



Appendices



APPENDIX I

General information

1. Name: _____
2. Date of Birth: _____
3. Age (y): _____
1. Sex: a) Male b) Female
2. Occupation: a) Service b) Business c) Housewife d) Retired
3. Address: _____
4. Contact No: _____
5. Religion: a) Hindu b) Muslim c) Christian d) Others (Specify) _____
6. Education: a) Elementary b) High School c) Diploma d) Graduate
 e) Post Graduate f) PhD
10. Family Type: a) Nuclear b) Extended Nuclear c) Joint
11. No of family members: Adults _____ Children _____
12. Total family income: _____
13. Per Capita Income: _____

Anthropometry:

1. Height (cm): _____
2. Weight (kg): _____
3. Waist (cm): _____
4. Hip (cm): _____
5. BMI: _____
6. WHR: _____

Medical History

1. DM 2. DM + HT 3. DM + CHD 4. DM + HT + CHD 5. Others (specify) _____

Family History

	Diabetes	Hypertension	CHD
Parents			
Siblings			
Both			
Other relation			

Medication

	Drugs	Dosage
Diabetes		
Hypertension		
CHD		

Diabetes Mellitus

1. Age at diagnosis: _____(y)
2. Duration of disease: _____(y)
3. Symptoms experienced:
4. Home made preparation for good control: a) Yes b) No
If yes, specify: Name _____; Frequency _____;
a. Amount _____; Composition _____

Personal Habits

1. Do you smoke? a) Yes b) No c) Used to in the past
If Yes, duration _____; Avg no of cigarettes smoked per day _____
2. Do you chew tobacco? a) Yes b) No c) Used to in the past
If Yes, duration _____; Frequency _____
3. Do you consume alcohol? a) Yes b) No c) Used to in the past
If Yes, specify type:
Quantity _____; Frequency _____; Duration _____
4. Habitual exercise pattern: Type -
Duration -
Frequency -

Diet History

1. Are you a: a) Vegetarian b) Non-Vegetarian c) Ovo-Vegetarian
2. If Ovo-Vegetarian, frequency of consuming eggs:
a) Daily b) <3 times/w c) Fortnightly d) Once/month e) Occasionally
3. If Non-Vegetarian, frequency of consumption
a) Chicken b) Mutton c) Sea Food d) Beef e) Pork
a) Daily b) <3 times/w c) Fortnightly d) Once/month e) Occasionally
4. No of meals per day:
5. Type of Oil used at home:
6. Amount of oil purchased per year:
7. Amount of sugar purchased per month:
8. Amount of salt purchased per month:
9. How many cups of tea/coffee do you consume:
10. Do you add sugar/sugar alternatives to tea/coffee: a) Yes b) No
If yes, how much _____
[Sugar alternative (specify): _____]]
11. Type of milk used: a) Whole milk b) Skim milk
12. Cream removed from milk before use? a) Yes b) No

24 – hour dietary recall:

Time	Food Item	Cooked Amount	Raw Ingredients	Amount (g)	Subject's Intake

APPENDIX II

General information

Code no:

1. Name: _____ 2. Date of Birth: _____ 3. Age (y): _____
4. Sex: a) Male _____ b) Female _____
5. Address: _____
6. Contact No: _____
7. Age at diagnosis of diabetes: _____ (y)

Medical History

1. Diabetes 2. Diabetes + BP 3. Diabetes + Heart Disease
4. Diabetes + BP + Heart Disease
2. Family history for diabetes: a) Yes b) No
3. Family history for blood pressure: a) Yes b) No
4. Family history for heart disease: a) Yes b) No

Personal Habits

1. Do you smoke? a) Yes b) No c) Used to in the past
2. Do you chew tobacco? a) Yes b) No c) Used to in the past
3. Do you consume alcohol? a) Yes b) No c) Used to in the past
4. How frequently do you exercise: a) < 3 hours/week b) >3 hours/week

Fruit and Vegetable consumption

1. How frequently do you consume fruits? a) < 3 times/week b) >3 times/week
2. How frequently do you consume green leafy vegetables? c) < 3 times/week d) >3 times/week

Anthropometry:

1. Height (cm): _____ 2. Weight (kg): _____ 3. Waist (cm): _____
4. Hip (cm): _____

In the past one year have you got the following examined (Yes/No)

- | | | |
|---|--------|-------|
| 1. Glycated Hb | a) Yes | b) No |
| 2. Kidney function test | a) Yes | b) No |
| 3. Lipid profile
(Total cholesterol, HDL-C, LDL-C) | a) Yes | b) No |
| 4. Foot examination | a) Yes | b) No |
| 5. Eye examination | a) Yes | b) No |
| 6. ECG/Stress test | a) Yes | b) No |

APPENDIX III

a) NAME OF THE RECIPE: VEGETABLE CUTLET

Procedure

1. Clean the coriander. Chop it. Dice the carrots.
2. Boil the potatoes, peas and carrots. Wet half the bread slices with little water and crush them.
3. Mash the potatoes and all the ingredients except oil and bread slices kept apart.
4. Add 0.5g (/1g/ 1.5g) of barley grass powder into it.
5. Make the remaining bread slices into toasted crumbs.
6. Make the mixture into 2 balls and flatten with a little pressure. Coat with the toasted crumbs. Shallow fry in a pan till golden brown using the oil.

Nutritive Value Information:

Ingredients	Amt	Energy (Kcal)	CHO (g)	Protein (g)	Fat (g)	Iron (mg)	Ca (mg)
Potatoes	100	97	22.6	1.6	0.1	0.48	10
Bread	70	171	36.33	5.46	0.49	0.77	7.7
Peas	40	37	6.36	2.88	0.04	0.6	8
Carrots	30	14	3.18	0.27	0.6	0.31	24
Coriander leaves	10	4	-	0.33	0.06	0.14	18.4
Onion	30	15	3.3	0.36	-	0.18	14.1
Oil	20	180	-	-	20	-	-
Garam masala	As per taste	-	-	-	-	-	-
TOTAL		518	71.77	10.9	21.3	2.48	82.2

b) NAME OF THE RECIPE: KHAKHRA

Procedure

1. Mix all the ingredients except oil.
2. Add half the quantity of oil, and make into medium soft dough using adequate water.
3. Add 0.5g (/1g/ 1.5g) of barley grass powder into it.
4. Make into a ball and roll into a very thin chapatti.
5. Cook on a flat pan using the remaining oil. Care is to be taken to continuously apply pressure when cooking to avoid any air spaces developing or any puffing.

Nutritive Value Information:

Ingredients	Amt	Energy (Kcal)	CHO (g)	Protein (g)	Fat (g)	Iron (mg)	Ca (mg)
Wheat flour	15	51	10.4	1.82	0.26	0.74	7.2
Cumin seeds	0.25	1	-	0.05	-	0.03	2.7
Red chilli powder	0.25	-	0.08	0.04	-	-	-
Onion	0.06	1	-	-	-	-	-
Turmeric	0.06	-	-	-	-	0.04	-
Asafoetida	0.07	-	0.05	-	-	0.03	-
Salt	0.66	-	-	-	-	-	-
Oil	1.5	14	-	-	1.5	-	-
TOTAL		67	10.53	1.91	1.76	0.84	9.9

c) NAME OF THE RECIPE: THEPLA

Procedure

- 1. Weigh all the ingredients and mix them in a bowl.
- 2. Add 0.5g (/1g/ 1.5g) of barley grass powder into it.
- 3. Add only half the quantity of oil i.e. 2.5g into the dry mixture.
- 4. Add water slowly and make into medium soft dough.
- 5. Make it into a ball and roll it flat and little thicker than chapatti.
- 6. Cook on both sides using the remaining quantity of oil on a flat pan.

Nutritive Value Information:

Ingredients	Amt	Energy (Kcal)	CHO (g)	Protein (g)	Fat (g)	Iron (mg)	Ca (mg)
Wheat flour	20	69	14.2	2.36	0.3	1.06	8.2
Cumin seeds	0.5	2	-	0.1	0.08	0.06	5.4
Omum	0.3	1	-	0.05	0.07	-	4.6
Red chilli powder	0.36	-	-	-	-	-	-
Asafoetida	0.07	-	-	-	-	-	0.5
Salt	0.89	-	-	-	-	-	-
Oil	5	45	-	-	5	-	-
TOTAL		117	14.2	2.51	0.45	1.12	18.7

d) NAME OF THE RECIPE: MUTHIYA

Procedure

1. Clean and weigh all the ingredients.
2. Chop the clean the fenugreek leaves.
3. Separately dry roast rice, bengal gram dal and red gram dal lightly in a deep pan.
4. Coarsely grind them and mix all the ingredients except Gingelly seeds and oil.
5. Add 0.5g (/1g/ 1.5g) of barley grass powder into it.
6. Use water to shape the mixture into cylindrical rolls and steam them in a steamer or pressure cooker.
7. Cut into small pieces of about 5.5cm length.
8. Heat oil in a pan add gingelly seeds to flutter, put off the flame and add the muthiya pieces to coat with the tempering.

Nutritive Value Information:

Ingredients	Amt	Energy (Kcal)	CHO (g)	Protein (g)	Fat (g)	Iron (mg)	Ca (mg)
Rice	50	173	39.1	3.4	0.25	0.35	5
Bengal gram dal	25	92	15	5.2	1.4	2.38	14.5
Red gram dal	25	84	14.4	5.58	0.43	0.68	18.25
Fenugreek leaves	30	15	1.8	1.32	0.27	0.58	118.5
Curds	2.5	3	0.1	0.12	0.16	-	5.3
Sugar	2.5	10	2.5	-	-	-	-
Gingelly seeds	2.5	14	0.6	0.46	1.08	0.23	36.25
Salt		-	-	-	-	-	-
Oil	15	135	-	-	15	-	-
TOTAL		526	73.5	16.08	18.59	4.22	197.8

APPENDIX IV

a) SCORING CARD- CUTLET

Name: _____

Date: _____

For each of the following attributes please rate the three products on a scale of one to ten:

	A	B	C
Colour	_____	_____	_____
Texture (Softness)	_____	_____	_____
Size	_____	_____	_____
Shape	_____	_____	_____
Aroma	_____	_____	_____
Mouthfeel (Tenderness, Ease of swallowing)	_____	_____	_____
Aftertaste	_____	_____	_____
Overall acceptability	_____	_____	_____

Any other comments:

b) SCORING CARD- KHAKHRA

Name: _____

Date: _____

For each of the following attributes please rate the three products on a scale of one to ten:

	A	B	C
Colour	_____	_____	_____
Texture (Brittleness)	_____	_____	_____
Size	_____	_____	_____
Shape	_____	_____	_____
Aroma	_____	_____	_____
Mouthfeel (Crunchiness)	_____	_____	_____
Aftertaste	_____	_____	_____
Overall acceptability	_____	_____	_____

Any other comments:

c) SCORING CARD -THEPLA

Name: _____

Date: _____

For each of the following attributes please rate the three products on a scale of one to ten:

	A	B	C
Colour	_____	_____	_____
Texture (Softness)	_____	_____	_____
Size	_____	_____	_____
Shape	_____	_____	_____
Aroma	_____	_____	_____
Mouthfeel (Tenderness /Chewability)	_____	_____	_____
Aftertaste	_____	_____	_____
Overall acceptability	_____	_____	_____

Any other comments:

d) SCORING CARD -MUTHIYA

Name: _____

Date: _____

For each of the following attributes please rate the three products on a scale of one to ten:

	A	B	C
Colour	_____	_____	_____
Texture (Granular)	_____	_____	_____
Size	_____	_____	_____
Shape	_____	_____	_____
Aroma	_____	_____	_____
Mouthfeel (Tenderness, Ease of swallowing)	_____	_____	_____
Aftertaste	_____	_____	_____
Overall acceptability	_____	_____	_____

Any other comments: