

Schedule on Knowledge and Practices about Health, Nutrition and Lifestyle (15 years and Above)

1. Are your parents blood related (Consanguineous marriage) ? (If No Skip) :__
 1. Yes 2.No
2. If yes, what is the relation? :__
 1. Uncle-niece
 (If a person married daughter/son of his own sister)
 2. Cross-cousin
 (Marriage between father's sister's daughter /son or mother's brother's daughter/son)
 3. Parallel-cousin
 (Marriage between father's brother's daughter /son or mother's sister's daughter/son)
23. What is the type of diet you take? : __
 1. Vegan (without milk and egg) 2. Lacto-ovo-vegetarian (Vegetarian with Milk and Egg) 3. Lactovegetarian (Vegetarian + Milk) 4. Ovo-vegetarian (Vegetarian+ Egg) 5. Non Vegetarian
24. Do you use additional salt other than that used in the food preparations? : __
 1.Yes 2.No
25. Do you know the consequences of using additional salt on health? : __
 1.Yes 2.No
26. If yes, what are the consequences? : __
 1. High Blood Pressure 2. Diabetes Miletus 3. Obesity 4.Others (_____)
27. How often you alone or with your family/friends go out either for lunch or dinner? : __
 1. Daily 2. 4-6 times a week 3. 2-3 times a week
 4. Weekly once 5. Once in fortnight 6. Once a month
 7. Occasionally 9. Never
27. How often you alone or with your family/friends order food from outside either for lunch or dinner? : __
 1. Daily 2. 4-6 times a week 3. 2-3 times a week
 4. Weekly once 5. Once in fortnight 6. Once a month
 7. Occasionally 9. Never
28. Generally what foods you prefer to have from outside? : __
29. Do you take carbonated water beverages? : __
 1.Yes 2.No
- 30-31. If yes, since how long (years)? ('99' NA) : __ __
32. How frequently do you take Carbonated Beverages? : __
 1.Twiceaday 2.Onceaday 3.4-6days/week
 4.2-3days/week 5.Onceaweek 6.Onceinfortnight
 7.Oncea month 8.Occasional 9.NA

33-35. How much quantity do you drink in a single occasion? (in ml) : ___ ___ ___

36-46 Commonly used oil(s) for cooking (1.Yes 2.No)

- | | | | |
|-------------------|-------|--------------------|-------|
| 36. Groundnut oil | : ___ | 42. Mustard oil | : ___ |
| 37. Palmolein oil | : ___ | 43. Ricebran oil | : ___ |
| 38. Coconut oil | : ___ | 44. Safflower oil | : ___ |
| 39. Soyabean oil | : ___ | 45. Blended Oil | : ___ |
| 40. Sesame oil | : ___ | 46. Olive oil | |
| 41. Sunflower oil | : ___ | 47.Others(specify) | . |

Knowledge on Nutrition & Health

47. In your opinion, what are the Energy giving foods in the diet? **Select YES OR NO** : ___
1. Pulses 2 .Meat 3. Wheat/Rice 4. Oils 5. Egg, 6. Milk
7. Fruits 8.Vegetables 9. others 99. Don't Know

48. In your opinion, what are the Body building foods in the diet? **Select YES OR NO** : ___
1. Pulses 2 .Meat 3. Wheat/Rice 4. Oils 5. Egg, 6. Milk
7. Fruits 8.Vegetables 9. others 99. Don't Know

49. In your opinion, what are the Protective foods in the diet? **Select YES OR NO** : ___
1. Pulses 2 .Meat 3. Wheat/Rice 4. Oils 5. Egg, 6. Milk
7. Fruits 8.Vegetables 9. others 99. Don't Know

50. Are you aware of anaemia? : ___
1. Yes 2. No

51-58. If yes, what are the signs and symptoms? (1. Yes 2. No 9. NA)

- | | | | |
|--------------------|-------|--------------------|-------|
| 51. Breathlessness | : ___ | | |
| 52. Weakness | : ___ | 55. Oedema | : ___ |
| 53. Pallor | : ___ | 56. Tiresomeness | : ___ |
| 54. Don't know | : ___ | 57. Others (_____) | : ___ |

70-77. What are the causes for Overweight & obesity? (1.Yes 2.No)

- | | | | |
|---------------------------------|-------|-----------------------------|-------|
| 70. Mental stress | : ___ | 74. Hereditary | : ___ |
| 71. Consumption of Oil Foods | : ___ | 75. Sleeplessness | : ___ |
| 72. Decreased physical activity | : ___ | 76. Due to thyroid problems | : ___ |
| 73. Sugar Consumption | : ___ | 77. Others (.....) | : ___ |

Hypertension

78. Are you aware of Hypertension? (1.Yes 2.No) : ___

79-84. If yes, what are the signs & symptoms?(1.Yes 2.No 9.NA)

- | | | | |
|-----------------|-------|---------------------|-------|
| 79. Palpitation | : ___ | 82. Nausea/Vomiting | : ___ |
|-----------------|-------|---------------------|-------|

80. Giddiness :__ 83. :__
81. Headache :__ 84. Others(.....) :__
- 85-94 What are the most common risk factors of hypertension?(1.Yes 2.No 9.NA)
86. Overweight & Obesity :__ 90. Excess Alcohol :__
87. High intakes of salt & fat :__ 91. Dyslipidemia :__
88. Physical inactivity :__ 92. Familial history/heredity :__
89. Smoking :__ 93. Stress and strain :__
94. Others(.....) :__

Diabetes Mellitus

95. Are you aware of Diabetes Mellitus?(1.Yes 2.No) :__
- 96-103 If yes, what are its signs & symptoms?(1.Yes 2.No 9.NA)
- :__ 100 Loss of weight :__
97. Poly dyspsia :__ 101 Tiredness :__
98. Polyphagia :__ 102 Delay in wound healing :__
99. Polyurea :__ 103 Others(.....) :__

104-110 What are the most common risk factors of Diabetes? (1.Yes 2.No 9.NA)

- :__
105. Overweight & Obesity :__ 108. Family history :__
106. High fat diet :__ 109. Physical inactivity :__
107. Stress and strain :__ 110. Others(.....) :__
- 111: Sugar consumption

History and treatment of chronic health problems

111-142. History of chronic problems and their treatment? (1. Yes 2. No 8. Don't Know 9. NA)

	Illness	Treatment		Illness	Treatment
111-112.	Hypertension	:__	127-128.	Cancer	:__
113-114.	Diabetes Mellitus	:__	129-130.	Asthma	:__
115-116.	Liver Cirrhosis:	:__	131-132.	COPD	:__
117-118.	CVA (Chronic Vascular Accident)	:__	133-134.	Epilepsy	:__
119-120.	CAD (Cardio	:__	135-136.	Hypothyroidism	:__

vascular Disease)

- | | | | | | | | | | | | |
|----------|----------------|---|-----|---|-----|----------|----------------|---|-----|---|-----|
| 121-122. | Osteoporosis | : | ___ | : | ___ | 137-138. | Dementia | : | ___ | : | ___ |
| 123-124. | Arthritis | : | ___ | : | ___ | 139-140. | Peptic Ulcer | : | ___ | : | ___ |
| 125-126. | Kidneydiseases | : | ___ | : | ___ | 14-142. | Others (.....) | : | ___ | : | ___ |

Mental Illness: _____:

Use of Tobacco products

143. Do you currently use any tobacco products in any form? :___
(1.Yes2.No)
(If answer is '2' goto Question No.154)

144-151. If yes, on an average, how many of the following you use in a day? ('99' not applicable)

TYPE/DURATION/FREQUENCY/NUMBER. – MULTIPLE OPTIONS - Frequency-**ADAPT FROM WHO STEPS**

- | | | | | | | | |
|---------|------------|---|-------|---------|----------------------------------|---|-------|
| 144-145 | cigarettes | : | _____ | 148-149 | Handrolled Cigars | : | _____ |
| 146-147 | Beedis | : | _____ | 150-151 | Khaini/Snuff/Gutka (no of times) | : | _____ |

154. If you are not using tobacco currently, have you used in the past? :___
(1.Yes2.No)

155-156 If yes, what was the duration (in years) (Code '99' for Not Applicable) :_____

Alcohol consumption

157. Do you consume alcoholic beverages? :___
(1.Yes 2.No) (If the answer is 2 go to question no. 165)

158. If yes, how frequently? :___
- | | | | |
|---------------|-------------------|--------------------|--|
| 1. Daily | 2. 5-6 times/week | 3. 2-4 times/week | |
| 4. Weekly | 5. Fortnight | 6. Once in a month | |
| 7. Occasional | 9. NA | | |

159. What are the types of alcoholic beverages you generally -**COCKTAIL** take? :___
(_____)

160-162. Generally how much quantity (ml) you drink per sitting? (Enter '999' if not applicable)
:_____

163-164. Since, how many years you are drinking (Yrs)? (Enter '99' for NA) :_____

165. If you are not drinking alcoholic beverages currently, did you drink in the past? :___
(1.Yes 2.No)

166-167. If yes, what was the duration? (Yrs) (Enter '99' for Not Applicable) :_____

Physical Activity

Work place activities (Office/College/School)

168. How many days in a week do you work/go to college/school?
(For housewives/dependants enter '9' from column no 168-192) : ____

169-172. On an average, how many hours do you work in a day (hrs & mins): ____.

At your workplace/college/school how many hours do you spend on the following activities (posture) in a day? (If notdoing enter '00.00') (Hours& minutes)

173-176. Standing (teaching/general vendors/sales in the shops) : ____.

177-180. Sitting (Class room/indoor games/office work/computer work/driving etc) : ____.

181-184. Walking (street wending/) : ____.

185-188. Doing heavy work (labor work/lifting of loads/Outdoor Games/agri work) : ____.

Travel between home and work place

189-191. What is the distance (Kms) from residence to your workplace/college
(Enter 00.0,if the respondents workplace is <1km from residence or the subject is House wife/dependent) : ____.

192. If your office/college/school is ≥1km distance, how do you travel?
1. Office/school transport 2.Public transport (city bus/train) : ____
3. Four wheeler 4.Two wheeler 5.Auto/Taxi
6. Bicycle 7. Walking 8. Others(specify.....) 9.NA

Leisure time and HH activities

How often you will participate in the following activities? (Mention frequency and duration)

Physical Exercise	Frequency*	Hours & Minutes
193-196. Walking/ Briskwalking	____	____. ____
197-200. Jogging	____	____. ____
201-204. Cycling	____	____. ____
205-208. Gym exercise	____	____. ____
209-212. Floor exercise	____	____. ____
213-216. Yogasana	____	____. ____
217-220. Dancing	____	____. ____
221-224. Swimming	____	____. ____
225-228. Others (.....)	____	____. ____
Outdoor Games		
229-232. Basketball /Football / Volleyball	____	____. ____

233-236.	Badminton/Shuttlecock/ Table tennis/Tennikoit	___	___	.	___	___
237-240.	Cricket/Kabbaddi/Kho-Kho	___	___	.	___	___
241-244.	Lawn tennis	___	___	.	___	___
245-248.	Others (specify.....)	___	___	.	___	___
Indoor Games						
249-252.	Table tennis/Chess/Caroms	___	___	.	___	___
253-256.	Computer/video/mobile games	___	___	.	___	___
257-260.	Snake & Ladder game /Ludo/ChineseChecker	___	___	.	___	___
261-264.	Others (.....)	___	___	.	___	___
Sedentary activities (at home)						
265-268.	Reading Newspapers/ magazines/listening music	___	___	.	___	___
269-272.	Watching mobile/TV/video	___	___	.	___	___
273-276.	Working on computers	___	___	.	___	___
277-280.	Reading and carrying out homework	___	___	.	___	___
281-284.	Prayer and Meditation	___	___	.	___	___
285-288.	Nap (sleep during day time)	___	___	.	___	___
289-292.	Leisure time spending with/without friends/ relatives (socialization)	___	___	.	___	___
293-297.	Regular sleep	___	___	.	___	___

*Frequency:	1.	Daily	4.	Once a week
	2.	5-6 Times/week	5.	Once in 15 days
0 Not Doing	3.	2-4 Times/week	6.	Once a month

Questionnaire on 24 hr Physical Activity (previous day)

Note – Collect the information on the series of activities that the subject did in the previous day.

After collecting the information, the activities to be decoded as per the coding list provided.

	Time Slot	Actual activity (Write the actual response of the subject)	Code as per the coding list
298-299	5 am – 5.30 am		___ ___
300-301.	5.30 am – 6 am		___ ___
302-303	6 am – 6.30 am		___ ___
304-305	6.30 am – 7 am		___ ___
306-307	7 am – 7.30 am		___ ___
308-309	7.30 am – 8 am		___ ___
310-311	8 am – 8.30 am		___ ___
312-313	8.30 am – 9.am		___ ___
314-315	9 am – 9.30 am		___ ___
316-317	9.30 am – 10 am		___ ___
318-319	10 am – 10.30 am		___ ___
320-321	10.30 am – 11 am		___ ___
322-323	11 am – 11.30 am		___ ___
324-325	11.30 am – 12 noon		___ ___
326-327	12 noon – 12.30 pm		___ ___
328-329	12.30 pm – 1 pm		___ ___
330-331	1 pm – 1.30 pm		___ ___
332-333	1.30 pm – 2 pm		___ ___
334-335	2 pm – 2.30 pm		___ ___
336-337	2.30 pm – 3 pm		___ ___
338-339	3 pm – 3.30 pm		___ ___
340-341	3.30 pm – 4 pm		___ ___
342-343	4 pm – 4.30 pm		___ ___
344-345	4.30 pm – 5 pm		___ ___
346-347	5 pm – 5.30 pm		___ ___
348-349	5.30 pm – 6 pm		___ ___
350-351	6 pm – 6.30 pm		___ ___
352-353	6.30 pm – 7 pm		___ ___
354-355	7 pm – 7.30 pm		___ ___
356-357	7.30 pm – 8 pm		___ ___
358-359	8 pm – 8.30 pm		___ ___

360-361	8.30 pm – 9 pm		___ ___
362-363	9 pm – 9.30 pm		___ ___
364-365	9.30 pm – 10 pm		___ ___
366-367	10 pm – 10.30 pm		___ ___
368-369	10.30 pm – 11 pm		___ ___
370-371	11 pm – 11.30 pm		___ ___
372-373	11.30 pm – 12 night		___ ___
374-375	12 night – 5 am		___ ___

Code List

1. Sleeping 2. Sitting 3. Watching TV 4. Working on Computers 5. Playing games while sitting (indoor games) 6. Reading paper/magazine/Doing Home work 7. Eating (BF/Lunch/Dinner) 8. Fresh up (Bathing/Dressing) 9. Doing Prayer/puja 10. Socialization (time pass with friends/relatives) 11. Driving Vehicle	12. Walking/Standing 13. House hold activities (Cleaning, Sweeping, Washing clothes, Cooking) 14. Gardening 15. Fetching water 16. Animal/Child/Dependent care 17. Shopping 18. Artisan work 19. Labor work 20. Cultivation 21. Traveling 22. Driving	23. Cycling 24. Brisk walking 23.Jogging 24.Any exercise 25. Dancing 26. Yoga 27. Swimming 28. Playing any outdoor game 29. Lifting of loads 30. Rickshaw pulling 31. Any heavy duty activity 32. Other (_____)
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