

## 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 -----  $\text{Kg/M}^2$

### **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
<b>CEREALS</b> -Bajra							
<b>PULSES</b> -Chana dal -Chana whole -Besan -Masoor -Turver dal -Soyabean							
<b>LEAFY VEG</b> -Tandalja -Bathuva -Cabbage -Arvi Alupan -Coriander L -Methi – L -Pudina -Sarason ka sag -Modi leaves -Shepu -Spinach							
<b>ROOTS AND TUBERS</b> -Beet root -Carrot -Sweet Potato -Onion -Suran -Potato -Mooli							
<b>OTHER VEG</b> -Karela -Brinjal -Cauli-flower -Drumstick - French beans -Capsicum -Kankode							

-Bhindi -Onionstalks -Parwar -Pumpkin -Tinda  <b>CONDIMENT S AND SPICES</b> -Green chillies -Garlic -Ginger  <b>FRUITS</b> -Amla -Guava -Jambu -Phanas -Lemon -Mausambi -Mango, ripe -Orange -Sakerteti -Papaya, ripe -Plums -Pineapple -Seethaphal -Tomato ripe -Ber  <b>MEAT AND POULTRY</b>  <b>MILK AND MILK PRODUCTS</b> Milk -Curd -Cheese  <b>FATS AND OILS</b> -Butter -Ghee							
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<b>BEVERAGES</b> -Tea -Coffee  <b>MILK BASED SWEETS</b> (eg shrikhand, rabdi)  <b>KHOA BASED SWEETS</b> (eg barfi, peda)  <b>GHEE BASED SWEETS</b>   <b>FRIED SNACK WITH LEAFY VEGS</b> (eg methi thepla, muthia)  <b>DEEP FRIED FOODS</b> (eg Samosa)  <b>DRY SNACKS</b> (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