

Appendix – I

Information to participants and consent form

You are invited to take part in this research study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to participate in this study being conducted in the **Department of Foods and Nutrition, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara**, because you satisfy our eligibility criteria.

Purpose of this research:

Osteoporosis and Osteopenia are the common disorder characterized by low bone mass density. It usually presents with no visual symptoms unless a fracture occurs. It may start developing after the age of 35years. Osteoporosis and Osteopenia is caused by low calcium and vitamin D in daily diet. If not treated, the condition is known to lead to fragile bone and ease to fracture.

Treatment for this disease includes Supplementation of calcium and vitamin D tablets, life style modification.

Possible benefits to other people

The results of the research may provide benefits to the society in terms of advancement of medical knowledge and/or therapeutic guide lines and benefit to future patients with Osteoporosis and Osteopenia, [The sponsor of the research will also benefit from the results of study, if positive.], can help in national policy making for elderly people, evidence for modification in life style etc.

Patient consent form

I, _____, have read the information in this form. I was free to ask any questions and they have been answered. I am over 18 years of age and, exercising my free power of choice, hereby give my consent to be a part of this study entitled **“An investigation into Bone Material Density and its Correlation with calcium and vitamin D supplementation to the geriatric population of urban Vadodara: evaluation of dietary intake and impact of exercise on bone health”**; on a mutual agreement to obey the following:

1. I don't have any objection to give blood sample and take the calcium and vitamin D supplement if at all I take part in the intervention.
2. My identity will be kept confidential if my data are publicly presented.
3. I won't have any objection if the investigators publish the data obtained from me in scientific journal.

Name and signature of the participant:

Date:

Appendix – II/a

An investigation into Bone Material Density and its Correlation with calcium and vitamin D supplementation to the geriatric population of urban Vadodara: evaluation of dietary intake and impact of exercise on bone health.

Baseline Performa

A] General information/ socio-economic profile:

1. Subject ID: 2. Supplementation Group:
3. Identification Data of family (House No): _____
4. Date of Interview:
5. Name of Subject: _____
6. Address: _____

7. Phone no. _____
8. Date of Birth:
d d m m y y
9. Age in years:
10. Sex: Male (1) Female (2)
11. Marital status:
Married (1) Unmarried (2) Divorced (3) Widow/Widower (4)
12. Religion: Hindu (1) Muslim (2) Sikh (3) Others (4)
13. Occupation of the subject:
Self employed (1) Service (2) Retired (3) Semi skilled (4)
Unemployed (5) House bound (6)

Illiterate (1)	Primary (2)	Middle education (3)	High school (4)	
Graduate (5)	Post graduate (6)			

16. Total number of Family Members:

< 5 members	> 5 members	Distinctive features
(1)	(2)	(3)

18. Per capita income/ month (Rs):

--	--	--	--	--	--

20. Care giver of the subject:

B] Subject's Life style profile and other related factors:

Total inactive time spent: _____

22. Addiction Pattern/Habit:

- | | | | | | | |
|-----------------------|-------------|--------------|---------------|---------------------|--------------|--------------------------|
| a) Cigarette or bidi: | Past
(1) | Daily
(2) | Weekly
(3) | Occasionally
(4) | Never
(5) | ☐ |
| b) Alcohol: | Past
(1) | Daily
(2) | Weekly
(3) | Occasionally
(4) | Never
(5) | ☐ |
| c) Tobacco powder: | Past
(1) | Daily
(2) | Weekly
(3) | Occasionally
(4) | Never
(5) | ☐ |
| d) Snuff: | Past
(1) | Daily
(2) | Weekly
(3) | Occasionally
(4) | Never
(5) | ☐ |
| e) Tea/Coffee: | Past
(1) | Daily
(2) | Weekly
(3) | Occasionally
(4) | Never
(5) | ☐ |
| f) Any other: | Past
(1) | Daily
(2) | Weekly
(3) | Occasionally
(4) | Never
(5) | ☐ |

C] Subject's Anthropometric profile:

23. Weight (kg):

24. Height (cm):

25. BMI: _____ kg/m² (to be filled by the investigator)

Underweight (1)	Normal (2)	Overweight (3)	Obese (4)	☐
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26. Waist circumference: _____ cm

27. Hip circumference: _____ cm

28. Waist-hip ratio (WHR): _____	At risk (1)	Normal (2)	☐	(to be filled by the investigator)
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D] Subject's Health profile:

29. Knowledge about Osteoporosis:	Yes (1)	No (2)	☐
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30. Knowledge about Calcium and Vitamin D and its importance in diet:

Yes (1)	No (2)	☐
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31. Age at menopause: _____ years

32. Morbidity Status (during last 15 days):

--	--	--	--	--	--	--	--

Viral fever (1)	Other infections (2)	GI (3)	Aches (4)	
Circulatory (5)	Respiratory (6)	CNS (7)	Psychological (8)	None (9)

33. H/o Chronic Diseases:

--	--	--	--	--	--	--	--

Oral (1)	Respiratory (2)	GI (3)	Hepato-biliary (4)	Pancreatic (5)	Endocrinal (6)
Cardiovascular (7)	Genito-urinal (8)	Locomotors (9)	CNS (10)	None (11)	

34. Number of bone fracture: _____

35. Type of fracture: Hip Vertebral Wrist Others ☐

(1) (2) (3) (4)

36. Presence of Diabetes Mellitus: Yes No ☐

(1) (2)

E] Biochemical parameters:

37. Medicine taken: _____

38. Any previous test reports available (ultrasound, x-ray, blood): _____

39. Blood Ca level: _____ mg/ dl (to be filled by the investigator)

Severely Ca deficiency (1)	Moderately Ca deficiency (2)	<input style="width: 30px; height: 20px;" type="checkbox"/>
Mildly Ca deficiency (2) (4)	Normal	

40. Blood vitamin D level: _____ IU/ dl (to be filled by the investigator)

Severely VDD (1)	Moderately VDD (2)	Mild VDD (3)	Normal (4)	<input style="width: 30px; height: 20px;" type="checkbox"/>
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41. Bone Mass Density: _____ (mean T – score) (to be filled by the investigator)

Normal (1)	Osteopenia (2)	Osteoporosis (3)	<input style="width: 30px; height: 20px;" type="checkbox"/>
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42. Hemoglobin: _____ gm/ dl (to be filled by the investigator)

Severe	Moderately	Mildly	Not anaemic	☐
(1)	(2)	(3)	(4)	

43. Blood pressure: _____ mm/Hg. (to be filled by the investigator)

Low	Normal	High
(1)	(2)	(3)

Appendix – II/b

Đâ½ ÔêlâÓ ÑãÃê ÑããÚÊà àlê ÒĩÑãÈ ÍÝ

ÑêÛ ¼ÊÍÝ ®Ñãĩ»

ÍýâetÖâÚ»

×âêË »Êâô (áâê) (ÑçKÒ àlê ®ÑÖê »Ñ áêl ÖâÉãÊâÓ)

áâ Òĩ×âêËl áBÒâÖÑãĩ Đâ½ ÔêÖâ ÑãÃê ÈÑlê áãÑĩÝÇ Àê. áâ ÊsÊâÖêÁÑã áãlêÖâ ÑããÚÊà ÈÑlê Đâ½ ÔêÖâê »ê lãÚ Êê l»»ã »ÓÖâÑãĩ ÑÊÊ#Í É×ê. ÈÑlê »âêã ×i»ã áÉÖâ ÍýWlãê ÚâêÒ Êâê Òĩ×âêçê ÊêÀ×âê.

ÑÚâÓáÁâ ÖÒâ‘ÓâÖ ÒçãlÖÖâôÃã áâêl. ÍÓâêÁãlã Êê»lÃã áâêl ÊêÑãÖâ áênÁ »âemÒçlãÃã ÖâÒnÖâÖlã ÍçÁ áênÁ nÒçÃ÷ã×ãÒl ãÖĐâ½ ©ãÓâ áãÔâê‘È áâ áBÒâÖ ÑãÃê ÈÑlê Đâ½ ÔêÖâlçĩ »ÚêÖâÑãĩ áãÖê Àê »âÓÇ »ê ÈÑê lãçêlã ÖâÖ»âÊ ÒiÊâØâê Áâê.

1. áãsÉ ÍÊâÉôlã lãçã ÊlÊã Öâê lãêl ÑãÖ ÁênÖâÃã lçĩ àlÊãl

2. éiÑÓ Éã ÖØôlã Öççê

áâ Òĩ×âêËlãê ÚêÊç ð

áãsÃãããê lãêÓâêÖâÖ àlê áãsÃãlãêÖêlããã áê áãsÉ ÍÊâÉôlã lãçã ÊlÊãlã ÔÜÇÖâÚã ÖâÑãnÒ lãÑãÓã Àê. áãsÉ Đĩ½ (ÊêçÓ) lã ÉâÒ tÒãĩ ÖçÊã ÖâÑãnÒ Íçê áãlã ÔÜÇãê Êê¼ãÊã lÊã. 35 ÖØôlã éiÑÓ lãã áãlã ×#ããÊ ÊÊã ÚâêÒ áêÖç lÊê. Óâê‘iÊã ¼âêÓâ»Ñãĩ »elÖâÖÑ àlê ÖãÃãÑãl Áã lã éçãlã »âÓÇê áãsÃãããê lãêÓâÖâÖ àlê áãsÃãããê lÊãããã ÊâÒ Àê. ÖâÓÖâÓ l »ÓÖâÑãĩ áãÖê Êêê áãsÉÊĩÝ lãÁ Éã ÁãÒ àlê áãsÉĐĩ½ (ÊêçÓ) ÖÜêÖããÊã Éã ÁãÒ áêÖâ lãÓãsÊÊã éĐã ÊâÒ Àê.

átÖâÓê áãlã ÖâÓÖâÓ ÈÓã»ê »elÖâÖÑ àlê ÖãÃãÑãl Áã lã ÖÊâÓãlã lÊÓÖÇã àlê ÖÖâÚÑĩÝlê ÖãÑêÖ »ÓÖâÑãĩ áãÖê Àê.

áÑê áã ÑãÃê ãnsÃ÷ãÃÖç×lÖ áêÊã»Ö »ãÑãÃ (ÍçÁÖ áênÁ nÒçÃ÷ã×i ãÖĐâ½, Êê»lÃã áâêl ÊêÑãÖâ áênÁ »âemÒçlãÃã ÖâÒnÖâÖ, ÑÚâÓáÁâ ÖÒâ‘ÓâÖ ÒçãlÖÖâôÃã áâêl ÍÓâêÁã, ÖÃãêÊÓã) lã ÍÓÖãl½ã ÑêÛÖêÖã Àê.

lãÁã Óâê»âêlê lãÒÊãlã ×»ÒÊã ð

áá Öi×áëÈÌÌà ÍáÓÇâÑîíÉä ÖÑîÁÁìë ã¿ã»tÔâ ãÖpâìÌà Íý½ãÈÌà ÔâĐ ÑÛä ×»ë áìë / áÉÔâ ááëšÁáááëÍáëÓáëÖâÖ áìë ááëšÁáááëÍéÌà¼àÌà ĐâÖë ÊÊâôááëìë ÖËÇ ÖâÓä ÖâÓÔâÓ ÑÛä ×»ë.

ÊÓÊäöìçì ÖiÑîÈ ÍÝ

áBÒâÖìçì ã×Øð» ð ááëÉ ¼ÌàÁ ÈÌÊâ – ÍáëÁ ÑàìÓÔ ÂëñÖâÃä (BMD) Ñâì ÍëÓÍáÓÌà ãÌàÑÈ ÈÓä»ë »ëšÔâÒÑ áìë ÖâÃâÑàì Áä Ìà ÍëÓÔÇàÌà áÖÓ ÁëÔâ ÚâÃ»áìë Ô½Èä ÌâÑâÓáááëÌà ÖiÊĐôÑâì ÖÁáëÊÓáÌà ×ÚëÓä ãÖšÈâÓÌâì ÑâëÃä éíÑÓÌà Ôâë»áëÌà ‘Öì¿âô,, ÍáëØÇÛÑ ãšÉäÈ áìë áâÚâÓ ÖÔÇ áí½ëÌäë áë» áBÒâÖ

Đâ½ ÔëÌâÓìçì ÌâÑ ð

ÑÇKÒ Öi×áëÈ»Ìç ÌâÑ ð Áâô. »áëÑÖ ¿âìÚâÇ

ÖišÉâìçì ÌâÑ ð ÍÇÁ áëñÁ ñÒÇÃ÷ã×Ì ãÖĐâ½, Íë»ÌÃä ááëÍ ÍëÑâÔâ áëñÁ »âëmÒçÌäÃä ÖâÒñÖâÖ, ÑÛâÓâÁâ ÖÔâ‘ÓâÖ ÖÇâìÖÔâôÃä ááëÍ ÍÓáëÃä, ÖÁáëÊÓâ.

ÖÚâÒ» (ÍâÚáë áâÌÌâÓâ ÖišÉááë Ìà ÌâÑ áìë ÖÓÌâÑâ) ð

ÑâäÚÈ½âÓÌà ÖiÑîÈÌà ÌáëíÈ

Ñëì. _____ áâ ÍÝ»Ñâì ááíëÔâ ÑâäÚÈä Öâì¿ä Àë Ñìë »áëã ÍÇ ÍýWÌ ÍëÀÖâÌà ÀëÃ ÚÈä áìë áëÌà ÁÖâÌäë ÑLÒâ Àë ÑâÓä éíÑÓ 18 ÖØôÉä éÍÓ Àë. áìë ÍÖiÈ½ä »ÓÔâÌà ÑâÓâ ÑÇÊÈ ááë»âÓÌäë éÍÔáë½ »Óâìë áâ éÍÓ ÍÊâÖëÔâ ã×Øð»ÓÊâ áBÒâÖÑâì Đâ½ ÔëÌâÓ ÈÓä»ë Ñìë ÖâÑëÔ »ÓÔâ ÑâÃë Úçì ÑâÓâ ÖiÑîÈ ááíçì Àçì.

1. Ñëì áâ ÖiÑîÈÍÝ áìë Ñìë ÍëÓâ ÍâÁÖâÑâì áâÖëÔâ ÑâäÚÈä Öâì¿ä Àë. áìë ÖÑÁâÔáë Àçì.
2. ÖiÑîÈ ÊšÈâÖëÁ ãÖØë ÖÑì áâÍÖâÑâì áâÖâ Àë.
3. Ñìë áâ áBÒâÖìçì sÖ#Í ÖÑÁâÖÖâÑâì áâvÒç Àë.
4. ×áëÈ»Èâô ©âÓâ áìë ÑâÓâ Úk»áë áìë ÁÖâÍÊâÓáááë ãÖØë ÖÑÁâÖÖâÑâì áâvÒçì Àë.
5. áâ áBÒâÖÑâì ÑâÓâ Đâ½ ÔëÖ ÖâÉë ÁáëÃâÒëÔâ Ááë¼Ñâë ãÖ×ë Ñìë ÖÔâÚ áâÍÖâÑâì áâÖâ Àë.
6. Úçì ÑâÓâ ×áëÈ»Èâô Ìë ÖÚ»âÓ áâÍÖâ »ÌçÔ Éáë Àçì áìë Ñìë »áëã ÍÝ»âÓÌà ášÖâĐââÖ» ÔÜÇáë ÁÇâÒ Èáë ÈÓÊ Á ÈëÑÇë ÁâÇ »Óã×.
7. Ñëì ÀëÌÔâ _____ ÑâÚÌáááë ÊÓâmÒâì »áëã Öi×áëÈÌ áBÒâÖÑâì Đâ½ ÔâÊáë ÍÊä.

8. Nñi Àellâa _____ NñáÚíâááâê ÊÓãmÒàì Ó»ÈÊàì »ÔeÔçì ÌÉä áìè áá áBÒäÖ ÊÓãmÒàì ÔäeÚàìà ÌNèìà ÔeÔàìà Á#ÒäÒäÈ èĐä ÉàÒ Èäe Èè ááÍÒä NñÃe Úçì ãÖÓäeÈ ÌÚä.
9. ÍýÒäe½ìà Đä½ #ìè ááÚáÓ áÉÒä Ãäk»àìà sÕ#ìè »el×äÒÑ »è ÒäÃäNñì Àä Ìà ÌäeØ» ÌeÓÓÇä ÔeÔäNñì Nñìè »äeä ÒäìÊäe ÌÚä.
10. ×äeÈ »Èäô ½Nñè tÒäÓe, »äeä ÍÇ »áÓÇ Éä NñÁä ÒìNñÈ Ò½Ó áá áBÒäÖNñì NñÁä Đä½äÊäÓäáäe NñÁä Đä½äÊäÓäáäe áíÉ ÓäÒä ×»è Àè Èè ÌäìÈ Úçì ÖĐäì Àçì.
11. NñÁä Đä½äÊäÓä ÌäÓÇäN sÕ#ì NñÁä ÌäÖeÉä NñÛeÔä NñäÚÈä ÌäeÈ»Èäôáäe ÍýäetÒäÚ»äeìè, àìÒäN» áäÈ»äÓäáäeìè, ÖÓ»äÓä ãÖĐä½äeìè »è áeÈä»Ö »äNñÃìè ááìä ×»è Èè NñÃe Úçì ÍÓÖàì½ä ááìç Àçì. Úçì ÖNÁç Àçì »è Èeääe NñÁä NñÛĐeÈ ÊsÈäÖeÁäe ÈìäÖä ×»è Àe.
12. NñÁä ááìeÔä ãÖ½Èäeìà ÁäÚeÓNñì ÍýäÖä} »ÓÖäNñì áäÖe Èäe NñÁä áäeÚ¼ ¼àì½ä Óä¼ÖäNñì áäÖ×e.
13. Nñì ÌeÀeÔä ÍýWìäeìà Nñì ÖìÈäeØ»äÓ» ÁÖäìäe NÌÒä Àe.
14. Nñì áá Öì×äeÈ ãBÒäÖNñì ÁäeÁäÖÖäìç Ì»»ä »Óä ÔäÈçì Àe.

ÍuKÈ ÖÒìà Đä½ ÖèìàÓ NñÃe

Đä½ÖèìàÓ (áÉÒä Đä½ÖèìàÓ áÖNÉô ÚäeÒ Èäe Èèìà áäÈ»öÈ ÍýäÈäìäÈ) Ìç ÌäN áìè ÖÚä / áì½çÄäìçì àì×àì

_____ ÌäN _____ ÖÚä
ÈäÓä¼ _____ ÖNÒ _____
ÊÓÊäô àìÓÜÓ ÚäeÒ Èäe) ÈÃsÉ ÖäÚäìçN ÌäN áìè ÖÚä
_____ ÌäN _____ ÖÚä
ÈäÓä¼ _____ ÖNÒ _____
ÖäÚä Ìçì ÖÓìäNç áìè ÖìÍ»ô ÌìÍÓ _____
ÖìNñÈ NñÛÖìàÓ ×äeÈ»Èäô áÉÒä Èèìà ÍýäÈäìäÈìçì ÌäN áìè ÖÚä
_____ ÌäN _____ ÖÚä
ÈäÓä¼ _____ ÖNÒ _____

×âëË»Èâôìçì ÍýÑâÇ ÍÝ

Úçì ÍýÑâÇÍÝ ááíçì Àçì »ë áâ ÖiÑâÈ ÍÝ Ñâi ÕÇâôÕëÔ áâ½Û ÁÇâÕëÔ áBÒâÖë
Ô½Èä ÌËä ÌâÏÈäë, ÁëëÑ »ë áëìçì ÌiÈâÓÇ, ÚëÈÇ áìë ÖiĐâÕÈ Áâë¼Ñâë ãÕ½ëÓë ÌËçì Á
vÒã»Èë ÖièÇô ÓâÈë ÖÑÁâÕÕâÑâi áâÕëÔçì Àë. ÑâÓâ ÈâÓÇâ ÑçÁÌ Đâ½ÔëÌáÓ
vÒã»È áâ Öi×âëËiÑâi Đâ½ÔëÔâ ÑâÃë áâË»ôÈ ÛÑÈâ ÈÓâÕë Àë. áìë ÍâëÈë ÑÓ‘ÒâÈ
ÍÇë áìë ÖÑÁÈâÓâ íèÕô» Đâ½ ÔëÔâ ÑâÃë ÖiÍâÈ áâíë Àë.

×âëË»Èâô Ìâ ÖÚâ ð _____ ÈâÓâ¼ ð _____

×âëË»Èâô Ìçì ÌâÑ ð _____

ÖiÍ»ô vÒã»Èäáë ð _____

ÕËÇ ÑââÚÈä ÍýWÌâë ÑâÃë ÌâçèÌâ ÖÓÌâÑë ÖiÍ»ô »Óâ ×»âë Àâë.

Áâô. »âëÑÔ çâiÚâÇ Ñâë. Ìi. 9898790340

ÍèÁâ ãÑsÝä Ñâë. Ìi. 9998307057

Appendix – III

Dietary profile:

1. Food Habit: Vegetarian Non Vegetarian ☐

(1) (2)

2. Number of meals taken/ day: Less Adequate Over

(1) (2) (3)

* Less: 1-2 meals, adequate: 3-4 meals, over: >4 meals

3. Dietary intake within Last 24 hours:

Sr. No.	Meal Pattern	Name of Recipe	Quantity Consumed (cooked)	Ingredients (raw/ cooked)	Raw Quantity (g/ml)
	Breakfast				
	Lunch				
	Evening snacks				
	Dinner				
	Before bed				

Total Nutrient Intake by the subject:

Intake	Energy (Kcal)	Protein (gm)	Fat (gm)	Calcium (mg)	Vitamin D (µgm)
Calculated					
RDA					
Difference					

Appendix – IV

Food Frequency Questionnaire:

Food stuff from high to low Calcium content	Frequency of consumption						
	Daily	4-5 times/wk	2-3 times/wk	Once /wk	Occasionally	Never	Seasonal
Cereal grains and products							
Ragi							
Atta							
Bajra							
Jowar							
Rice, puffed							
Maida							
Rice, flakes							
Bread, brown							
Semolina							
Bread, white							
Maize, dry							
Rice, raw, milled							
Pulses and legumes							
Rajmah							
Soya bean							
Bengal gram, whole							
Green gram, whole							
Green gram, dhal							
Peas dry							
Red gram, dhal							
Lentil							
Bengal gram, roasted							
Bengal gram dhal							
Peas green							
Leafy vegetables							
Curry leaves							
Cauliflower greens							
Colocasia leaves							
Food stuff from high to low Calcium content	Frequency of consumption						
	Daily	4-5 times/wk	2-3 times/wk	Once /wk	Occasionally	Never	Seasonal
Fenugreek leaves							
Garden cress							
Spinach							
Roots and tubers							

Carrot							
Onion							
Colocasia							
Other vegetables							
Field beans							
Cluster beans							
Ladies fingers							
Tindola							
Kankoda							
Cauliflower							
Parwar							
Nuts and oil seeds							
Gingelly							
Coconut dry							
Almond							
Pistachio							
Walnut							
Groundnut							
Groundnut roasted							
Fruits							
Currants							
Wood apple							
Phalsa							
Dates, dried							
Apricot, dry							
Lime							
Lemon							
Amla							
Guava							
Lime sweet							
Musambi							
Lemon sweet							
Banana ripe							
Apple							
Jambu fruit							
Food stuff from high to low Calcium content	Frequency of consumption						
	Daily	4-5 times/wk	2-3 times/wk	Once /wk	Occasionally	Never	Seasonal
Fishes and other sea foods							
Shrimp(small dried)							
Crab small							
Crab muscle							
Rohu							
Katla							
Prawn							
Pomfrets							
Hilsa							

Meat and poultry							
Mutton, muscle							
Beef							
Egg, hen							
Pork, muscle							
Goat meat							
Buffalo meat							
Milk and milk products							
Milk							
Paneer							
Curd							
Butter milk							
Sugars							
Jaggery(cane)							
Sago							
Honey							
Cooked Item, Readymade items							
Milk Based							
Doodh paak							
Shrikhand							
Custard							
Fruit salad							
Milk shake							
Khoa based							
Burfi							
Peda							
Cereal based							
Gulab jamun							
Halwa							
Food stuff from high to low Calcium content	Frequency of consumption						
	Daily	4-5 times/wk	2-3 times/wk	Once /wk	Occasionally	Never	Seasonal
	Handwa						
	Muthia						
	Patra						
	Namkeen						
	Deep fried item						
	Chips						
Cheese based							
Pizza							
Burger							
Sandwich							
Beverage							
Tea							
Coffee							
Cold drinks							

***Frequent consumption: Daily, 4-5 times and 2-3 times**

***Non frequent consumption: Once in a week, occasionally**

Appendix – V
Checklist for major illnesses

Chronic illnesses					
Problems	Y	N	Problems	Y	N
1. Oral Cavity			Weight loss with intolerance of fatty food & swelling in upper abdomen		
Ulcers			Others		
Inflammation of tongue			5. Respiratory tract		
Excess salivation			Recurrent cold		
Lack of salivation			Spells of sneezing		
Altered salivation			Running nose		
Missing or broken teeth			Tonsillitis / Pharyngitis		
Full/partial denture			Laryngitis/ cough		
Caries/ toothache			Hoarse voice / pain in swallowing		
Swollen/ sore gums			Bronchitis / irritating dry cough with pain & discomfort		
Problems of chewing			Pneumonia		
Others			Lung cancer		
2. Gastrointestinal Tract			Asthma		
Nausea			Any other respiratory disease		
Vomiting			Others		
Heartburn			6. Locomotors System		
Gastritis			a) Bones		
Gastroenteritis			Osteomalacia		
Ulcerative/ any other colitis			Osteoporosis		
Fullness/ gaseous distension			b) Joints		
Flatulence			Osteoarthritis		
Dyspepsia			Rheumatoid arthritis		
Constipation			Septic arthritis		
Diarrhoea			Spondylitis		
Altered stool			Muscles		
Dyspepsia			Others		
Abdominal pain			7. Endocrine system		
Others			Hypoglycaemia		
3. Hepato-biliary tract			Diabetes mellitus		
Jaundice			Hypothyroidism		
Hepatitis			Hyperthyroidism		
Cholecystitis/Cholelithiasis			Others		
Any other liver/ gall bladder disease			8. CNS		
Others			Tension		
4. Pancreas			Migraine		
Pain following or during febrile illness or alcohol consumption			Disturbed sleep		
Vomiting, abdominal pain,			Sudden/gradual onset dimness		

diarrhoea, collapse			of vision		
Large, bulky, fatty, floating stools			Double vision		
9. Genito-urinary system			10. Cardiovascular system		
Upper/ lower urinary tract infection			Rheumatic heart disease		
Pain in lower abdomen			• Hypertension		
High frequency of urination			Ischemic heart disease		
Upper or lower urinary tract calculi			• Angina pectoris		
Nephrotic syndrome			• Coronary insufficiency		
Acute / chronic renal failure			Myocardial infarction & post infarct complication		
Dialysis			Heart rhythm disorders		
Dysphagia			Tachycardia		
Drop attacks			Bradycardia		
Convulsive attacks			Others		
Difficulty in hearing					
Speech problem					
Others					
Minor illnesses					
Infection			3. Psychological problems		
1. Viral fever			Low mood		
Malaria			Lethargy		
Influenza			No interest		
2. Other infections			4. Aches		
Throat			Back pain		
Skin			Head ache		
• Itching					
• Dryness of skin					
Eyes			Muscle pain		
Ears			Pain in joints		
Teeth			Dizziness		
Smell			Others		
Speech					
Hair					

Appendix – VI

24 hours activity recall questionnaire

Activities	Time spent in hours
1. Activity of daily living	
Get ready	
Cooking	
Dusting	
Sweeping/mopping	
Washing clothes/utensil	
Other house hold work	
2. Leisure activities	
Watching TV	
Listening music	
Reading/writing	
Shopping	
Gardening	
Stitching	
Art/painting	
3.Exercise	
walking	
Other exercise	
4.Yoga	
Yogasan	
Meditation	
5social/religious activities	
Chatting with friends/neighbors	
Visiting friends & relatives	
Doing prayer at home	
Reciting mantras	
Visiting religious place	
Bhajan/satsang	
Mahilamandal/kittyparty	
Attending functions/organisations	
Visiting theatre/exhibition	
6.Sleep/rest	
7.Idle time	

Appendix – VII

Date: _____ to _____ Group: _____ Month of supplementation 1st 2nd 3rd 4th 5th 6th

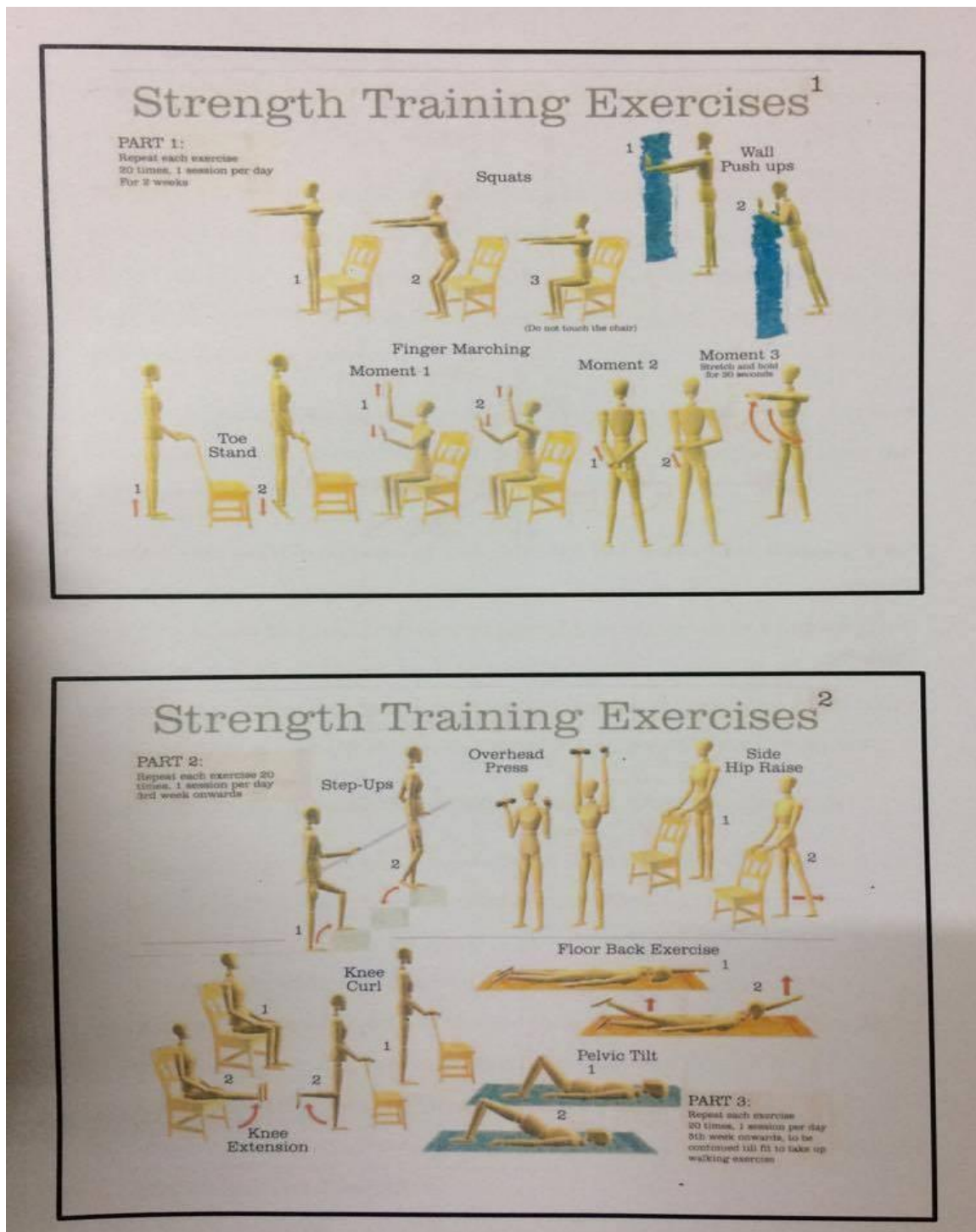
Monitoring schedule for DAILY consumption of Ca tablet/food supplement √ - consumed x – not consumed

No	ID	Name	Age	Sex	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Everyday consumption of each month would be recorded (from 1st to 31st)

Appendix – VIII

Weight bearing exercise (Module – I and II)



Appendix – IX
Certificate for Plagiarism check using Urkund

