

APPENDIX I

PART I: SOCIO DEMOGRAPHIC PROFILE

- 1 Name
- 2 Age
- 3 Address
4. Telephone No.
5. Sex Male/ Female
- 6 Marital Status: Married/ Single
7. Religion · Hindu/Muslim/Jain/Other
8. Ethnic Group: Gujarati/ Non-Gujarati
- 9 Education Level: Illiterate / School / Education
10. Living Arrangement · Staying Alone / With spouse / With Children
11. Occupation: Employed/Retired/Housewife
12. Total number of family members living with you
- 13 Economic status . Upper/Middle/Lower

PART II : ANTHROPOMETRIC MEASUREMENTS

- 1) Height-----cms
- 2) Weight-----Kgs
- 3) Body Mass Index ----- Kg/M^2

PART III: DIETARY ASSESSMENT

- 1) Number of meal/day-----
- 2) Have you made any changes in your food consumption since last five years. Yes/ No

Type of food	Total Omitted	Reduced	Increased	Reasons
-Whole grain cereals (e.g. wheat, rice etc) -Whole legumes and pulses (eg Mung dal, whole mung, chandal, whole chana etc) -Milk and Milk products -Eggs -Non-veg -Fish -Fried foods -Oil -Ghee -Spices -Pickles -Sweets -Sugar -Leafy vegetables -Fruits -Salt -Hard to chew foods -Other vegetables -Any other food				

3) Mention if ghee/Oil (raw is added in any special food preparation).

Food Items	Daily	Once a week	Twice a week	3-4 times /wk	Once/15 day	Occasionally	Never
Rice							
Roti							
Khichdi							
Handwa							
Dhokla							
Any Other							

4. Types of oils and fats consumed

Type of Oil	Amount/month or / Year
Cottonseed	
Groundnut	
Safflower	
Sunflower	
Mustard	
Combination	
Dalda	
Any other	

PART IV : FOOD FREQUENCY

Food Items	Daily	Once a week	Twice a week	3-4 times week	Once /15days	Occasionally	Never
CEREALS							
-Bajra							
PULSES							
-Chana dal							
-Chana whole							
-Besan							
-Masoor							
-Turver dal							
-Soyabean							
LEAFY VEG							
-Tandalja							
-Bathuva							
-Cabbage							
-Arvi Alupan							
-Coriander L							
-Methi – L							
-Pudina							
-Sarason ka sag							
-Modi leaves							
-Shepu							
-Spinach							
ROOTS AND TUBERS							
-Beet root							
-Carrot							
-Sweet Potato							
-Onion							
-Suran							
-Potato							
-Mooli							
OTHER VEG							
-Karela							
-Brinjal							
-Cauli-flower							
-Drumstick -							
French beans							
-Capsicum							
-Kankode							

<ul style="list-style-type: none"> -Bhindi -Onionstalks -Parwar -Pumpkin -Tinda <p>CONDIMENT S AND SPICES</p> <ul style="list-style-type: none"> -Green chillies -Garlic -Ginger <p>FRUITS</p> <ul style="list-style-type: none"> -Amla -Guava -Jambu -Phanas -Lemon -Mausambi -Mango, ripe -Orange -Sakerteti -Papaya, ripe -Plums -Pineapple -Seethaphal -Tomato ripe -Ber <p>MEAT AND POULTRY</p> <p>MILK AND MILK PRODUCTS</p> <ul style="list-style-type: none"> Milk -Curd -Cheese <p>FATS AND OILS</p> <ul style="list-style-type: none"> -Butter -Ghee 							
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BEVERAGES -Tea -Coffee MILK BASED SWEETS (eg shrikhand, rabdi) KHOA BASED SWEETS (eg barfi, peda) GHEE BASED SWEETS FRIED SNACK WITH LEAFY VEGS (eg methi thepla, muthia) DEEP FRIED FOODS (eg Samosa) DRY SNACKS (eg chewda)							
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PART V: ACTIVITY PATTERN

1) Work related activity

Type of activities : _____ Time spent Hours _____

2) Leisure time activity

Type of activities : _____ Time spent Hours _____

3) Time spent in sleep Hours : _____

PART VI: BIOCHEMICAL PARAMETERS

1. Anti-oxidants profile:

a) Beta Carotene : _____ b) Vitamin C _____ c) Vitamin E _____

2 Lipid profile :

a) LDL . _____ b) HDL . _____ c) TC _____ d) TG _____

3 Immune Response :

a) IgM. _____

PART VII : 24 – HOUR DIETARY RECALL

Food Items	Cooked Amounts	Raw Ingredients	Raw Amounts

PART VIII : LIFE STYLE FACTORS

Addiction	Number of Years	Frequency / day	Reason if you have quit
Pan Pan Masala Supari Tobacco Cigarette Bidi Whether smoke is inhaled Whether burning end is kept in the mouth Alcohol			

ORAL HYGIENIC PRACTICES QUESTIONNAIRE (PHASE III)

- 1 Do you clean your teeth daily . Yes / No

2. What do you use for to clean your teeth
 - Paste
 - Datan
 - Coal
 - Salt
 - Tobacco
 - Plain water
 - Any other

3. Do you clean your teeth with
 - Toothbrush
 - Datan
 - Finger

- 4 Do you clean your teeth after every meal Yes / No

5. **Do you clean your teeth after consuming sweets** Yes / No
6. **Do you clean your teeth after consuming sticky food** : Yes / No
7. **Do you get your teeth cleaned by a doctor in the past** : Yes / No
8. **Which movements are involved while cleaning the teeth :**
 - Horizontal
 - Vertical
 - Circular