

CONFIDENTIAL
For research
Purpose only

Appendix VII

Questionnaire

a. General Information:

1. Name: _____
2. Age:
3. Sex:
 - Male ☐ Female ☐
4. Religion:
 - Hindu ☐ Muslim ☐ Christian ☐ Jain ☐ Others ☐
5. Marital Status:
 - Unmarried ☐ Married ☐ Divorced ☐ Widow/Widower
6. Education level (mention the class in bracket):
 - Illiterate ☐ Primary ☐ Secondary ☐ Secondary high ☐
Post Graduate ☐
 - Others (specify):
7. How much do you spend on yourself in a month?
8. Per capita income/month.....

b. Food Frequency

Food items	Daily	2-3 times a week	Once a week	Fort- nightly	Monthly	Rarely	Never
Cereals							
Bajra							
Barley							
Jowar							
Rice							
Rice, flakes							
Rice, puffed							
Wheat flour, whole							
Wheat flour, refined							
Wheat. Semolina							
Wheat, bread (brown)							

Food items	Daily	2-3 times a week	Once a week	Fort-nightly	Monthly	Rarely	Never
Wheat, bread (white)							
Maize, dry							
Oats							
Pulses							
Bengal gram, whole							
Bengal gram, dhal							
Cow pea							
Green gram							
Lentil							
Moth beans							
Green peas							
Rajmah							
Red gram, dhal							
Soybean							
Valpapdi							
Green leafy vegetables							
Amaranth							
Cabbage							
Celery leaves							
Colocasia leaves							
Coriander leaves							
Fenugreek leaves							
Mint							
Radish leaves							
Spinach							
Roots and tubers							
Beet root							
Carrot							
Colocasia							
Onion							
Potato							
Sweet potato							
Radish							
Turnip							
Yam							
Tomato							

Food items	Daily	2-3 times a week	Once a week	Fort-nightly	Monthly	Rarely	Never
Bitter gourd							
Bottle gourd							
Brinjal							
Cauliflower							
Cucumber							
Drumstick							
Giant chillies							
Ladies finger							
Leeks							
Parwar							
Fruits							
Amla							
Apple							
Banana							
Dates, dried							
Dates, fresh							
Figs							
Grapes							
Guava							
Lemon							
Lime, sweet musambi							
Mango							
Water melon							
Orange							
Papaya							
pineapple							
Pomegranate							
Raisins							
Sapota							
Seetphal							
Nuts & oil seeds							
Almond							
Arecanut							
Cashew nut							
Coconut							
Gardencress seeds							

Food items	Daily	2-3 times a week	Once a week	Fort-nightly	Monthly	Rarely	Never
Gingelly seeds							
Groundnut							
Walnut							
Fats & oils							
Butter							
Ghee							
Hydrogenated oil							
Groundnut oil							
Gingelly oil							
Mustard oil							
Cottonseed oil							
Mustard oil							
Coconut oil							
Milk & milk products							
Milk, buffalo							
Milk, cow							
Curd							
Masti dahi							
Buttermilk							
Cheese							
Paneer							
Khoa							
Skimmed milk powder							
Shrikhand							
Yogurt							
Sugars							
Sugarcane							
Honey							
Jaggery							
Sago							
Snacks							
Puri							
Pakoda							
Samosa							
Bhajiya							
Cutlet							
Burger							

Food items	Daily	2-3 times a week	Once a week	Fort-nightly	Monthly	Rarely	Never
Hotdog							
Dabeli							
Sandwich							
Pickles							
Papad							
Soups							
Puff							
Pizzas							
Biscuits							
Soft drinks							
Khakhra							
Chutney							
Fruits juices							
Macroni							
Cheela							
Sweets							
Jam							
Jelly							
Ice creams							
Pudding							
Cake							
Peda							
Lapsi							
Kansar							
Mattha							
Basundi							
Kheer							
Fruit salad							
Gulabjamun							
Halwa							
Methi ladoo							

c. 24 Hour Dietary Recall:

Meal timings	Items	Ingredients	Raw quantity (g)	Total cooked quantity (g/ml)

d. Activity Pattern:

ACTIVITIES	TIME SPENT (HOURS)
1. Activity of daily living	
Taking bath	
Grooming	
Personal care	
Dusting	
Sweeping/mopping	
2. Leisure activities	
Watching TV	
Listening music	
Reading/writing	
Shopping	
Gardening	

Stitching	
Art/painting	
3. Exercise	
Walking	
Brisk walking	
Jogging	
Any sports	
4. Yoga	
Yogasan	
Meditation	
5. Social/religious activities	
Chatting with friends/neighbors	
Visiting friends & relatives	
Doing prayer at home	
Reciting mantras	
Visiting religious places	
Bhajan/satsang	
Attending functions/organizations	
Visiting theatre/exhibition	
6. Sleep/rest	
7. Idle time	

e. Fermented Milk Consumption Pattern

1. Do you prefer curd in your diet?

- Yes ☐
- No ☐

2. If yes, how frequently do you consume curd?

- Daily ☐
- Alternate day ☐
- 2-3 times a week ☐
- Weekly ☐
- Occasionally ☐

3. Do you avoid curd in certain disease conditions?

- Yes ☐
- No ☐

4. If yes then reason being:

- Cough and cold ☐
- Open wounds ☐
- Asthma ☐
- Acidity ☐
- Lactose intolerance ☐
- Any other (specify) ☐

f. Disease Profile

(i) Problems of oral cavity

YES/NO

- Bleeding gums
- Full/partial denture
- Toothache
- Problem in chewing
- Inflammation of tongue

☐
☐
☐
☐
☐

(ii) Problems of gastrointestinal tract

YES/NO

- Vomiting
- Diarrhea
- Constipation
- Acidity
- Indigestion
- Loss of appetite
- Gas/flatulence
- Stomachache
- Gastritis (pain in upper abdomen after eating)

(iii) Problems related to respiratory tract

YES/NO

- Recurrent cold
- Spells of sneezing
- Bronchitis
- Tonsillitis/Pharyngitis
- Laryngitis/irritating cough
- Asthma
- Breathlessness
- Pneumonia (fever, cough, pain, sore throat, edema, and anxiety)
- Any other

(iv) Problems related to cardiovascular system

YES/NO

- Hypertension
- Fluctuation in BP
- Ischemic heart disease
 - i. Angina Pectoris(severe but temporary attack of cardiac pain)
 - ii. Coronary insufficiency
 - iii. Myocardial infarction
 - eHart rhythm disorder
 - i. Bradycardia
 - ii. Trachycardia
- Any other

(v) Problems related to central nervous system

YES/NO

- Tension
- Migraine
- Sleep disturbance
- Lack of interest
- Low mood
- Sudden/gradual dimness of vision
- Double vision
- Paralysis
- Dysphagia (difficulty in swallowing)
- Convulsive attack
- Trembling limbs

(vi) Problems related to Genito-Urinary System

YES/NO

- Upper / lower urinary tract infection
- Upper / lower urinary tract calculi (kidney stone)
- Nephrotis syndrome (edema, distended abdomen)
- Acute chronic renal failure (loss of appetite, odour in mouth)
- Dialysis
- Gynec / Obstetric problem

(vii) Problems pertaining to locomotor system

YES/NO

- Bones
 - i. Osteomalacia (softening of bones)
 - ii. Osteoporosis (decreased bone density)
 - iii. Osteomyelitis (inflammation of bone marrow)
- Joints
 - i. Osteoarthritis
 - ii. Rheumatoid arthritis
 - iii. Spondylitis
 - iv. Ankylosing spondylitis (low backache after sleep, fever, frozen shoulders, easy fatiguability)

- | | |
|-------------------------------------|--------------------------|
| • Muscles | <input type="checkbox"/> |
| • Myositis (inflammation of muscle) | <input type="checkbox"/> |
| • Myopathy (any disease of muscle) | <input type="checkbox"/> |
| • Myasthenia (muscular weakness) | <input type="checkbox"/> |

(viii) Problems related to endocrine system

YES/NO

- | | |
|---------------------|--------------------------|
| • Hypoglycemia | <input type="checkbox"/> |
| • Diabetes mellitus | <input type="checkbox"/> |
| • Hypothyroidism | <input type="checkbox"/> |
| • Hyperthyroidism | <input type="checkbox"/> |

(ix) Miscellaneous Problems

YES/NO

- | | |
|-------------------------|--------------------------|
| • Dryness of skin | <input type="checkbox"/> |
| • Itching | <input type="checkbox"/> |
| • Malaria | <input type="checkbox"/> |
| • Viral fever | <input type="checkbox"/> |
| • Infections | <input type="checkbox"/> |
| • Loss of vision | <input type="checkbox"/> |
| • Impairment of hearing | <input type="checkbox"/> |
| • Thalassemia | <input type="checkbox"/> |
| • Anaemia | <input type="checkbox"/> |
| • Breast cancer | <input type="checkbox"/> |
| • Tuberculosis | <input type="checkbox"/> |

g. Geriatric Depression Inventory Scale (Yesavage, 1983)

- | | |
|--|----------|
| 1. Are you basically satisfied with your life ? | Yes / No |
| 2. Have you dropped out of many of your interests & activities ? | Yes / No |
| 3. Do you feel that your life is empty ? | Yes / No |
| 4. Do you often get bored ? | Yes / No |
| 5. Are you hopeful about the future ? | Yes / No |
| 6. Are you bothered by thoughts you can't get out of your head? | Yes / No |
| 7. Are you in good spirits most of the time ? | Yes / No |
| 8. Are you afraid that something bad is going to happen to you ? | Yes / No |
| 9. Do you feel happy most of the time ? | Yes / No |
| 10. Do you often feel helpless ? | Yes / No |
| 11. Do you often get restless and fidgety ? | Yes / No |

12. Do you prefer to stay home rather than going out & doing new things ? Yes /No
13. Do you frequently worry about the future ? Yes / No
14. Do you feel you have more problems with memory than other people ? Yes / No
15. Do you think it is wonderful to be alive now ? Yes / No
16. Do you often feel downhearted and blue ? Yes / No
17. Do you feel pretty worthless the way you are now ? Yes / No
18. Do you worry a lot about the past ? Yes / No
19. Do you find life very exciting ? Yes / No
20. Is it hard for you to get started on new projects ? Yes / No
21. Do you feel full of energy ? Yes / No
22. Do you feel that your situation is hopeless ? Yes / No
23. Do you think that most people are better off than you are ? Yes / No
24. Do you frequently get upset over little things ? Yes / No
25. Do you frequently feel like crying ? Yes / No
26. Do you have trouble concentrating ? Yes / No
27. Do you enjoy getting up in the morning ? Yes / No
28. Do you prefer to avoid social gatherings ? Yes / No
29. Is it easy for you to make decisions ? Yes / No
30. Is your mind as clear as it used to be ? Yes / No

Scoring for GDI scale

1	No	16	Yes
2	Yes	17	Yes
3	Yes	18	Yes
4	Yes	19	No
5	No	20	Yes
6	Yes	21	No
7	No	22	Yes
8	Yes	23	Yes
9	No	24	Yes
10	Yes	25	Yes
11	Yes	26	Yes
12	Yes	27	No
13	Yes	28	Yes
14	Yes	29	No
15	No	30	No

Categories	Score
Normal	1-10
Mild	11-15
Moderate	16 – 20
Severe	≥ 21

h. Anthropometry:

2(a) Weight (kgs):

2(b) Height (cms):

2 (c) Waist (cm):

2 (d) Hip (cm)

2 (e) BMI ((kg/m²): (To be derived) :

2 (f) WHR: (To be derived) :

2 (g) Blood pressure :

i. BIOCHEMICAL DATA

Parameters	2010-11
BP – diastolic (mmHg)	
BP – systolic (mmHg)	
FBS	
Hb	
TC	
TG	
LDL-C	
HDL-C	
TC/HDL-C	
VLDL-C	