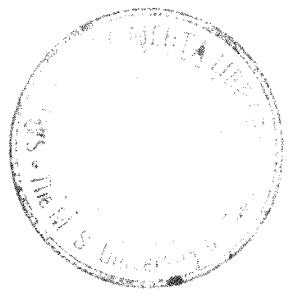

Appendix II

Proforma for In-depth Interview Schedule on Health and Nutritional aspects

HEALTH AND NUTRITIONAL ASPECTS

A. DIET SURVEY

1. General Dietary Aspects

a. Are you a 1.Vegetarian 2.Non-vegetarian 3.Eggetarian?

b. How much water do you consume in a day? _____ ltrs.

c. General meal pattern:

Meals	Frequency
	1. Always 2.Sometimes 3. Never
1. Breakfast	
2. Lunch	
3. Dinner	
4. Any other	

2. Fasting Practices

a. Do you observe fast? 1. Yes 2. No (go to 2c)

b. If yes how often (frequency) ?

1) > Twice a week
2) Once a week
3) Once in a month
4) Twice in a Year
5) Never

c. Food Pattern during fasting

Food	1. Consumed 2. Avoided
1. Cereals	
2. Non-cereals	
3. Pulses	
4. Leafy greens	
5. Other vegetables	
6. Roots & Tubers	
7. Dairy Products	
8. Fruits	
9 Sweets	
10. Nuts	
11. Any other	

1. Consumed ☐☐☐☐☐☐☐☐☐☐

2. Avoided ☐☐☐☐☐☐☐☐☐☐

d. Do you skip meals?

Meals	1. Yes 2. No	Reasons	Regularity 1. Regular 2. Irregular
1. Breakfast 2. Lunch 3. Dinner			

3. Do you consume any special health food? 1. Yes 2. No (go to 2c) ☐

a. If yes, specify

Items	Quantity	Frequency	Reasons
1. Ayurvedic			
2. Nutritivesupplements (B-complex, B-12, Fe, etc.)			
3. Herbs			
4. Medicines			
5. Any other			

☐

4. Do you have special craving for certain types of food? 1. Yes 2. No (go to 2c)

a. If yes, specify ☐

Food	Since when?
1. Sweet Food	
2. Chocolates	
3. Salty Foods	
4. Beverages	
5. Any other	

☐

5. Are there any food causing allergic manifestations? 1. Yes 2. No (go to 2c) ☐☐

a. If yes, specify

_____

_____

6. Changes in Food Consumption

a. Has your food consumption reduced as compared to past few years?

Sr. No.	Reasons	1. Yes 2. No
1.	Lost appetite	
2.	No mood	
3.	Developed aversion/dislike	
4.	Any other	

b. Have you made any changes in your food consumption? 1. Yes 2. No (go to 6d) ☐

c. If yes, specify

Type of food	**1. Totally omitted**	**2. Reduced**	**3. Increased**	**4. No change**	**Since when 1.<1yr 2.-5 yrs 3.>5yr**	**Reasons**
1. Cereal & cereal products						
2. Pulses/legumes						
3. Milk & milk products						
4. Non-veg foods						
5. Fried foods						
6. Ghee						
7. Spices						
8. Pickles						
9. Sweets						
10. Sugar						
11. Vegetables						
12. Green leafy vegetables						
13. Vit-C rich fruits						
14. Other fruits						

d. Food preference

Type of food	1. Yes 2. No	If consumed		Reasons
		Qty	Frequency	
1. Sweets				
a. Ghee based				
b. Milk based				
2. Snacks				
a. Oily				
b. Dry				
3. Baked items				
4. Dairy products (cheese)				
5. Fast food				
6. Dry fruits & nuts				
7. Processed foods (Maggie)				
8. Instant Mixes				
9. Salty item (Chutney, pickle)				
14. Any other				

e. Have you experienced any change in your perception of taste or smell? (Since last 5 years) 1. Yes 2. No (go to 7) ☐

f. If yes, specify

Sr. No.	Perception of	1. Taste 2. Smell
1.	Sweet	
2.	Salty	
3.	Bitter	
4.	Sour	
5.	Pungent	

7. 24hr dietary recall

Meal pattern	Items	Ingredients	Raw quantity (g)	Total cooked quantity (g)	Consumption by the subject

(If ghee/oil is added to dishes mentioned above, then find the quantity)

TO BE DERIVED LATER

Raw Ingre-dients	Qty (g)	Energy (kcal)	Prot (g)	Fat (g)	FA (mg)	Vit-B12 (mg	Iso-flavone (mg)	Vit C (mg)	AA mg	B-cplx mg	Su Gar (g)	Mineral mg	Cho Line (ml)

8. Food frequency

CONSOLIDATED TABLE OF EACH NUTRIENT

Sr. no	Food items	1. Frequent 2. Non freq	Sr. no	Food items	1. Frequent 2. Non freq
A. Cereals			**G. Roots and Tubers**		
1.	Bajra		79.	Beet root	
2.	Jowar		80.	Carrot	
3.	Rice		81.	Onions	
4.	Poha		82.	Potato	
5.	Mamra		83.	Sweet potato	
6.	Wheat flour		84.	Yam	
7.	Maida		85.	Beans	
8.	Wheat (w)		86.	Radish	
9.	Bran		87.	Tapioca	
10.	Brown bread		**H. OtherVegetables**		
11.	Maize (d)		88.	Karela	
12.	Maize (t)		89.	Capsicum	
B. Pulses &legumes			90.	Green Chillies	
13.	Channa		91.	Cauliflower	
14.	Rajmah		92.	Broad beans	
15.	Tuver (w)		93.	Brinjal	
16.	Channadhal		94.	Cluster beans	
17.	Udaddhal		95.	French beans	
18.	Moong (w)		96.	Lady'sfinger	
19.	Lentils		97.	Dudhi	
20.	Mothbeans		98.	Jack (t)	
21.	Tuver dhal		99.	Pumpkin	
22.	Moong dhal		100.	Field beans	
23.	Green peas		101.	Mushroom	
24.	Soya beans		**I. Animal Foods**		
25.	Soya flour		102.	Fish	
26.	Cow pea		103.	Beef	
27.	Field beans		104.	Egg	
C. Green leafy vegetables			105.	Egg yolk	
28.	Cabbage		106.	Mutton	
29.	Dhaniya		107.	Liver (g)	
30.	Curry leaves		108.	Chicken	
31.	Tandaljo leaves		109.	Pork	
32.	Celery		**J. Sea Foods**		
33.	Drumstick leaves		110.	Crabs	
34.	Shepu		111.	Rock fish	
35.	Mint		112.	Salmon	
36.	Spinach		113.	Sardines	
37.	Methi		114.	Mrigal	

38.	Colocasia leaves		115.	Hilsa	
39.	Lettuce		116.	Shrimp	
40.	Red cabbage		117.	Pomfret	
41.	Radish leaves		118.	Oyster	
D. Fruits			**K. Fats and Oils**		
42.	Amla		119.	Butter	
43.	Guava		120.	Mayonnaise	
44.	Lime		121.	Ghee	
45.	Orange		122.	Coconut oil	
46.	Mosambi		123.	Cottonseed oil	
47.	Banana		124.	Mustard oil	
48.	Dates		125.	Groundnut oil	
49.	Figs		126.	Sunflower oil	
50.	Ripe mango		127.	Canola oil	
51.	Peaches		128.	Safflower oil	
52.	Water melon		129.	Olive oil	
53.	Apples		130.	Peanut oil	
54.	Grapes		131.	Palm oil	
55.	Strawberries		132.	Soya bean oil	
56.	Tomatoes		**L. Nuts & Oils**		
57.	Plums		133.	Coc. Dry	
58.	Apricot		134.	Coc. Fresh	
59.	Seetaphal		135.	Coc. Milk	
60.	Wood apple		136.	Gingelly seeds	
61.	Chicku		137.	Groundnuts	
62.	Phalsa		138.	Piyal seeds	
63.	Musk melon		139.	Almond	
64.	Papaya		140.	Kissmiss	
E. Milk & Milk Products			141.	Walnut	
65.	Dry Powder (NF)		142.	Cashewnut	
66.	Cheese		143.	Niger seeds	
67.	Cottage cheese		144.	Pistachio	
68.	Cream		**M. Sugar dense foods**		
69.	Paneer		145.	Honey	
70.	Buttermilk		146.	Cane sugar	
71.	Curd		147.	Jaggery	
F. Spices			148.	Sago	
72.	Heeng		⇨	**Any other**	
73.	Dry chillies				
74.	Jeera				
75.	Black pepper				
76.	Haldi				
77.	Methi seeds				
78.	Cardamom				

B. NUTRITIONAL STATUS EXAMINATION

9. Anthropometric measurement

a. Height:- ---------- cms ☐

b. Weight:- ---------- kgs ☐

c. MUAC:- ----------cms ☐

d. BMI:- ----------kg/m^2 ☐

10. Clinical parameters

a. Blood Pressure + ---------- mmHg ☐

11. Biochemical Parameters

a. Hemoglobin: _____ g/dl

b. Folic Acid: _____mg

C. MORBIDITY PROFILE

12. Major health problems

Health problems	**1. Yes 2. No**
1. Oral cavity problems	
2. Gastrointestinal problems	
3. Respiratory problems	
4. Cardiovascular problems	
5. Genito-urinary problems	
6. Bone related problems	
7. Neurological problems	
8. Psychiatric problems	
9. Endocrine problems	
10. Any other	

13. Minor health complaints

Health complaints	**1. Yes 2. No**	**Health complaints**	**1.Yes 2.No**
1. Cold & cough		14. Ulcers	
2. Viral fever		15. Body aches	
3. Malaria		a) Backache	
4. Infections		b) Headache	
a) Throat		c) Muscle ache	
b) Skin		16. Pain in joints	
c) Eyes		17. Dizziness	
5. Vomiting		18. Dryness of skin	
6. Diarrhea		19. Trembling of limbs	

CHECKLIST

15. Menopausal Health Symptoms

Symptoms	1. Yes 2. No	Treatment taken
A. Vasomotor		
1.Hot flushes 2. Sleep disturbances		
B. Physiological		
1.Headaches 2. Dizziness 3. Breast pains 4. Backache 5. Changes in weight 6. Vaginal pains/infection in vagina 7. Cardiac palpitations 8. Changes in vision 9. Heart diseases 10. High blood pressure 11. Low blood pressure 12. Slight memory loss 13. Abdominal pains 14. Abdominal disorders 15. Pain in limbs and joints 16. Decrease in appetite 17. Uneasiness 18. Cold hands and feet 19. Pain in back of neck & skull 20. Tightness in head or body 21. Feeling numb or tingling 22. Feeling of suffocation		
C. Psychological		
1. Irritation 2. Depression/ mood swings 3. Feeling tired or lack of energy 4. Lost interest in most things 5. Poor concentration 6. Attacks of panic/feeling of fear 7. Excitable/sudden feeling of joy 8. Crying spells 9. Impatient 10. Isolation 11. Nervousness		