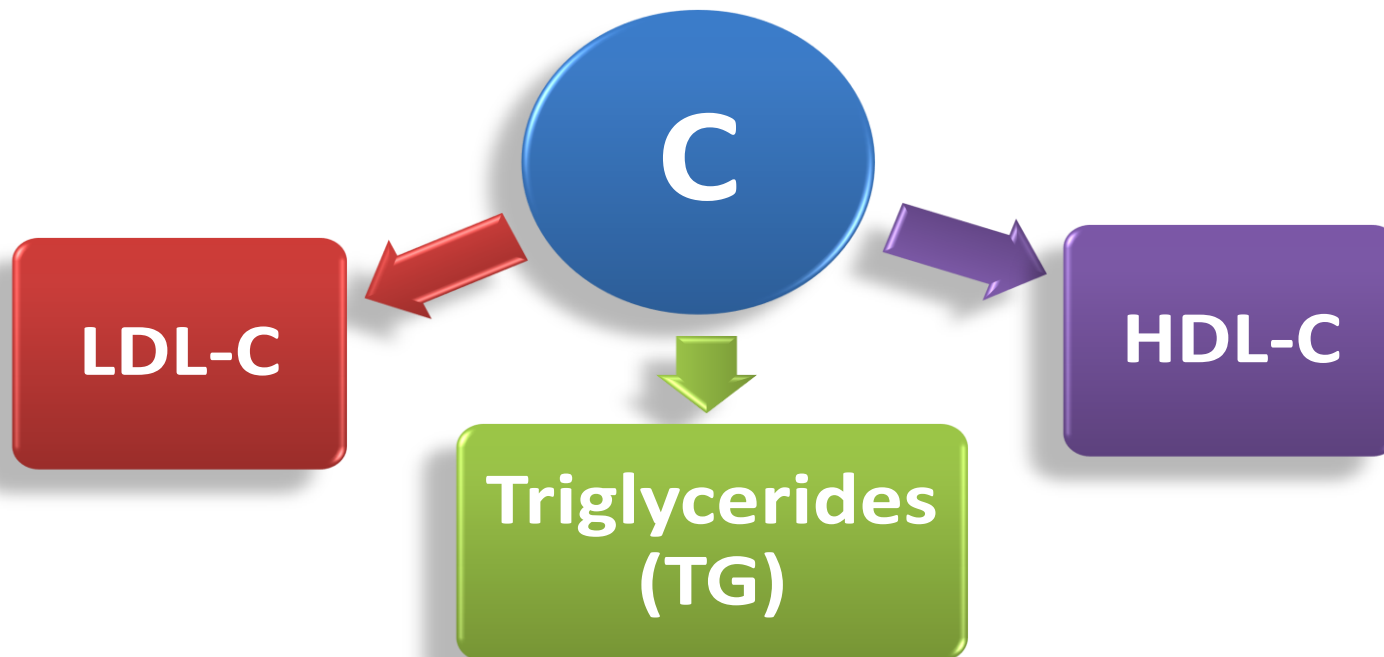
LEADING CAUSE OF DEATH IN THE WORLD

WHAT CAUSES CVD ?



DYSLIPIDEMIA

Abnormal Cholesterol Levels



CHOLESTEROL LEVELS

Category	Total Cholesterol (mg/dl)	LDL Cholesterol (mg/dl)	Triglycerides(TG) (mg/dl)
Normal	< 200	< 100	< 150
Borderline high	200 – 239	100-159	150-199
High	≥ 240	≥ 160	≥ 200

HDL Cholesterol

Men : 40-60 mg/dl

Women : 50-60 mg/dl

GOOD & BAD CHOLESTEROL



HDL-C

40-60 mg/dl (men)
50-60 mg/dl (women) =
Protect the heart

LDL-C

> 100 mg/dl =
High risk



WHERE DOES CHOLESTEROL COME FROM ?



Source 1. Animal foods



**Source 2. Cholesterol produced
in the body from the fats we
consume**

HEART –HEALTHY DIET



HEART –HEALTHY DIET



**High
Fiber**



**Low
Fat**



**Low
Sodium**



**Low
Sugar**

BAD & BETTER FATS IN OUR DIET



Saturated Fats & Trans Fats
BAD FATS

Solid @ room temp.

Mono & Poly Unsaturated Fats
BETTER FATS

Liquid @ room temp.





BAD FATS



Saturated Fats (SFA)

Raises 'Bad' Cholesterol
Increases risk of Heart Disease

Trans Fats

Raises 'Bad' Cholesterol
May lower 'Good' Cholesterol
Increases risk of Heart Disease

Examples In Foods

Coconut oil, Palm oil	Hydrogenated Vegetable Oil, Dalda
Egg yolk, Beef, Pork, Lamb, Poultry	French Fries, Puff, Samosa
Milk & milk products- Full Fat Milk, Ghee, Butter, Cheese	Bakery items- Cakes, Pastries, Biscuits
Dairy chocolate, Ice creams	Reused cooking oil



BETTER FATS



Monounsaturated Fats (MUFA)

Polyunsaturated Fats (PUFA)

Reduces 'Bad' Cholesterol and May lower risk of Heart Disease

Examples In Foods

Vegetable oils- Olive, Peanut, Rice Bran, Sesame	Vegetable Oils- Soybean, Corn, Sunflower
Nuts - Almonds, Peanuts	Nuts - Walnuts
Melon seeds	Sunflower seeds
	Fatty fish, fish oil

REDUCING RISK OF HEART PROBLEMS

Replace the
'Bad' Fats with **'Better'**
to reduce risk of Heart Disease.

Limit total fat intake

REDUCING RISK OF HEART ATTACK & STROKE



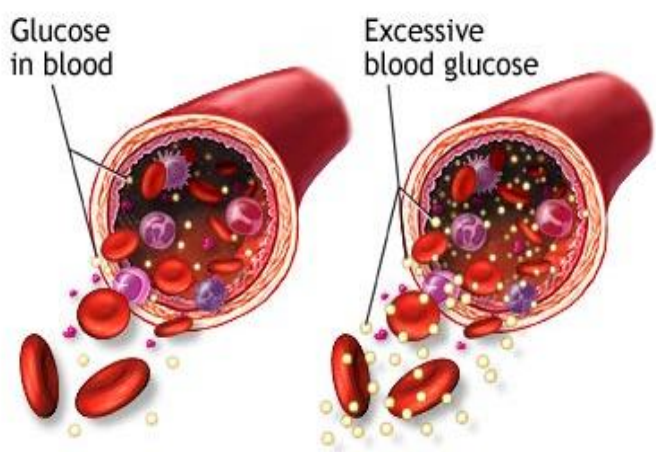
**Avoid direct
or indirect
smoke**



**Maintain normal weight, B.P.
Exercise regularly**



THANK YOU



DIABETES

A lifestyle disease in which there is excess glucose in blood.

Age > 45 yr

Heredity

Physical
inactivity

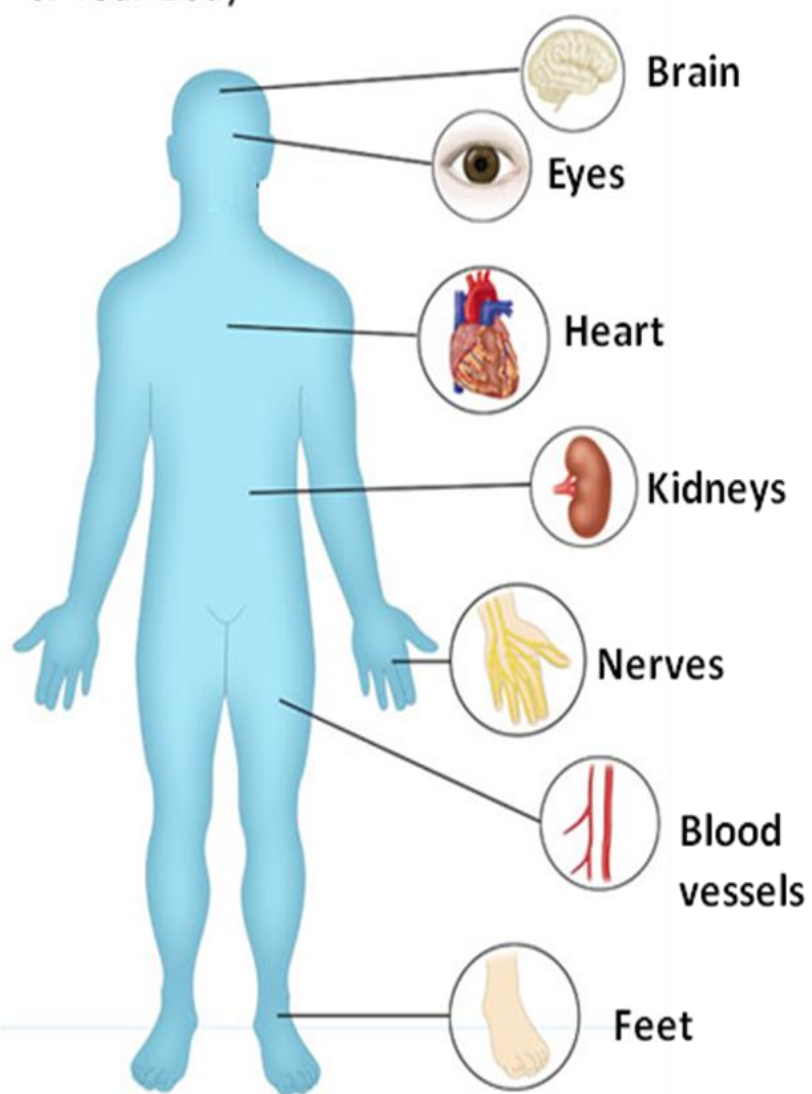
Overweight and Obesity

Heart disease

High cholesterol levels

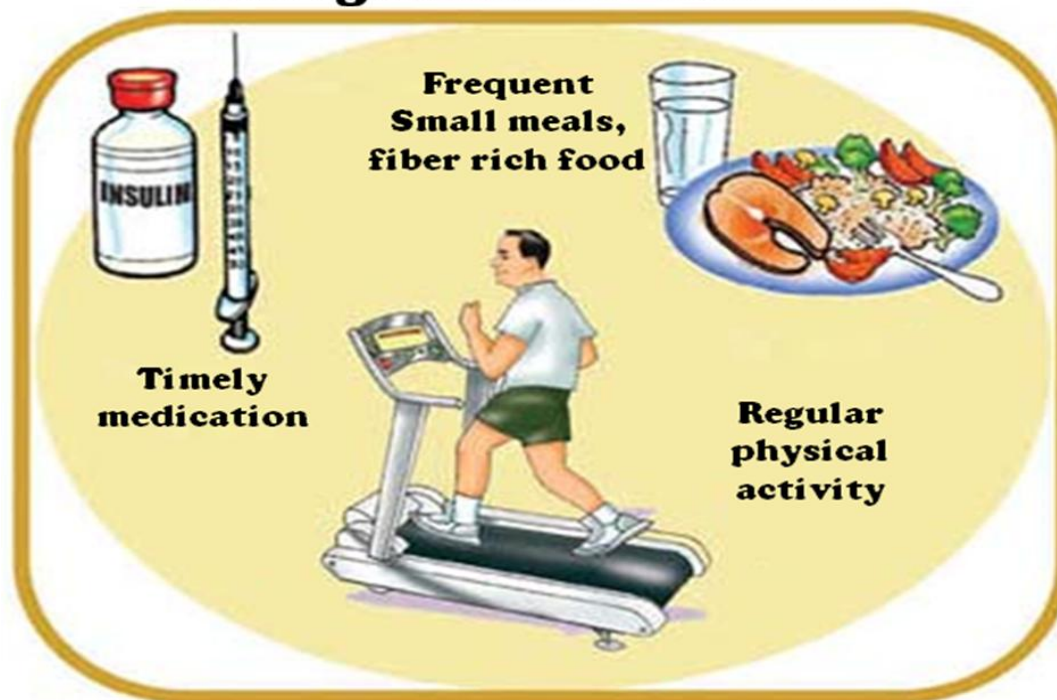
**Increase
a person's risk of
developing diabetes**

Diabetes Can Affect Various Parts
of Your Body



Condition	Fasting Blood Sugar (mg/dl)	Post Lunch (mg/dl)
Normal	70-100	<140
Pre Diabetes	100-125	140-199
Diabetes	≥126	≥200

Management of Diabetes



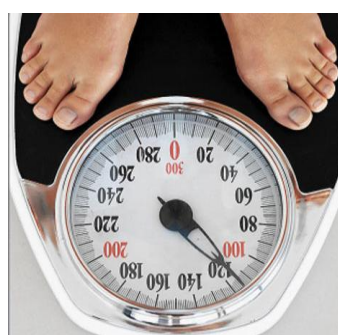
TO PREVENT DEVELOPMENT OF DIABETES:



Make
Healthy Food Choices



Burn off extra calories



Maintain
Healthy Weight



Avoid
Tobacco usage



Avoid
Alcohol



ADD COLOR TO YOUR DIET

Fruits provide Vitamins, Minerals & Fiber.

Fiber helps you to:

- **Maintain & Reduce your weight**
- **Keep Cholesterol & Blood Sugar in check**
- **Improve Digestion**



***Fruits & Vegetables
of different colors protect us
against
Heart Attack, Diabetes & Cancer***

Make fruits a part of your day.

***Ensure that you have
4-5 bowls of different
Fruits & Vegetables (except potato)
of your choice every day***



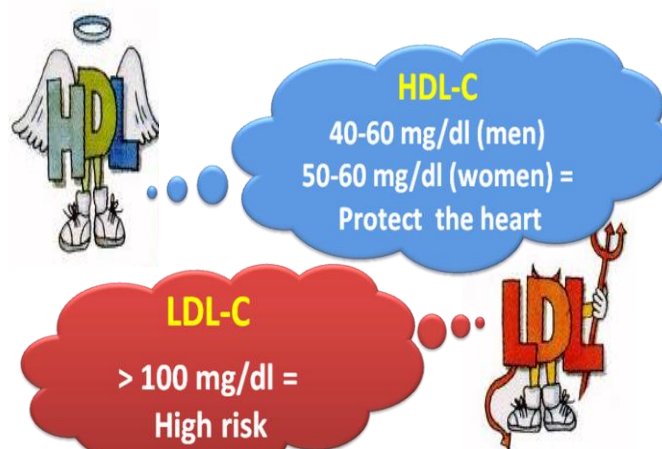


High Blood Pressure
High Cholesterol Level
Heart Attack
Stroke



Category	Total Cholesterol (mg/dl)	LDL Cholesterol (mg/dl)	Triglycerides(TG) (mg/dl)
Normal	< 200	< 100	< 150
Borderline high	200 – 239	100-159	150-199
High	≥ 240	≥ 160	≥ 200

HDL Cholesterol
Men : 40-60 mg/dl Women : 50-60 mg/dl



REPLACE BAD FATS WITH BETTER FATS

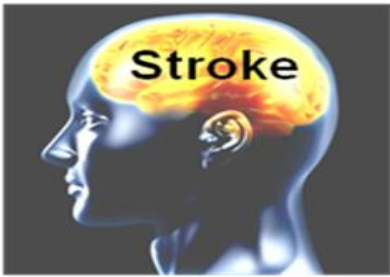
<i>BAD FATS</i>		<i>BETTER FATS</i>	
Saturated Fats (SFA)	Trans Fats	Monounsaturated Fats (MUFA)	Polyunsaturated Fats (PUFA)
Raises 'Bad' Cholesterol Increases risk of Heart Disease	Raises 'Bad' Cholesterol May lower 'Good' Cholesterol Increases risk of Heart Disease	Reduces 'Bad' Cholesterol and	May lower risk of Heart Disease
Examples In Foods		Examples In Foods	
Coconut oil, Palm oil	Hydrogenated Vegetable Oil, Dalda	Vegetable oils- Olive, Peanut, Rice Bran, Sesame	Vegetable Oils- Soybean, Corn, Sunflower
Egg yolk, Beef, Pork, Lamb, Poultry	French Fries, Puff, Samosa	Nuts - Almonds, Peanuts	Nuts - Walnuts
Milk & milk products- Full Fat Milk, Ghee, Butter, Cheese	Bakery items- Cakes, Pastries, Biscuits	Melon seeds	Sunflower seeds
Dairy chocolate, Ice creams	Reused cooking oil		Fatty fish, fish oil





High B.P. / Hypertension
is called the “Silent Killer”
Because, it often has no symptoms

If uncontrolled, in the long run
it may lead to
serious consequences such as :



Condition	Systolic BP (mm Hg)	Diastolic BP (mm Hg)
Normal	<120	<80
Pre Hypertension	120-139	80-89
Hypertension	≥140	≥90

So, get your blood pressure checked every 2/3 months.

To Prevent & Manage High Blood Pressure;

- **Maintain Normal Weight**
- **Be Physically Active**
- **Avoid smoking, Alcohol & Tobacco usage**
- **Ensure intake of at least 4 bowls of Fruits & Vegetables every day**
- **Be alert about your Sodium intake.**

SALT

Avoid frequent consumption of :

Use low salt alternatives

To reduce your total salt intake

Packaged foods-
Jams, Ketchup, Jellies, Wafers, Squashes etc.

Chutney, Pickles, Papad

Chinese food containing MSG (Ajinomoto)

Table salt-
Avoid adding salt to salad, curd, buttermilk etc.

Trushna Bhatt, Dr. Meenakshi Mehan, Dept. of Foods & Nutrition, M.S.U., Baroda



GET ACTIVE IN YOUR WAY; 30 MIN. EVERY DAY!!

**Any activity which increases
your heart beat is physical activity.**

You can break up the 30 min. into:

3 sessions of 10 min. each OR 2 sessions of 15 min. each

& FIGHT

Diabetes

**Overweight
& Obesity**

**High
Blood Pressure**

Cancer



**Heart
Problems**

Arthritis



***Be active for 30 min./day,
at least 5 days/week.***

***Get together with friends, family & kids
on weekends for a day of
fun and Outdoor games.***



***Choose activities that you enjoy & make
physical activity part of your daily routine.***

THE 3 PRINCIPLES OF HEALTH:

Right Diet Right Exercise Right Weight



Body Mass Index (BMI) = $\text{wt (kg)} / \text{ht (m}^2\text{)}$

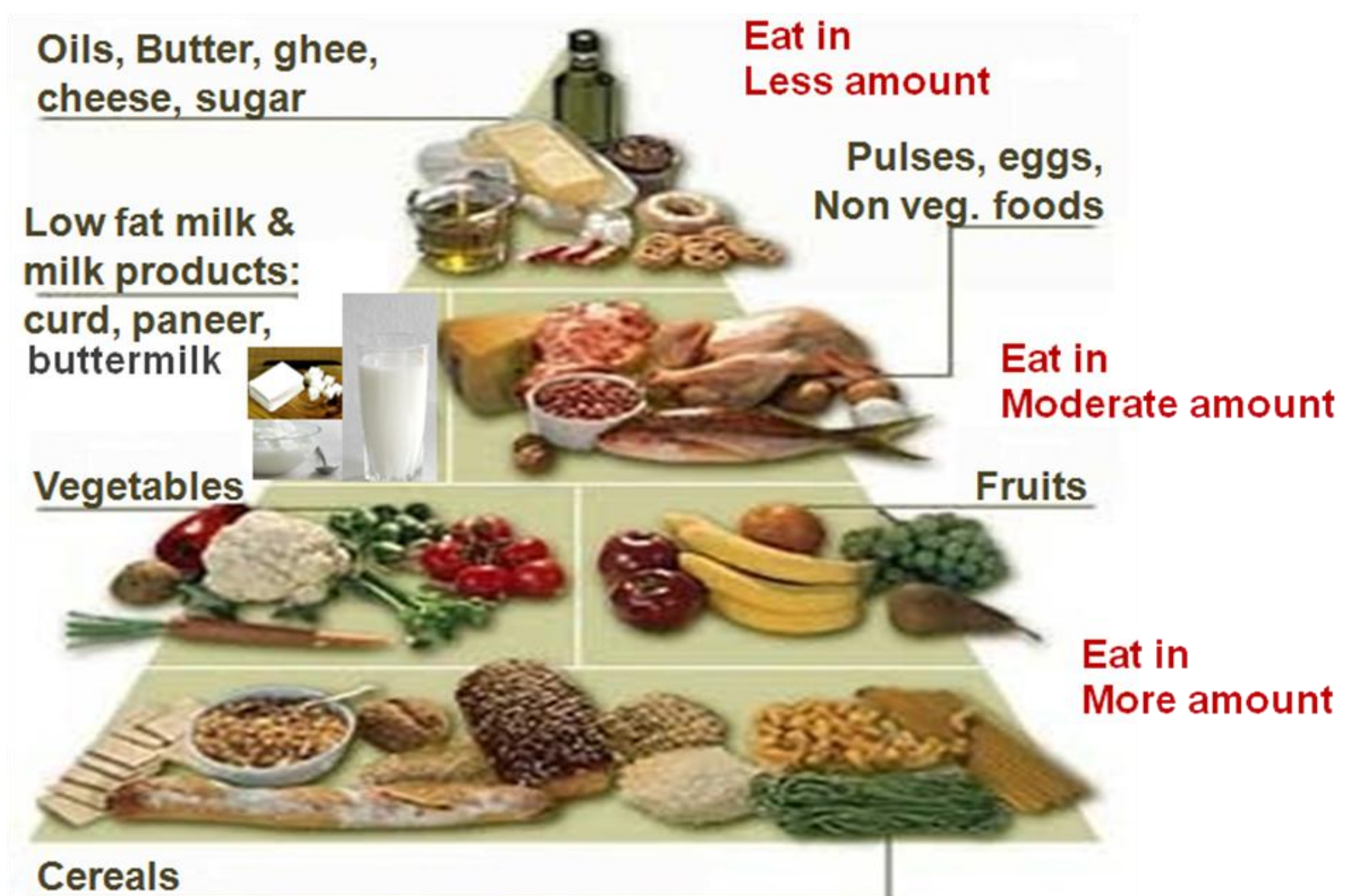
Underweight : <18.5 kg/ m²

Normal weight : 18.5 – 22.9 kg/m²

Overweight : 23-24.9 kg/ m²

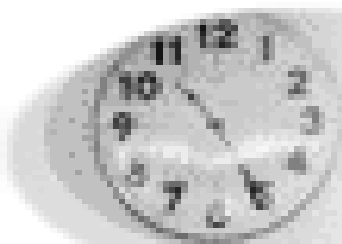
Obese : ≥ 25 kg/m²

FOOD GUIDE PYRAMID

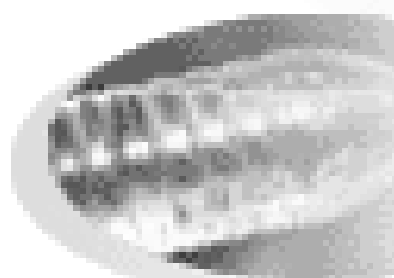


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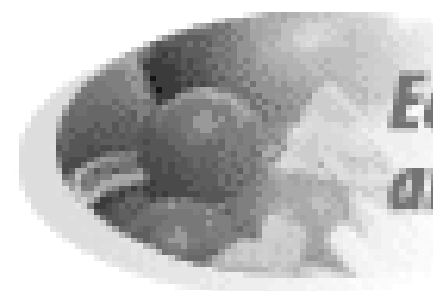
steps to a healthy lifestyle



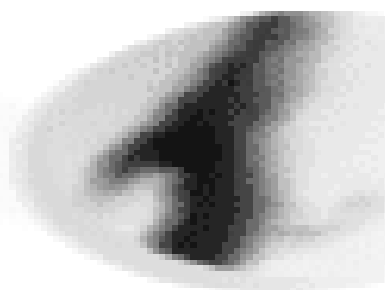
***Get active for an
hour or more
each day***



***Choose water
as a drink***



***Eat more fruit
and vegetables***



***Turn off the TV
or computer
and get active***

***Eat fewer snacks
and select healthier
alternatives***

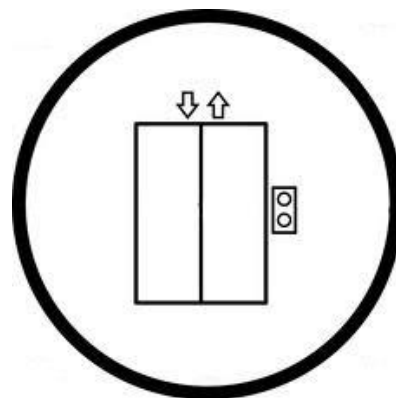




The A B C of Good Health



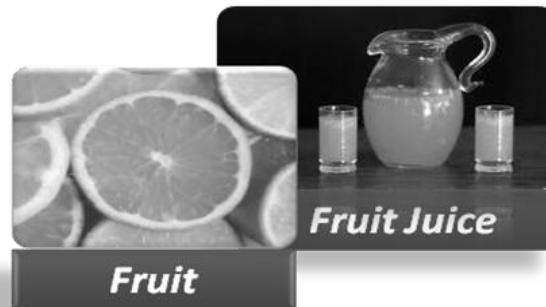
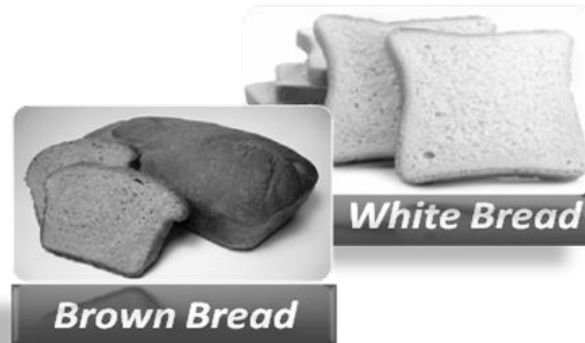
IF YOU NORMALLY	THEN TRY THIS INSTEAD ...
Park as close as possible to the place you are going shop/theatre/friends house/relatives place	Park farther away
Let your pet dog play on his own	Take the dog for a walk
Take the lift/escalator	Take the stairs
Have groceries/lunch/dinner delivered	Walk down to pick it up
Relax while your kids play	Join them
Plan for drive/movie with friends	Once in a while go for bike riding with friends
Use your vehicle for short distances	Walk down to the destination
Spend free time in office sitting/talking to colleagues	Use 10 min. breaks to do brisk walk in office area/garden



MAKE HEALTHY FOOD CHOICES

Prefer foods which give you *more fiber* and *less oil*.

Choose brown rice over white rice, brown bread/multigrain bread over white bread, roti/paratha over puri, multigrain flour over wheat flour and fruits over fruit juices.





**THERE IS
AN EASIER WAY
OF COMMITTING
SUICIDE.**

TRY SMOKING.

Public Smoking Is Against the Law
Passive Smoking Is Against Humanity





Protect children: don't make them breathe your smoke

SMOKING. PLEASURE FOR YOU.
POISON FOR YOUR FAMILY.



Issued in the interest of public health

QUIT SMOKING. NOW.

***Passive Smoking* is killing 600,000 yearly
third of them are children!***



Stop Public Smoking
If you have the right to smoke,
then it's my right to breathe fresh air

*Passive smoking is breathing in other people's cigarette, pipe or cigar smoke when you don't smoke yourself.

Find us on
facebook.

Stop Public Smoking

StopPublicSmoking.com

WALKING UP STAIRS

burns almost
5 times more
calories
than riding
an elevator.

A stylized purple silhouette of a person walking up stairs, positioned on the right side of the graphic. The person is in a dynamic pose, with one leg forward and arms slightly bent, suggesting movement. The stairs are represented by several horizontal lines of varying lengths, creating a sense of depth and ascent.

Move
MORE

WHEN
YOU GO UP

your blood
pressure
goes down.

Move
MORE



Didn't have time to exercise today?



Now is your chance . . . Take the **STAIRS**

Name: _____ Dept: _____ Date: / / 2011

KAP Questionnaire

- 1. Do you think it is important to maintain a normal weight, normal blood pressure, lipid profile and blood glucose levels?** a) Yes b) No

If yes; how important do you think it is to maintain:

1-A. Healthy weight

- a) Extremely important
- b) Somewhat Important
- c) Important

1-B. Healthy Blood pressure levels

- a) Extremely important
- b) Somewhat Important
- c) Important

I-C. Normal Cholesterol levels

- a) Extremely important
- b) Somewhat Important
- c) Important

I-D. Healthy Blood glucose levels

- a) Extremely important
- b) Somewhat Important
- c) Important

- 2. When was the last time you got your weight measured?**

- a) In past week
- b) In past month
- c) In last 6 months
- d) Before that
- e) Never

- 3. When was the last time you got your Blood Pressure measured?**

- a) In past week
- b) In past month
- c) In last 3 months

- d) In last 6 months
- e) Before that
- f) Never

4. When was the last time you got your Lipid profile measured?

- a) In past week
- b) In past month
- c) In last 3 months
- d) In last 6 months
- e) Before that
- f) Never

5. When was the last time you got your Blood Glucose measured?

- a) In past week
- b) In past month
- c) In last 3 months
- d) In last 6 months
- e) Before that
- f) Never

6. Have you ever tried to find out what should be your ideal body weight?

- a) Yes
- b) No

7. What should be your normal BMI? a) _____ b) Don't know

8. What should be your normal Blood pressure? a) _____ b) Don't know

9. What should be your normal blood glucose level? a) _____ b) Don't know

10. What should be your normal Cholesterol level? a) _____ b) Don't know

11. What is the formula to calculate BMI? a) _____ b) Don't know

12. In your opinion what is the cause of weight gain in adulthood?

- a) Increased use of vehicles for transport
- b) Desk job requiring very little physical activity
- c) More than 2 hours/day spent on TV viewing, computer usage & less involvement in outdoor games
- d) Eating out for more than 3 times/ week
- e) More availability of junk foods
- f) Any other. Please specify _____

- 13. Are you currently making any efforts to lose/maintain your weight?**
- a) Yes b) No
- 13-A. If no;**
- Do you feel the need to start making efforts for that?** a) Yes b) No
- 14. Are you currently making any efforts to decrease or maintain your B.P.?**
- a) Yes b) No
- 14-A. If no;**
- Do you feel the need to start making efforts for that?** a) Yes b) No
- 15. Are you currently making efforts to decrease/maintain your Blood Glucose levels?**
- a) Yes b) No
- 15-A. If no;**
- Do you feel the need to start making efforts for that?** a) Yes b) No
- 16. Are you currently making any efforts to decrease/maintain your Cholesterol levels?**
- a) Yes b) No
- 16-A. If no;**
- Do you feel the need to start making efforts for that?** a) Yes b) No
- 17. Do you increase your daily physical activity in small ways by :**
- 17-A. Climbing stairs instead of lift/escalator whenever possible?** a) Yes b) No
- 17-B. Walk to nearby destinations instead of taking vehicle?** a) Yes b) No
- 17-C. Spend free time in outdoor sports with friends/family instead of watching TV, going for movie, use computer?** a) Yes b) No
- 18. Do you think it will help if you practiced above mentioned behaviours?**
- a) Yes b) No
- 19. Are you taking tobacco in any form (paan, gutka, padiki, inhalation, cigarette etc.)?**
- a) Yes b) No
- 20. Tobacco is the leading cause of cancer; do you think it is important to avoid tobacco?** a) Yes b) No
- 21. If smoking, are you trying to reduce amount of cigarettes you smoke?**
- a) Yes b) No
- 22. Are you aware that if you are smoking while others are in the room or are nearby they are also exposed to harmful effects of smoking?** a) Yes b) No
- 23. Do you make sure that you smoke only when no one is around?** a) Yes b) No

24. According to you, of the following healthy practices, which of these practices are followed by you to decrease chances of developing diseases like High B.P, Diabetes, Heart Disease, Stroke and Cancer?

	Yes	No
Checking your weight & blood pressure regularly (once a month), lipid profile & blood sugar (once a year)		
Less intake of junk foods like pizzas, pastries, Indian Mithai, puffs & bakery products, fried foods including fried savories, aerated drinks, sugary syrups & squashes (not more than once a week)		
Taking at least 2-3 bowls of fruits & 2-3 cups of vegetables daily		
Prefer to eat whole grain foods rather than refined foods : Fruits instead of Fruit juice, Atta bread (Brown bread)/ Mix grain bread instead of maida bread, multi grain atta instead of wheat flour		
Avoiding use of Table salt, avoid eating packaged and processed foods, namkeens		
Engaging in at least 30 minutes of physical activity daily which slightly increases your heart rate when exercising		
Avoiding stress (by meditation, yoga etc.)		
Avoiding / quitting / reducing tobacco in any form (paan, gutka, padiki, inhalation, smoking etc.)		
If consuming alcohol, avoid binge drinking. Avoid taking more than 30 - 60 ml of alcohol/day		
Avoiding heavy meals & consuming small frequent meals instead		

Time:

- i

7-B. what was the amount consumed? _____ ml

7-C. How many standard alcoholic drinks did you have on a single occasion?

(For men > 5 drinks, For women > 4 drinks) _____

7-D. How often was it with meals?

- a) Usually
- b) Sometimes
- c) Never

8. What is your frequency of fruit consumption?

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

9. What is the amount of fruit you consume on one such day?

- a) < 100 gm
- b) 100-150 gm
- c) 150-200 gm
- d) > 200 gm

10. What is your frequency of vegetable (excluding potato) consumption?

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

11. What is the amount of veg. (excluding potato) you consume on one such day?

- a) < 100 gm
- b) 100-150 gm
- c) 150-200 gm
- d) > 200 gm

12. What is your frequency of eating out/meal not prepared at home?

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

13. With respect to the meal you consume during work hours;

13-A.Breakfast

- a) No breakfast
- b) At home
- c) At office

13-B.If having breakfast at office, what is the frequency of breakfast at office

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

13-C.Lunch

- a) Homemade
- b) Tiffin service
- c) Canteen
- d) Restaurant

13-D.Frequency of lunch from tiffin/canteen/restaurant(whichever applicable)

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

13-E. Snacks at office a) Yes b) No

13-F. If yes, frequency of snacks in office

- a) Daily
- b) 3-4/week
- c) 2/week
- d) Weekly
- e) Fortnightly
- f) Monthly
- g) Rarely (< 1 month)

14. Do you indulge in vigorous-intensity activity that causes large increases in breathing/heart rate for at least 10 min. continuously? a) Yes b) No

If yes;

14-A. In a typical week, on how many days do you do them? ____ days

14-B. In a typical week, how much time do you spend on them? ____ hr. ____ min.

15. Do you indulge in *moderate-intensity* activity that causes small increases in breathing/heart rate for at least 10 min. continuously? a) Yes b) No

If yes;

15-A. In a typical week, on how many days do you do them? ____ day

15-B. In a typical week, how much time do you spend on them? ____ hr. ____ min.

16. Do you walk/cycle for at least 10 min. continuously for travelling? a) Yes b) No

If yes;

16-A. How many times a week do you do this? ____

16-B. How much time do you spend on this on one such day? ____hr. ____min.

17. Have you started getting your Weight measured regularly by a doctor/health worker OR bought a machine for the same? a) Yes b) No

If yes;

17-A. How frequently do you measure it?

- a) Weekly
- b) Fortnightly
- c) Monthly
- d) Once every 6 months
- e) Less frequently

18. Have you started getting your Cholesterol measured regularly by a doctor/health worker? a) Yes b) No

If yes; 18-A. How frequently do you measure it?

- a) Monthly
- b) Once every 6 months
- c) Less frequently

- 19. Have you started getting your Blood Pressure measured regularly by a doctor/health worker OR bought a machine for the same?** a) Yes b) No

If yes;

19-A. How frequently do you measure it?

- a) Weekly
- b) Fortnightly
- c) Monthly
- d) Once every 6 months
- e) Less frequently

19-B. Have you ever been told by a doctor/health worker during the past 6 months that you have raised B.P./Hypertension? a) Yes b) No

19-C. Are you currently receiving any of the following advice/treatments, as prescribed by a doctor/health worker?

- a) Drug (medication) that you are currently taking
- b) Advice to reduce salt intake
- c) Advice/treatment for losing weight
- d) Advice/treatment to stop smoking
- e) Advice/treatment to exercise more

19-D. Are you currently taking traditional/home remedy for high blood pressure?

- a) Yes b) No

- 20. Have you started getting your Blood Sugar measured regularly by a doctor/health worker OR bought a machine for the same?** a) Yes b) No

20-A. Have you ever been told by a doctor/health worker during the past 6 months that you have raised Blood Sugar? a) Yes b) No

20-B. Are you currently receiving any of the following advice/treatments, as prescribed by a doctor/health worker?

- a) Drug (medication) that you are currently taking
- b) Special prescribed diet
- c) Advice/treatment for losing weight
- d) Advice/treatment to stop smoking

e) Advice/treatment to exercise more

20-C. Are you currently taking traditional/home remedy for high blood sugar?

a) Yes b) No

STEP 2 *Physical Measurements*

21. Height _____ cm

22. Weight _____ kg

23. Waist Circumference _____ cm

24. Hip Circumference _____ cm

25. Blood Pressure: *Reading 1* *Reading 2* *Reading 3*

S.B.P. _____ mm Hg _____ mm Hg _____ mm Hg

D.B.P. _____ mm Hg _____ mm Hg _____ mm Hg

26. Heart Rate _____ bpm _____ mm Hg _____ mm Hg

27. Did you go through the presentations sent to you by email? a) Yes b) No

28. Did you read the posters put up in the industry premises and table mats provided to you? a) Yes b) No

If yes;

28-A. Did you gain any new knowledge from it? a) Yes b) No

28-B. If yes, what?

28-C. Did you adopt any of the healthy behaviours recommended in the presentation? a) Yes b) No

28-D. If yes, what?

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- 2. Have you ever tried to find out what should be your ideal body weight?**

- a) Yes
- b) No

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- 4. What should be your normal Blood pressure?** a) _____ b) Don't know

- 5. What should be your normal blood glucose level?** a) _____ b) Don't know

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- f) Any other.

Please specify _____

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9-A. If no;

Do you feel the need to start making efforts for that? a) Yes b) No

10. Are you currently making any efforts to decrease or maintain your B.P.?

- a) Yes b) No

10-A. If no;

Do you feel the need to start making efforts for that? a) Yes b) No

11. Are you currently making efforts to decrease/maintain your Blood Glucose levels?

- a) Yes b) No

11-A. If no;

Do you feel the need to start making efforts for that? a) Yes b) No

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- a) Yes b) No

12-A. If no;

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