EMPLOYEE CONSENT FORM

Authorization to participate in a research project entitled:

WORKPLACE HEALTH PROMOTION PROGRAMME

Non-communicable diseases (NCD) such as high blood pressure, diabetes and heart disease are emerging and accelerating among industrial population at an alarming rate. These disease burdens occur in productive mid-life period and will, therefore, adversely affect workforce productivity and economic development. The Present health promotion programme is thus being conducted in my workplace, as part of the Doctoral study of Miss. Trushna Bhatt, with an aim of helping the employees to adopt healthy lifestyle and dietary habits and thus preventing these diseases in later life.

I, _______________________________ hereby give my consent to be included as a subject in the research study to be conducted in my workplace to assess the effect of counselling on prevention and management of non-communicable diseases in industrial population.
I understand that I may be given counselling and may be asked to undergo biochemical estimations (blood analysis) as part of the programme and have been informed to my satisfaction the purpose of the clinical trial that would be carried out.

I am also aware of my right to opt out of the trial at any time during the course of the study without having to give the reasons of doing so.

__________________________________  ____________________________

Email ID  Signature

__________________________________  ________________

Phone no.  Date
Contents

Introduction .......................................................................................................................... 2

Texas Behavioral Risk Factor Surveillance System (BRFSS) Facts ........................................ 3

Instructions for Coordinator ............................................................................................... 5

Tips for Completing the Worksite Wellness Index ............................................................... 7

Part A: Worksite Policies and Environment ......................................................................... 8

Part B: Health Promotion for Employees ........................................................................... 14

Appendix I – Tables and Worksheets .................................................................................. 18

Appendix II - Tables and Worksheets .................................................................................. 23
Introduction

Employees spend approximately 36% of their total waking hours at work. This makes the worksite an ideal place to provide workers with the knowledge and skills needed to help improve attitudes and behaviors concerning health. Improving employee health can:

- Improve physical fitness and mental alertness
- Boost employee morale
- Possibly reduce absenteeism

The Worksite Wellness Index is a self-assessment and planning guide adapted from the Center for Disease Control and Prevention (CDC) School Health Index: A Self Assessment and Planning Guide (2004).

It will help you:

- Identify the strengths and weaknesses of your worksite’s wellness and health promotion policies and programs
- Develop an action plan to implement a worksite wellness program or improve an existing program

Healthy eating and regular physical activity help people to stay in shape, feel good, and avoid developing risk factors that can lead to heart disease, stroke, cancer, and diabetes. Unfortunately, many people do not meet the physical activity and nutrition recommendations, and more and more Americans are becoming overweight than ever before.

Cardiovascular disease, stroke, cancer, and diabetes are all linked by common risk factors, behaviors and/or health habits associated with physical inactivity and poor nutrition. According to the CDC’s 2004 report on Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity; poor eating habits and physical inactivity together account for at least 400,000 deaths among U.S. adults. Only tobacco use causes more preventable deaths in the United States. People who avoid behaviors that increase their risk for chronic diseases can expect to live healthier and longer lives.

Note: If at any time assistance is needed while your organization completes the Worksite Wellness Index you may contact the Texas Department of State Health Services, Cardiovascular Health and Wellness program at (512) 458-7670. Find other useful tools for developing worksite wellness programs at www.dshs.state.tx.us/wellness
Texas Behavioral Risk Factor Surveillance System (BRFSS) Facts

Nutrition and Overweight

- 36% of persons between the ages of 18 and 39 reported high fat intake (1993)

- 21% of persons between the ages of 18 and 44 reported eating the recommended five servings of fruits and vegetables each day (2003)

- 57% of adult Texans classified themselves as overweight or obese (2003) (based on Body Mass Index, BMI> 25)

- 57% of persons between the ages of 18 and 44 were recognized as at risk for health problems related to being overweight (2002) (based on Body Mass Index).

Highlights of the 1998 Texas Physical Activity Survey

- More than two-thirds (69%) of adult Texans are not getting the amount of physical activity recommended for greater health benefits (twenty minutes of moderate to vigorous activity three times a week).

- 41% of adult Texans reported the main personal reason they are not more physically active is that they believe they are already getting enough physical activity.

- However, 51% of adult Texans who believe they are already getting enough physical activity are not getting the amount of physical activity recommended for greater health benefits.

- 29% of adult Texans reported the main reason they are not more physically active is the lack of time for physical activity.

- 32% of adult Texans reported the leading community reason for not being more physically active is the lack of enough fitness facilities, sidewalks, and bicycle lanes.
Respondents reported the following barriers for not being physically active at the worksite:

- 71% of the respondents reported their worksites do not allow actual work time to be used for physical activity.
- 69% of the respondents reported their worksites do not have a written flex-time policy on physical activity.
- 82% of the respondents reported their worksites do not offer regular physical activity programs.
- 77% of the respondents reported their worksites do not have facilities or equipment for physical activity.
- 50% of the respondents reported their worksites do not have a safe place to walk.

Find more information regarding the Texas Behavioral Risk Factor Surveillance Survey from the Texas Department of State Health Services [www.dshs.state.tx.us/chronicd](http://www.dshs.state.tx.us/chronicd)
Instructions for Coordinator

1. **Review the Worksite Wellness Index assessment tool.**

2. **Assemble a Worksite Wellness Index team.** The first step toward employee wellness is to identify a team of people who will be responsible for completing the Worksite Wellness Index. You may choose an existing team, such as the Employee Wellness Committee or similar group, or create a new team. Broad participation is important for meaningful assessment and successful planning and implementation.
   Suggested participants include:
   - human resources/benefits coordinator
   - employees from varying departments
   - administrators
   - supervisors
   - employee wellness staff

3. **Meet to discuss the Index.** At the first meeting, explain the Worksite Wellness Index. Set a timeline for the completion of the assessment. Working as a team will increase the accuracy of responses and tap into creative insights. Make sure that everyone gets a copy of the Instructions, Score Card, and Questionnaire.

4. **Complete the Index.** Each team member should answer the questions by getting any needed information and having open discussion. Each question gives directions on how to select from the four scoring choices. Answers should be written on a copy of the Score Card.

5. **Meet as a team.** Discuss each question and its scoring descriptions. Arrive at a consensus on a score for each question, and record the consensus score on a separate Score Card. The team should then use these results to answer the Planning Questions for each section.

6. **Arrive at recommendations.** As a team, arrive at recommendations for action to address any weaknesses identified by the scores earned for each question. List the team’s recommendations in the Recommendation Table and rate each on the five criteria listed in the table.

7. **Prioritize.** Write the sum of the ratings in the “total” column in the Recommendation Table. In the “Priority Ranking” column of the Recommendation Table, indicate the rank order the team has decided for implementing the recommendations. Consider the “Total” column when ranking the recommendations, but do not feel bound to numerical totals. Some very important actions may be too expensive, labor intensive, or too complex to rank as number one. Others may be less important, but require fewer resources or staff to implement. Use the collaborative judgment and knowledge of your team members. Together they know the worksite and will arrive at the best mix of
important, achievable recommendations.

8. **Make a plan.** Once you have prioritized the recommendations, use the Action Plan Worksheet to further develop the team’s ideas.

9. **Implement the plan.** Present the recommendations and action plan to the worksite’s decision-making authority. After approval, implement the plan and monitor progress.
Tips for Completing the Worksite Wellness Index

- **Accuracy counts.** Please answer all questions as accurately as possible. The Worksite Wellness Index is your self-assessment and planning tool.

- **The focus is on health promotion.** The Worksite Wellness Index was designed to assess implementation of wellness and health promotion activities. It does not address basic administration duties such as bookkeeping.

- **There is no passing grade.** The Worksite Wellness Index is not intended to be used to compare one worksite wellness program with another. You should only use your Index scores to help you understand your worksite’s strengths and weaknesses and to develop an action plan for improving your wellness and health promotion efforts. It is realistic to expect low scores in certain areas; low scores can help you build awareness of areas needing improvement.

- **Some actions are easier than others.** Use of the Worksite Wellness Index tool might lead your team to recommend actions that require additional resources. However, you might find that many of the recommended actions simply involve more efficient use of existing resources.

- **Keep the team together.** The purpose of completing the Worksite Wellness Index is to start a path or improve your worksite’s wellness program. Once you have started, you can keep the team together and use the Index to monitor your progress. Establish a schedule for annual assessments, so that the Index can serve as a tool for continuous improvement and accountability over time.
Part A: Worksite Policies and Environment

Questionnaire

A-1. Worksite Wellness Program Policy

Does the worksite have a current policy outlining the requirements and functions of a comprehensive worksite wellness program?

“A comprehensive” worksite wellness program promotes healthy lifestyle choices through defined policies about the worksite environment and health promotion programs/activities that are conducive to healthy behaviors.

3 = Yes
2 = There is a policy, but it needs modification to meet the needs of the worksite
1 = There is no policy, but there are plans to form one
0 = No

A-2. Representative Committee Oversees Worksite Wellness Programs

Does the worksite have a representative committee that meets at least once a month to oversee worksite wellness programs, including physical activity and nutrition programs?

“Representative” means that it includes relevant members of the workforce, such as staff, supervisors, administration, human resources/benefits coordinator, etc.

3 = Yes
2 = There is a committee, but it is not representative or it meets less than once a month
1 = There is no committee, but there are plans to form one
0 = No
A-3. Worksite Wellness Plan

Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants in, and expected results of a worksite wellness program?

3 = Yes
2 = There is a plan, but it needs modification to meet the needs of the worksite
1 = There is no plan, but there are plans to develop one
0 = No

A-4. Written Policies on Physical Activity

Does the worksite have written policies on physical activity that commit to the following?

- Supporting physical activity during duty time (flex-time)
- Providing incentives for engaging in physical activity
- Offering company sponsored fitness oriented programs for employees other than an exercise facility
- Providing a broad range of competitive and non-competitive physical activities that help develop the skills needed to participate in lifetime physical activities
- Providing exercise/physical fitness messages and information to employees
- Providing prompts to promote physical activity near each stairwell or elevator

“Lifetime physical activities” are those readily carried to settings other than the worksite. Examples include swimming, walking, running, racquet sports, and dancing.

3 = Yes for five or six areas listed above
2 = For three or four areas
1 = For one or two areas
0 = No
A-5. Breaks

Are employees provided with breaks during working hours and are employees encouraged to be active during break time?

Examples of a break time activity could be structured or unstructured such as walking in groups, performing stretching exercises at your desk, etc.

3 = Yes
2 = Breaks are provided each day, but employees are not given encouragement to be active
1 = Breaks are provided each day, but employees are restricted to the restroom, break room, or immediate work area
0 = Breaks are not provided any work day

A-6. Physical Activity Facilities

Does the worksite provide a facility/designated space or related support system on-site for physical activity by employees?

- On-site exercise facility
- Outdoor exercise areas, playing fields, or walking trails for employee use
- Free, discounted, or employer subsidized memberships to fitness centers
- On-site physical activity classes such as aerobics, kick-boxing, dancing, etc.
- Provide showers and/or changing facilities

3 = Yes
2 = For three or four areas
1 = For one or two areas
0 = No
A-7. Employee Access to Physical Activity Facilities Outside of Work Hours

Can all employees use the worksite’s indoor/outdoor physical activity facilities outside of work hours?

“Outside of work hours” means before or after work, lunch, evenings, weekends, and on holidays.

3 = Yes, the worksite has identified indoor/outdoor areas that employees can access to engage in physical activity before, during or after work hours
2 = Indoor or outdoor facilities are available, but not both
1 = Indoor or outdoor facilities are available, but the hours of availability are very limited
0 = No indoor or outdoor facilities are available

A-8. Written Policies on Nutrition

Does the worksite have written policies on nutrition that commit to the following?

- On-site cafeterias following healthy food preparation guidelines and practices (e.g. steaming, low-fat, low calorie, salt substitutes, limited frying, etc.)
- Healthy food options for any meetings, conferences, or training offered by the worksite
- Vending machines and/or onsite cafeteria offer nutritious food options as 25% of the total choices
- Healthy eating messages to the employee population (delivered via e-mail messages, payroll stuffers, bulletin boards, etc.)
- Supporting participation in nutrition-related activities during duty time (flex-time)
- Providing prompts to promote and identify healthy food/snack/drink choices near vending machine(s) or on-site cafeteria

3 = Yes, for five or six areas listed above
2 = For three or four areas
1 = For one or two areas
0 = No
A-9. Written Policies on Tobacco Use

Does the worksite have written policies on tobacco use that commit to the following?

- Prohibiting tobacco use anywhere on property
- Supporting participation in smoking cessation activities during duty time (flex-time)
- Providing prompts to support no tobacco use policy

3 = Yes
2 = Yes, but tobacco use allowed in designated area(s)
1 = Yes, but flextime is not allowed to attend cessation classes or policy prompts not provided
0 = No

A-10. Staff Oriented to Policies

Is staff oriented to, and given copies of, the physical activity, nutrition, and tobacco use policies?

3 = Yes
2 = Oriented to or given copies, but not both
1 = No, but there are plans to
0 = No

A-11. Plan to Respond to Cardiac Events

Does the worksite have a written plan for emergency response to cardiac events at their facility?

3 = Yes
2 = Plan is in place, but does not meet the needs of the worksite
1 = No, but there are plans to develop an emergency response plan
0 = No
A-12. Emergency Response Training

Does the worksite provide emergency training for response to cardiac events at their facility?

- **Worksite has provided basic Cardiopulmonary Resuscitation (CPR) training and certification to employees within the current year**
- **Worksite has a policy on training employees on use and placement of Automated External Defibrillators (AED’s)**

3 = Yes
2 = CPR training or AED training/placement, but not both
1 = No, but there are plans to do so in the future
0 = No
Part B: Health Promotion for Employees

Questionnaire

B-1. Healthcare Coverage for Employees

Does the worksite offer or provide adequate healthcare coverage for employees and their families for prevention of and rehabilitation of heart disease and stroke?

3 = Yes
2 = Offers or provides access to adequate health healthcare coverage, but coverage for prevention of and rehabilitation of heart disease and stroke is limited
1 = No, but there are plans to do so
0 = No

B-2. Health Screening for Employee

Does the worksite offer or provide easy access to free or reasonably priced health screenings for employees at a minimum of one time a year?

“Provide access to” means that the worksite has a special arrangement for employees to receive either on- or off-site health screening.

Examples of items that are part of a “health screening” include:

- height and weight measurements
- blood pressure checks
- cholesterol screening
- diabetes/blood sugar screening
- individual health risk appraisal

3 = Yes
2 = Offers or provides access to health screening, but is not reasonably priced or not easily accessible
1 = No, but there are plans to do so
0 = No
B-3. Physical Activity/Fitness Programs for Employees

Does the worksite offer or provide easy access to free or reasonably priced physical activity/fitness programs for the employees?

"Provide access to “ means the worksite has a special arrangement for employees to take classes on-site or at an off-site facility.

Examples of such “programs” include:

- Classes
- Workshops
- Facilities
- Special Events

3 = Yes
2 = Offers or provides access to physical activity/fitness programs, but they are not reasonably priced or not easily accessible
1 = No, but there are plans to do so
0 = No

B-4. Nutrition Education/Weight Management Programs for Employees

Does the worksite offer or provide easy access to free or reasonably priced nutrition education/weight management programs for the employees?

3 = Yes
2 = Offers or provides access to nutrition education/weight management programs, but they are not reasonably priced or not easily accessible
1 = No, but there are plans to do so
0 = No
B-5. Promote and Encourage Employee Participation

Does the worksite promote and encourage employee participation in its physical activity/fitness and nutrition education/weight management programs?

Examples of ways to “promote and encourage employee participation” include:

- Information at new employee orientation
- Information on programs provided with paychecks
- Flyers on wall or bulletin boards
- Letters mailed directly to employees
- Announcements at employee meetings
- Employee newsletter articles
- Incentive/reward programs
- Public recognition
- Health insurance discounts
- Provide showers and changing facilities
- Sponsor employee sports teams

3 = Yes, through four or more ways listed above
2 = Through one to three of the ways
1 = No, but there are plans to do so
0 = No

B-6. Awareness and Education Messages

Does the worksite provide awareness and education messages/information on the following?

- Heart disease and stroke prevention including risk factors such as high blood pressure, cholesterol, diabetes, overweight, etc.
- Signs and symptoms of heart attack, stroke, need to call 9-1-1
- Use of AEDs and CPR
- Good nutrition/eating habits
- Physical activity
- Tobacco prevention/control

3 = Yes, for five or six of the above items
2 = For three or four
1 = For one or two
0 = No
B-7. Budget for Employee Health Program

*Is there a worksite budget for employee health promotion that includes a salary for a coordinator?*

“Coordinator” means a full or part-time employee who is responsible for planning, designing, implementing, and evaluating employee health promotion activities.

3 = Yes
2 = There is a budget, but it does not include a salary for a full or part-time coordinator (although the worksite may have a volunteer coordinator)
1 = No, but there are plans to create a budget
0 = No
Appendix I – Tables and Worksheets

Part A: Worksite Policies and Environment
**Part A: Worksite Policies and Environment**

**Score Card**

*Instructions:* To complete this Score Card, first carefully read and discuss the Questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the Planning Questions for each question.

<table>
<thead>
<tr>
<th></th>
<th>Fully In Place</th>
<th>Partially In Place</th>
<th>Under Development</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>A-1. Worksite Wellness Program Policy</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-2. Representative Committee oversees Worksite Wellness Programs</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-3. Worksite Wellness Plan</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-4. Written Policies on Physical Activity</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-5. Breaks</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-6. Physical Activity Facilities</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-7. Employee Access to Physical Activity Facilities Outside of Work Hours</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-8. Written Policies on Nutrition</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-9. Written Policies on Tobacco Use</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>A-10. Staff Oriented to Policies</td>
<td>3</td>
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<td>A-11. Plan to Respond to Cardiac Events</td>
<td>3</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A-12. Emergency Response Training</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

Total the number of circled responses in each column

Multiply by the Point Value

- X 3
- X 2
- X 1
- X 0

Subtotals

<table>
<thead>
<tr>
<th>Total Points Earned</th>
<th>Add all subtotals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Possible Points

- 36

Percentage (total points earned/36) x 100

- %
Part A: Worksite Policies and Environment

Planning Questions

These planning questions will help your worksite use its Index results to identify and prioritize changes needed to improve your worksite wellness program. Answers should be reviewed when completing the Recommendation Table.

1. Based on the scores earned for each question, what are the **strengths** and **weaknesses** of your worksite's policies and environment related to worksite wellness?

2. To improve each of the weaknesses identified in question 1; identify the recommendations for action.
Part A: Worksite Policies and Environment

Recommendation Table

**Instructions:** Rate each of the recommendations identified in the Worksite Policies and Environment Planning Questions on the following five aspects: importance, cost, time, commitment, and feasibility. Rate each on a scale of 1 to 5 using the chart below.

<table>
<thead>
<tr>
<th>Importance</th>
<th>How important is the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5 = Very important 3 = Somewhat important 1 = Not very important</td>
</tr>
<tr>
<td>Cost</td>
<td>How expensive would it be to plan and implement the recommendation?</td>
</tr>
<tr>
<td></td>
<td>5 = Not expensive 3 = Moderately expensive 1 = Very expensive</td>
</tr>
<tr>
<td>Time</td>
<td>How much time and effort would be needed to implement the recommendation?</td>
</tr>
<tr>
<td></td>
<td>5 = Little or no time and effort 3 = Moderate time and effort 1 = Extensive time and effort</td>
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<tr>
<td>Commitment</td>
<td>How enthusiastic would the worksite community be about implementing the recommendation?</td>
</tr>
<tr>
<td></td>
<td>5 = Very enthusiastic 3 = Moderately enthusiastic 1 = Not enthusiastic</td>
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<tr>
<td>Feasibility</td>
<td>How difficult would it be to complete the recommendation?</td>
</tr>
<tr>
<td></td>
<td>5 = Not difficult 3 = Moderately difficult 1 = Very difficult</td>
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</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Importance</th>
<th>Cost</th>
<th>Time</th>
<th>Commitment</th>
<th>Feasibility</th>
<th>Total Points</th>
<th>Priority Ranking</th>
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</table>
# Part A: Worksite Policies and Environment

## Action Plan Worksheet

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Activities</th>
<th>Materials, Resources and Personnel</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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</table>
Appendix II - Tables and Worksheets

Part B: Health Promotion for Employees
Part B: Health Promotion for Employees

Score Card

**Instructions:** To complete this Score Card, first carefully read and discuss the Questionnaire. Answer the specific questions and follow the scoring descriptions. After all questions have been scored, respond to the Planning Questions for that section.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>B-1. Healthcare Coverage for Staff</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B-2. Health Screening for Staff</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B-3. Physical Activity/Fitness Programs for Employees</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B-4. Nutrition Education/Weight Management Programs for Employees</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>B-5. Promote and Encourage Employee Participation</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B-6. Awareness and Education Messages</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B-7. Budget for Employee Health Promotion</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Total the number of circled responses in each column

Multiply by the Point Value  
$\times 3 \quad \times 2 \quad \times 1 \quad \times 0$

Subtotals

Total Points Earned  
*Add All Subtotals*

Total Possible Points  
21

Percentage (total points earned/21) x100  
%
Part B: Health Promotion for Employees

Planning Questions

These planning questions will help your worksite use its Index results to identify and prioritize changes needed to improve your worksite wellness programs. Answers should be reviewed when completing the Recommendation Table.

1. Based on the scores earned for each question, what are the strengths and weaknesses of your worksite’s health promotion for employees?

2. To improve each of the weaknesses identified in question 1, identify the recommendations for action.
Part B: Health Promotion for Employees

Recommendation Table

Instructions: Rate each of the recommendations identified in the Health Promotion for Employees Planning Questions on the following five aspects: importance, cost, time, commitment, and feasibility. Rate each on a scale of 1 to 5 using the chart below.

<table>
<thead>
<tr>
<th>Importance</th>
<th>How important is the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = Very important</td>
<td>3 = Somewhat important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>How expensive would it be to plan and implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = Not expensive</td>
<td>3 = Moderately expensive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>How much time and effort would be needed to implement the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = Little or no time and effort</td>
<td>3 = Moderate time and effort</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commitment</th>
<th>How enthusiastic would the worksite community be about implementing the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = Very enthusiastic</td>
<td>3 = Moderately enthusiastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feasibility</th>
<th>How difficult would it be to complete the recommendation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 = Not difficult</td>
<td>3 = Moderately difficult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Importance</th>
<th>Cost</th>
<th>Time</th>
<th>Commitment</th>
<th>Feasibility</th>
<th>Total Points</th>
<th>Priority Ranking</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Texas Department of State Health Services 26
Part B: Health Promotion for Employees

Action Plan Worksheet

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Activities</th>
<th>Materials, Resources and Personnel</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STEPS APPROACH FOR RISK ANALYSIS

Date :  
Time :

1. Name ____________________________________________________________

2. Date of Birth ___ / ___ / ___  Age ___ years

3. Contact information  
   Phone no._________________ E-mail ID___________________________

4. Department ____________________________________________________________

5. Designation ____________________________________________________________

6. Sex  
   a) Male  
   b) Female

7. Religion  
   a) Hindu  
   b) Muslim  
   c) Sikh  
   d) Christian  
   e) Paarsi  
   f) Others

8. Education  
   a) ITI certificate  
   b) Diploma  
   c) Graduate  
   d) Post graduate

9. Marital status  
   a) Unmarried  
   b) Married  
   c) Divorced  
   d) Widowed

10. No. of members in the family ______

11. Total monthly income of family Rs.________

12. Living status :
   a) Alone/with roommates
   b) With family

13. Do you currently smoke? Cigar/Cigarette/Bidi/Pipe
   a) Yes
   b) No
   
   If yes:
   13-A. How frequently do you smoke?  
   a) Daily
   b) 2-3/week
   c) Weekly
   d) Fortnightly
   e) Monthly
   f) Rarely
   
   13-B. Amount of usage per day ___

   13-C. How old were you when you started smoking? ____ years

14. If you smoked in the past but have now left it;
   14-A. In the past, did you smoke daily?  
   a) Yes
   b) No
14-B. How old were you when you started smoking? _____ years
14-C. How old were you when you stopped smoking? _____ years

15. During the past week (7 days), on how many days did someone in your house/workplace/somewhere else smoke when you were present? __ days

16. Do you currently use any ‘smokeless tobacco’?
   a) Yes
   b) No

   If yes;

16-A. How frequently do you use smokeless tobacco?
   a) Daily
   b) 2-3/week
   c) Weekly
   d) Fortnightly
   e) Monthly
   f) Rarely

16-B. How old were you when you started using ‘smokeless tobacco’? _____ years

17. If you used ‘smokeless tobacco’ in the past but have now left it;

17-A. In the past, did you use ‘smokeless tobacco’ daily?   a) Yes   b) No

17-B. How old were you when you started using it? _____ years

17-C. How old were you when you stopped using it? _____ years

18. Have you ever consumed an alcoholic drink?
   a) Yes
   b) No

   If yes;

18-A. During the past 12 months, how frequently have you had at least one drink?
   a) Daily
   b) 2-3/week
   c) Weekly
   d) Fortnightly
   e) Monthly
   f) Rarely

18-B. During past 30 days, how frequently have you had at least one drink?
   a) Daily
   b) 2-3/week
c) Weekly  
d) Fortnightly  
e) Monthly  
f) Rarely  

19. If you did consume an alcoholic drink during the past 30 days;  
19-A. What was the amount consumed? _____ ml  
19-B. How many standard alcoholic drinks did you have on a single occasion?  
(For men > 5 drinks, For women > 4 drinks) ____  
19-C. How often was it with meals?  
a) Usually  
b) Sometimes  
c) Never  

20. What is your frequency of fruit consumption?  
a) Daily  
b) 3-4 times a week  
c) 2/week  
d) Weekly  
e) Fortnightly  
f) Monthly  
g) Rarely (< 1 month)  

21. What is the amount of fruit you consume on one such day?  
a) < 100 gm  
b) 100-150 gm  
c) 150-200 gm  
d) > 200 gm  

22. What is your frequency of vegetable (excluding potato) consumption?  
a) Daily  
b) 3-4/ week  
c) 2/week  
d) Weekly  
e) Fortnightly  
f) Monthly  
g) Rarely (< 1 month)
23. What is the amount of veg. (excluding potato) you consume on one such day?
   a) < 100 gm
   b) 100-150 gm
   c) 150-200 gm
   d) > 200 gm

24. What is your frequency of eating out/meal not prepared at home?
   a) Daily
   b) 3-4/week
   c) 2/week
   d) Weekly
   e) Fortnightly
   f) Monthly
   g) Rarely (< 1 month)

25. With respect to the meal you consume during work hours;

   25-A. Breakfast
   a) No breakfast
   b) At home
   c) At office

   25-B. If having breakfast at office, what is the frequency of breakfast at office
   a) Daily
   b) 3-4/week
   c) 2/week
   d) Weekly
   e) Fortnightly
   f) Monthly
   g) Rarely (< 1 month)

   25-C. Lunch
   a) Homemade
   b) Tiffin service
   c) Canteen
   e) Restaurant

   25-D. Frequency of lunch from tiffin/canteen/restaurant(whichever applicable)
   a) Daily
   b) 3-4/week
c) 2/week
d) Weekly
e) Fortnightly
f) Monthly
g) Rarely (< 1 month)

25-E. Snacks at office
a) Yes
b) No

25-F. If yes, frequency of snacks in office
a) Daily
b) 3-4/week
c) 2/week
d) Weekly
e) Fortnightly
f) Monthly
g) Rarely (< 1 month)

26. Does your work involve vigorous-intensity activity that causes large increases in breathing/heart rate for at least 10 min. continuously?
a) Yes
b) No

If yes:

26-A. In a typical week, on how many days do you do them? ____ days

26-B. In a typical week, how much time do you spend on them? ____ hr. ____ min.

27. Does your work involve moderate-intensity activity that causes small increases in breathing/heart rate for at least 10 min. continuously?
a) Yes
b) No

If yes:

27-A. In a typical week, on how many days do you do them? ____ day

27-B. In a typical week, how much time do you spend on them? ____ hr. ____ min.

28. Do you walk/cycle for at least 10 min. continuously for travelling?
a) Yes b) No
If yes;
28-A. How many times a week do you do this? ____
28-B. How much time do you spend on this on one such day? ___hr. ___min.

29. Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increase in breathing/heart rate for at least 10 min. continuously? (running/outdoor sports)
a) Yes
b) No
If yes;
29-A. In a typical week, on how many days do you do them? ____ day
29-B. In a typical week, how much time do you spend on them? ___hr. ___min.

30. Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause small increase in breathing/heart rate for at least 10 min. continuously? (Brisk walking/cycling/swimming)
a) Yes
b) No
If yes;
30-A. In a typical week, on how many days do you do these activities? ____ day
30-B. In a typical week, how much time do you spend on them? ___hr. ___min.

31. How much time do you usually spend sitting on a typical day? ___hr. ___min.

32. Have you ever had your Blood Pressure measured by a doctor/health worker?
a) Yes
b) No
If yes;
32-A. When was the last time you had it measured?
a) During past year
b) Longer than a year back
32-B. Have you ever been told by a doctor/health worker that you have raised B.P./Hypertension? a) Yes b) No
If yes;
32-C. When were you told about it?
a) During past year
b) Longer than a year back
32-D. Are you currently receiving any of the following advice/treatments, as prescribed by a doctor/health worker?
   a) Drug (medication) that you are currently taking
   b) Advice to reduce salt intake
   c) Advice/treatment for losing weight
   d) Advice/treatment to stop smoking
   e) Advice/treatment to do more exercise

32-E. Have you ever sought treatment for it from traditional healer/alternative medicine/home remedies?  
   a) Yes  b) No

32-F. Are you currently taking traditional/home remedy for high blood pressure?  
   a) Yes  b) No

33. Have you ever had your Blood Sugar measured by a doctor/health worker?  
   a) Yes  b) No

   If yes;

33-A. When was the last time you had it measured?  
   a) During past year
   b) Longer than a year back

33-B. Have you ever been told by a doctor/health worker that you have raised Blood Sugar/Diabetes?  
   a) Yes  b) No

   If yes;

33-C. When were you told about it?  
   a) During past year
   b) Longer than a year back

33-D. Are you currently receiving any of the following advice/treatments for it, as prescribed by a doctor/health worker?  
   a) Drug (medication) that you are currently taking
   b) Special prescribed diet
   c) Advice/treatment for losing weight
   d) Advice/treatment to stop smoking
   e) Advice/treatment to do more exercise

33-E. Have you ever sought treatment for Diabetes from traditional healers/alternative medicine/home remedies?  
   a) Yes  b) No
33-F. Are you currently taking traditional/home remedy for high blood sugar/Diabetes?

a) Yes
b) No

**STEP 2 Physical Measurements**

34. Height ______ cm
35. Weight ______ kg
36. Waist Circumference _____ cm
37. Hip Circumference _____ cm
38. Blood Pressure:  
   - **Reading 1**
     - S.B.P. ___ mm Hg
     - D.B.P. ___ mm Hg
   - **Reading 2**
     - S.B.P. ___ mm Hg
     - D.B.P. ___ mm Hg
   - **Reading 3**
     - S.B.P. ___ mm Hg
     - D.B.P. ___ mm Hg
39. Heart Rate ___ bpm ___ mm Hg ___ mm Hg
Major NCDs - Non Communicable Diseases

- Diabetes
- Cardiovascular Disease
- Stroke
- Cancer
Non Communicable Diseases

NCD
Leading cause of death

- Slow Progression
- Functional Impairment
- Incurability
- Non Contagious
- Multiple Risk Factors
NCD - the “neglected epidemic”

Indian scenario

1990: 40.4% of all deaths
2020: 66.7% of all deaths

iv
NCDs – Risk Factors

Risk Factors

Presence of risk factors indicate that you are at risk of developing NCDs

Non Modifiable Risk Factors

Modifiable Risk Factors
NCDs – Risk Factors

Non Modifiable Risk factors

- Heredity
- Age

Modifiable Risk factors

- Gender
NCDs – Risk Factors

- Diet
- Stress
- Modifiable Risk factors
- Physical Activity
- Smoking
Shift from home based to “convenience foods”

- More oil, sugar, sodium in diet
- Less fiber, Vitamin, Minerals in diet
- Low Fruit & Vegetable intake

Overweight, obesity, High Blood Pressure, High Cholesterol
**Obesity**

Overweight and Obesity are defined as abnormal/excessive fat accumulation in the body that presents a risk to health.

**Body Mass Index**

BMI = wt (kg)/ht (mt²)

BMI: 23-24.9 = overweight and ≥25 = obese
**Apple shaped/Pear Shaped Body**

**Android Obesity**
Deposition of fat around waist;
“Apple shaped” fat distribution
Usually seen in men.

**Abdominal Obesity**

Ideal waist circumference; Men:<90 cm, Women:<80 cm

**Gynoid Obesity**
Deposition of fat in lower body;
“Pear shaped” fat distribution.
Usually seen in women.
Obesity - Mother of all diseases

- Cancer
- Hypertension (High B.P.)
- Diabetes
- Stroke
- Cardiovascular Diseases
- Osteoarthritis

Overweight & Obesity
Prevention / Management Of Overweight, Obesity

Physical Activity
Use Food To Lose Weight

- Helps in Weight Loss
- Helps in lowering Cholesterol
- Improves Digestion
- Helps in maintaining Blood Sugar

Make your meals FIBER RICH
Fiber Rich Foods

Make fruits a part of your daily diet (2 bowls/day)

At least 2 bowls/day of veg. (except potato)

Eat whole grain cereals: bajra, oats, whole wheat flour
Quick Tips: Make Healthy Food Choices

- White Rice
- Brown Rice
- White Bread
- Brown Bread
- Wheat Flour
- Multi grain flour
- Fruit Juice
- Fruit
Keep These At A Minimum

Avoid eating fried items, outside eatables, packaged foods.

EMPTY CALORIES
Drink a glass of cold water before starting your meal

Have a bowl of salad with each meal

Avoid having sweets more than once a month

Puri
Roti / Paratha
Use skim milk instead of whole milk

Cut down on tea/coffee. This will reduce your sugar intake
Quick Tips

Prefer taking chutney, curd/chhas with food items like handva, muthia, dhokla, khichdi instead of eating them with oil/ghee.
Benefits of Regular Physical Activity

- Blood Sugar
- Hypertension
- Cholesterol
- Weight
- Bone Health
Types of Physical Activity

MODERATE INTENSITY ACTIVITY

VIGOROUS INTENSITY ACTIVITY

Fast Cycling
How Much Physical Activity Should You Do?

FOR WEIGHT MAINTENANCE
150 min/week MIE OR
75 min/week VIE OR
Equivalent mix of MIE and VIE
At least 10 min At A Time

FOR WEIGHT LOSS
MIE for at least 1 hour; 5 times a week OR
VIE for at least 30 min; 5 times a week
Common Problems Faced in Weight Management

Plateau Effect

Sustained Weight loss efforts

Success in achieving weight loss

Increased weight loss efforts

Continued weight loss
The YO YO Effect involves a cycle of weight loss and weight regain due to changes in energy input and output.

- **Low calorie diet + Physical activity** leads to **Energy input** decreasing, resulting in **Weight loss**.
- **Energy output** increases as the body adapts to the lower energy intake.
- **Discontinue healthy lifestyle** results in **Weight regain** as energy input decreases further.
- The cycle repeats, leading to repeated fluctuations in weight.
Blood Pressure

Pressure exerted by blood
<table>
<thead>
<tr>
<th>Systolic BP (mm Hg)</th>
<th>Diastolic BP (mm Hg)</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;120</td>
<td>&lt;80</td>
<td>Normal</td>
</tr>
<tr>
<td>120-139</td>
<td>80-89</td>
<td>Pre Hypertension</td>
</tr>
<tr>
<td>≥140</td>
<td>≥90</td>
<td>Hypertension</td>
</tr>
</tbody>
</table>
Hypertension -The Silent Killer

- Heart Problems
- Vision Impairment
- Kidney Failure
- Stroke
What Causes Hypertension?

- Stress
- Smoking, Alcohol
- Physical inactivity
- Unhealthy diet
- Overweight & Obesity
Preventing & Managing Hypertension

- Regular Physical Activity
- DOs
- Fiber rich foods
- Stress free lifestyle
Preventing & Managing Hypertension

DONTs
- High calorie foods – fried foods, sweets
- High sodium foods
- Smoking, Alcohol
Sodium intake in Hypertension

Packaged foods

Chutney, Pickles, Papad

Chinese food containing MSG

Table salt
THANK YOU
PRESENTATION - 2

DIABETES

HEART DISEASES
40 million diabetics in India in 2006

Forecast: 80 million by 2030
Blood Glucose Mechanism in the Body

- High blood sugar
  - Promotes insulin release

- Insulin
  - Promotes glucagon release
  - Stimulates glucose uptake from blood
  - Lowers blood sugar

- Glucagon
  - Stimulates glycogen breakdown
  - Liver
    - Glycogen
    - Glucose
    - Stimulates glycogen formation
  - Tissue cells
    - Lowers blood sugar
  - Raises blood sugar
**Type 1 Diabetes**
Occurs when the pancreas are unable to produce insulin in the body.

**Type 2 Diabetes**
Occurs when the body can produce insulin but the cells are unable to use it effectively.

In both cases, the result is an increased level of glucose in the blood also known as Hyperglycemia.
<table>
<thead>
<tr>
<th>CONDITION</th>
<th>FASTING BLOOD SUGAR (mg/dl)</th>
<th>POST LUNCH (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>70-100</td>
<td>&lt;140</td>
</tr>
<tr>
<td>Pre Diabetes</td>
<td>100-125</td>
<td>140-199</td>
</tr>
<tr>
<td>Diabetes</td>
<td>≥126</td>
<td>≥200</td>
</tr>
</tbody>
</table>
SYMPTOMS

- Excessive thirst
- Frequent urination
- Increased hunger
- Delayed wound healing
- Frequent skin infections
- Unexplained weight loss
- Fatigue
- Vision changes
Complications

- **EYES**: Compromised vision, loss of vision
- **HEART**: Increased risk of Heart Attack, Stroke
- **KIDNEYS**: Compromised kidney function
- **BLOOD VESSELS**: Reduced ability to supply blood to different organs, compromising their function
- **NERVES**: Damage to nerves impairs functions of organs to which they are associated
- **FEET**: Frequent foot ulcers
**Who is at risk for Diabetes?**

- Age > 45 yr old
- Heredity
- Overweight, Obesity
- Heart disease
- Physically inactive
- High cholesterol levels
Management

- No fasting/feasting
- Regular physical activity
Glycemic Index measures *how fast* and *how much* a food raises blood glucose levels.

- **Low Glycemic Index** $\leq 55\%$
- **Medium glycemic index** 56-69%
- **High glycemic index** $\geq 70\%$

High GI foods raise blood sugar rapidly and hence should be avoided by Diabetics.
**Effects of High & Low GI Foods**

- **High GI foods**
  - Insulin production
  - Triglycerides
  - Appetite
  - HDL cholesterol
  - ↓ hunger
  - ↑ voluntary food intake

- **Low GI foods**
  - ↑ satiety
<table>
<thead>
<tr>
<th>High GI Foods</th>
<th>Low GI Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweetened beverages</td>
<td>Fruits</td>
</tr>
<tr>
<td>Soft drinks</td>
<td>Vegetables</td>
</tr>
<tr>
<td>White bread</td>
<td>Whole grain products</td>
</tr>
<tr>
<td>Potato, sweet potato</td>
<td>Pulses &amp; Legumes</td>
</tr>
<tr>
<td>Chocolates, Ice cream</td>
<td>Skimmed Milk</td>
</tr>
<tr>
<td>Sweets, Desserts</td>
<td>Skimmed Milk products</td>
</tr>
<tr>
<td>All processed foods</td>
<td>Low fat curd</td>
</tr>
</tbody>
</table>
Cardiovascular Disease (CVD)

Disorders of Heart

Heart disease, Stroke, Hypertension, Heart failure

LEADING CAUSE OF DEATH IN THE WORLD
What Causes CVD?
Abnormal Cholesterol Levels

LDL-C → C → Triglycerides (TG) → HDL-C

Dyslipidemia
## Cholesterol Levels

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cholesterol (mg/dl)</th>
<th>LDL Cholesterol (mg/dl)</th>
<th>Triglycerides (TG) (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt; 200</td>
<td>&lt; 100</td>
<td>&lt; 150</td>
</tr>
<tr>
<td>Borderline high</td>
<td>200 – 239</td>
<td>100-159</td>
<td>150-199</td>
</tr>
<tr>
<td>High</td>
<td>≥ 240</td>
<td>≥ 160</td>
<td>≥ 200</td>
</tr>
</tbody>
</table>

**HDL Cholesterol**
- **Men**: 40-60 mg/dl
- **Women**: 50-60 mg/dl
**Good & Bad Cholesterol**

**HDL-C**
- 40-60 mg/dl (men)
- 50-60 mg/dl (women) = Protect the heart

**LDL-C**
- > 100 mg/dl = High risk
WHERE does CHOLESTEROL COME From?

Source 1. Animal foods

Source 2. Cholesterol produced in the body from the fats we consume
Heart—Healthy Diet
Heart—Healthy Diet

- High Fiber
- Low Fat
- Low Sodium
- Low Sugar
Bad & Better Fats in Our Diet

Saturated Fats & Trans Fats
BAD FATS
Solid @ room temp.

Mono & Poly Unsaturated Fats
BETTER FATS
Liquid @ room temp.
### Bad Fats

<table>
<thead>
<tr>
<th>Saturated Fats (SFA)</th>
<th>Trans Fats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raises ‘Bad’ Cholesterol</td>
<td>Raises ‘Bad’ Cholesterol</td>
</tr>
<tr>
<td>Increases risk of Heart Disease</td>
<td>May lower ‘Good’ Cholesterol</td>
</tr>
<tr>
<td></td>
<td>Increases risk of Heart Disease</td>
</tr>
</tbody>
</table>

**Examples In Foods**

<table>
<thead>
<tr>
<th>Coconut oil, Palm oil</th>
<th>Hydrogenated Vegetable Oil, Dalda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egg yolk, Beef, Pork, Lamb, Poultry</td>
<td>French Fries, Puff, Samosa</td>
</tr>
<tr>
<td>Milk &amp; milk products- Full Fat Milk, Ghee, Butter, Cheese</td>
<td>Bakery items- Cakes, Pastries, Biscuits</td>
</tr>
<tr>
<td>Dairy chocolate, Ice creams</td>
<td>Reused cooking oil</td>
</tr>
</tbody>
</table>
### Better Fats

<table>
<thead>
<tr>
<th>Monounsaturated Fats (MUFA)</th>
<th>Polyunsaturated Fats (PUFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduces ‘Bad’ Cholesterol and May lower risk of Heart Disease</td>
<td></td>
</tr>
<tr>
<td><strong>Examples In Foods</strong></td>
<td></td>
</tr>
<tr>
<td>Vegetable oils- Olive, Peanut, Rice Bran, Sesame</td>
<td>Vegetable Oils- Soybean, Corn, Sunflower</td>
</tr>
<tr>
<td>Nuts - Almonds, Peanuts</td>
<td>Nuts - Walnuts</td>
</tr>
<tr>
<td>Melon seeds</td>
<td>Sunflower seeds</td>
</tr>
<tr>
<td></td>
<td>Fatty fish, fish oil</td>
</tr>
</tbody>
</table>
Replace the 'Bad' Fats with 'Better' to reduce risk of Heart Disease.

Limit total fat intake
Avoid direct or indirect smoke
Maintain normal weight, B.P.
Exercise regularly

Reducing risk of Heart Attack & Stroke
THANK YOU
DIABETES
A lifestyle disease in which there is excess glucose in blood.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Fasting Blood Sugar (mg/dl)</th>
<th>Post Lunch (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>70-100</td>
<td>&lt;140</td>
</tr>
<tr>
<td>Pre Diabetes</td>
<td>100-125</td>
<td>140-199</td>
</tr>
<tr>
<td>Diabetes</td>
<td>≥126</td>
<td>&gt;200</td>
</tr>
</tbody>
</table>

Management of Diabetes
- Frequent small meals, fiber rich food
- Timely medication
- Regular physical activity

Diabetes Can Affect Various Parts of Your Body
- Brain
- Eyes
- Heart
- Kidneys
- Nerves
- Blood vessels
- Feet

Increase a person’s risk of developing diabetes

Age > 45 yr  Heredity  Physical inactivity
Overweight and Obesity  Heart disease  High cholesterol levels

TO PREVENT DEVELOPMENT OF DIABETES:
- Make Healthy Food Choices
- Burn off extra calories
- Maintain Healthy Weight
- Avoid Tobacco usage
- Avoid Alcohol

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Fruits provide **Vitamins, Minerals & Fiber.**

Fiber helps you to:
- Maintain & Reduce your weight
- Keep Cholesterol & Blood Sugar in check
- Improve Digestion

**Fruits & Vegetables of different colors** protect us against **Heart Attack, Diabetes & Cancer**

Make fruits a part of your day.

**Ensure that you have** 4-5 bowls of different **Fruits & Vegetables (except potato)** of your choice every day

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Disorders of Heart

High Blood Pressure
High Cholesterol Level
Heart Attack
Stroke

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cholesterol (mg/dl)</th>
<th>LDL Cholesterol (mg/dl)</th>
<th>Triglycerides (TG) (mg/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt; 200</td>
<td>&lt; 100</td>
<td>&lt; 150</td>
</tr>
<tr>
<td>Borderline high</td>
<td>200 – 239</td>
<td>100-159</td>
<td>150-199</td>
</tr>
<tr>
<td>High</td>
<td>≥ 240</td>
<td>≥ 160</td>
<td>≥ 200</td>
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HDL Cholesterol
Men: 40-60 mg/dl
Women: 50-60 mg/dl

Replace BAD fats with BETTER fats

BAD FATS

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<td>May lower ‘Good’ Cholesterol</td>
<td>Increases risk of Heart Disease</td>
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Examples in Foods

- Coconut oil, Palm oil
- Hydrogenated Vegetable Oil, Dalda
- Egg yolk, Beef, Pork, Lamb, Poultry
- French Fries, Puff, Samosa
- Milk & milk products
- Bakery items
- Full Fat Milk, Ghee, Butter, Cheese
- Cakes, Pastries, Biscuits
- Dairy chocolate, ice creams
- Reused cooking oil

BETTER FATS

<table>
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<th>Monounsaturated Fats (MUFA)</th>
<th>Polyunsaturated Fats (PUFA)</th>
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<td>May lower risk of Heart Disease</td>
</tr>
</tbody>
</table>
| Examples in Foods

- Vegetable oils: Olive, Peanut, Rice Bran, Sesame
- Soybean, Corn, Sunflower
- Nuts: Almonds, Peanuts
- Nuts - Walnuts
- Melon seeds
- Sunflower seeds
- Fatty fish, fish oil

Adopt HEART-HEALTHY DIET

Active & Passive Smoking
Maintain Normal Weight
Maintain Normal Blood Pressure
30 Minutes of Exercise Every Day

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High B.P. / Hypertension is called the “Silent Killer” Because, it often has no symptoms

If uncontrolled, in the long run it may lead to serious consequences such as:

- Heart Attack
- Stroke
- Kidney problems
- Vision problems

<table>
<thead>
<tr>
<th>Condition</th>
<th>Systolic BP (mm Hg)</th>
<th>Diastolic BP (mm Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;120</td>
<td>&lt;80</td>
</tr>
<tr>
<td>Pre Hypertension</td>
<td>120-139</td>
<td>80-89</td>
</tr>
<tr>
<td>Hypertension</td>
<td>≥140</td>
<td>≥90</td>
</tr>
</tbody>
</table>

So, get your blood pressure checked every 2/3 months.

To Prevent & Manage High Blood Pressure:
- Maintain Normal Weight
- Be Physically Active
- Avoid smoking, Alcohol & Tobacco usage
- Ensure intake of at least 4 bowls of Fruits & Vegetables every day
- Be alert about your Sodium intake

Avoid frequent consumption of:

- Packaged foods: Jams, Ketchup, Jellies, Wafers, Squashes etc.
- Chutney, Pickles, Papad
- Chinese food containing MSG (Ajinomoto)
- Table salt: Avoid adding salt to salad, curd, buttermilk etc.

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GET ACTIVE IN YOUR WAY; 30 MIN. EVERY DAY!!

Any activity which increases your heart beat is physical activity.

You can break up the 30 min. into:
3 sessions of 10 min. each OR 2 sessions of 15 min. each

& FIGHT

Diabetes
Overweight & Obesity
Cancer
High Blood Pressure
Arthritis
Heart Problems

Be active for 30 min./day, at least 5 days/week.

Get together with friends, family & kids on weekends for a day of fun and Outdoor games.

Choose activities that you enjoy & make physical activity part of your daily routine.

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THE 3 PRINCIPLES OF HEALTH:

Right Diet Right Exercise Right Weight

WEIGHT MANAGEMENT

Healthy Food → Be Active! → Healthy Weight

Body Mass Index (BMI) = \( \frac{wt \text{ (kg)}}{ht \text{ (m}^2\text{)}} \)

- Underweight : <18.5 kg/m²
- Normal weight : 18.5 – 22.9 kg/m²
- Overweight : 23-24.9 kg/m²
- Obese : > 25 kg/m²

FOOD GUIDE PYRAMID

Oils, Butter, ghee, cheese, sugar

Low fat milk & milk products: curd, paneer, buttermilk

Pulses, eggs, Non veg. foods

Vegetables

Fruits

Cereals

Eat in Less amount

Eat in Moderate amount

Eat in More amount

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5 steps to a healthy lifestyle

1. Turn off the TV or computer and get active
2. Eat fewer snacks and select healthier alternatives
3. Eat more fruit and vegetables
4. Choose water as a drink
5. Get active for an hour or more each day
Avoid Tobacco use, Passive smoking to protect your heart

Physical Activity for 30 min. a day keeps diseases away

Fruits & Vegetables will chase away your troubles...

Fried, outside food if eaten minimum is good!!

The A B C of Good Health
<table>
<thead>
<tr>
<th>IF YOU NORMALLY</th>
<th>THEN TRY THIS INSTEAD  . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Park as close as possible to the place you are going</td>
<td>Park farther away</td>
</tr>
<tr>
<td>shop/theatre/friends house/relatives place</td>
<td></td>
</tr>
<tr>
<td>Let your pet dog play on his own</td>
<td>Take the dog for a walk</td>
</tr>
<tr>
<td>Take the lift/escalator</td>
<td>Take the stairs</td>
</tr>
<tr>
<td>Have groceries/lunch/dinner delivered</td>
<td>Walk down to pick it up</td>
</tr>
<tr>
<td>Relax while your kids play</td>
<td>Join them</td>
</tr>
<tr>
<td>Plan for drive/movie with friends</td>
<td>Once in a while go for bike riding with friends</td>
</tr>
<tr>
<td>Use your vehicle for short distances</td>
<td>Walk down to the destination</td>
</tr>
<tr>
<td>Spend free time in office sitting/talking to colleagues</td>
<td>Use 10 min. breaks to do brisk walk in office area/garden</td>
</tr>
</tbody>
</table>
MAKE HEALTHY FOOD CHOICES

Prefer foods which give you *more fiber* and *less oil*.

Choose brown rice over white rice, brown bread/multigrain bread over white bread, roti/paratha over puri, multigrain flour over wheat flour and fruits over fruit juices.
There is an easier way of committing suicide.
Try smoking.
Public Smoking Is Against the Law
Passive Smoking Is Against Humanity

Protect children: don't make them breathe your smoke

PASSIVE SMOKING is killing 600,000 yearly
third of them are children!

Stop Public Smoking
If you have the right to smoke,
then it's my right to breathe fresh air

*Passive smoking is breathing in other people's cigarette, pipe or cigar smoke when you don't smoke yourself.*
WALKING UP STAIRS burns almost 5 times more calories than riding an elevator.
When you go up, your blood pressure goes down. Move more.
Didn’t have time to exercise today?

Now is your chance . . . Take the STAIRS
KAP Questionnaire

1. Do you think it is important to maintain a normal weight, normal blood pressure, lipid profile and blood glucose levels?  
   a) Yes  
   b) No  

If yes; how important do you think it is to maintain:

1-A. Healthy weight  
   a) Extremely important  
   b) Somewhat Important  
   c) Important  

1-B. Healthy Blood pressure levels  
   a) Extremely important  
   b) Somewhat Important  
   c) Important  

1-C. Normal Cholesterol levels  
   a) Extremely important  
   b) Somewhat Important  
   c) Important  

1-D. Healthy Blood glucose levels  
   a) Extremely important  
   b) Somewhat Important  
   c) Important  

2. When was the last time you got your weight measured?  
   a) In past week  
   b) In past month  
   c) In last 6 months  
   d) Before that  
   e) Never  

3. When was the last time you got your Blood Pressure measured?  
   a) In past week  
   b) In past month  
   c) In last 3 months
d) In last 6 months
e) Before that
f) Never

4. When was the last time you got your Lipid profile measured?
   a) In past week
   b) In past month
   c) In last 3 months
   d) In last 6 months
   e) Before that
   f) Never

5. When was the last time you got your Blood Glucose measured?
   a) In past week
   b) In past month
   c) In last 3 months
   d) In last 6 months
   e) Before that
   f) Never

6. Have you ever tried to find out what should be your ideal body weight?
   a) Yes          b) No

7. What should be your normal BMI?   a) ___________  b) Don’t know

8. What should be your normal Blood pressure?  a) ___________  b) Don’t know

9. What should be your normal blood glucose level?  a) ___________  b) Don’t know

10. What should be your normal Cholesterol level?  a) ___________  b) Don’t know

11. What is the formula to calculate BMI?  a) ___________  b) Don’t know

12. In your opinion what is the cause of weight gain in adulthood?
   a) Increased use of vehicles for transport
   b) Desk job requiring very little physical activity
   c) More than 2 hours/day spent on TV viewing, computer usage & less involvement in outdoor games
   d) Eating out for more than 3 times/ week
   e) More availability of junk foods
   f) Any other. Please specify ____________________________________________
13. Are you currently making any efforts to lose/maintain your weight?
   a) Yes  b) No
   13-A. If no;
   Do you feel the need to start making efforts for that?   a) Yes   b) No

14. Are you currently making any efforts to decrease or maintain your B.P.?
   a) Yes  b) No
   14-A. If no;
   Do you feel the need to start making efforts for that?   a) Yes   b) No

15. Are you currently making efforts to decrease/maintain your Blood Glucose levels?
   a) Yes  b) No
   15-A. If no;
   Do you feel the need to start making efforts for that?   a) Yes   b) No

16. Are you currently making any efforts to decrease/maintain your Cholesterol levels?
   a) Yes  b) No
   16-A. If no;
   Do you feel the need to start making efforts for that?   a) Yes   b) No

17. Do you increase your daily physical activity in small ways by :
   17-A. Climbing stairs instead of lift/escalator whenever possible?   a) Yes   b) No
   17-B. Walk to nearby destinations instead of taking vehicle?   a) Yes   b) No
   17-C. Spend free time in outdoor sports with friends/family instead of watching TV, going for movie, use computer?   a) Yes   b) No

18. Do you think it will help if you practiced above mentioned behaviours?
   a) Yes  b) No

19. Are you taking tobacco in any form (paan, gutka, padiki, inhalation, cigarette etc.)?
   a) Yes  b) No

20. Tobacco is the leading cause of cancer; do you think it is important to avoid tobacco?
    a) Yes  b) No

21. If smoking, are you trying to reduce amount of cigarettes you smoke?
    a) Yes  b) No

22. Are you aware that if you are smoking while others are in the room or are nearby they are also exposed to harmful effects of smoking?
    a) Yes  b) No

23. Do you make sure that you smoke only when no one is around?  a) Yes  b) No
24. According to you, of the following healthy practices, which of these practices are followed by you to decrease chances of developing diseases like High B.P, Diabetes, Heart Disease, Stroke and Cancer?

<table>
<thead>
<tr>
<th>Practice</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking your weight &amp; blood pressure regularly (once a month), lipid profile &amp; blood sugar (once a year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less intake of junk foods like pizzas, pastries, Indian Mithai, puffs &amp; bakery products, fried foods including fried savories, aerated drinks, sugary syrups &amp; squashes (not more than once a week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking at least 2-3 bowls of fruits &amp; 2-3 cups of vegetables daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer to eat whole grain foods rather than refined foods : Fruits instead of Fruit juice, Atta bread (Brown bread)/ Mix grain bread instead of maida bread, multi grain atta instead of wheat flour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding use of Table salt, avoid eating packaged and processed foods, namkeens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging in at least 30 minutes of physical activity daily which slightly increases your heart rate when exercising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding stress (by meditation, yoga etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding / quitting / reducing tobacco in any form (paan, gutka, padiki, inhalation, smoking etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If consuming alcohol, avoid binge drinking. Avoid taking more than 30 - 60 ml of alcohol/day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoiding heavy meals &amp; consuming small frequent meals instead</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STEPS APPROACH FOR RISK ANALYSIS

1. Name ____________________________________________________________

2. Department ________________________________

3. Designation ________________________________

4. Sex  a) Male        b) Female

5. Do you currently smoke? Cigar/Cigarette/Bidi/Pipe  a) Yes         b) No
   If yes; 5-A. How frequently do you smoke?
   a) Daily  
b) 2-3/week  
c) Weekly  
d) Fortnightly  
e) Monthly  
f) Rarely

6. Do you currently use any ‘smokeless tobacco’?
   a) Yes  
b) No
   If yes; 6-A. How frequently do you use it?
   a) Daily  
b) 2-3/week  
c) Weekly  
d) Fortnightly  
e) Monthly  
f) Rarely

7. Do you consume alcoholic drinks?  a) Yes         b) No
   If yes; 7-A. How frequently do you consume it?
   a) Daily  
b) 2-3/week  
c) Weekly  
d) Fortnightly  
e) Monthly  
f) Rarely
   If consumed during past month;
7-B. what was the amount consumed? _____ ml
7-C. How many standard alcoholic drinks did you have on a single occasion?
(For men > 5 drinks, For women > 4 drinks) ___
7-D. How often was it with meals?
   a) Usually
   b) Sometimes
   c) Never

8. What is your frequency of fruit consumption?
   a) Daily
   b) 3-4/week
   c) 2/week
   d) Weekly
   e) Fortnightly
   f) Monthly
   g) Rarely (< 1 month)

9. What is the amount of fruit you consume on one such day?
   a) < 100 gm
   b) 100-150 gm
   c) 150-200 gm
   d) > 200 gm

10. What is your frequency of vegetable (excluding potato) consumption?
    a) Daily
    b) 3-4/week
    c) 2/week
    d) Weekly
    e) Fortnightly
    f) Monthly
    g) Rarely (< 1 month)

11. What is the amount of veg. (excluding potato) you consume on one such day?
    a) < 100 gm
    b) 100-150 gm
    c) 150-200 gm
    d) > 200 gm
12. What is your frequency of eating out/meal not prepared at home?
   a) Daily
   b) 3-4/week
   c) 2/week
   d) Weekly
   e) Fortnightly
   f) Monthly
   g) Rarely (< 1 month)

13. With respect to the meal you consume during work hours;
   13-A. Breakfast
   a) No breakfast
   b) At home
   c) At office

   13-B. If having breakfast at office, what is the frequency of breakfast at office
   a) Daily
   b) 3-4/week
   c) 2/week
   d) Weekly
   e) Fortnightly
   f) Monthly
   g) Rarely (< 1 month)

   13-C. Lunch
   a) Homemade
   b) Tiffin service
   c) Canteen
   d) Restaurant

   13-D. Frequency of lunch from tiffin/canteen/restaurant(whichever applicable)
   a) Daily
   b) 3-4/week
   c) 2/week
   d) Weekly
   e) Fortnightly
   f) Monthly
   g) Rarely (< 1 month)
13-E. Snacks at office  
   a) Yes  
   b) No  

13-F. If yes, frequency of snacks in office  
   a) Daily  
   b) 3-4/week  
   c) 2/week  
   d) Weekly  
   e) Fortnightly  
   f) Monthly  
   g) Rarely (< 1 month)  

14. Do you indulge in vigorous-intensity activity that causes large increases in breathing/heart rate for at least 10 min. continuously?  
   a) Yes  
   b) No  

If yes;  

14-A. In a typical week, on how many days do you do them?  ____ days  

14-B. In a typical week, how much time do you spend on them?  ____ hr. ____ min.  

15. Do you indulge in moderate-intensity activity that causes small increases in breathing/heart rate for at least 10 min. continuously?  
   a) Yes  
   b) No  

If yes;  

15-A. In a typical week, on how many days do you do them?  ____ day 

15-B. In a typical week, how much time do you spend on them?  ____ hr. ____ min. 

16. Do you walk/cycle for at least 10 min. continuously for travelling?  
   a) Yes  
   b) No  

If yes;  

16-A. How many times a week do you do this?  ____  

16-B. How much time do you spend on this on one such day?  ____ hr. ____ min.  

17. Have you started getting your Weight measured regularly by a doctor/health worker OR bought a machine for the same?  
   a) Yes  
   b) No  

If yes;  

17-A. How frequently do you measure it?  
   a) Weekly  
   b) Fortnightly  
   c) Monthly  
   d) Once every 6 months  
   e) Less frequently 

18. Have you started getting your Cholesterol measured regularly by a doctor/health worker?  
   a) Yes  
   b) No
If yes; 18-A. How frequently do you measure it?
   a) Monthly
   b) Once every 6 months
   c) Less frequently

19. Have you started getting your Blood Pressure measured regularly by a
doctor/health worker OR bought a machine for the same?  a) Yes  b) No
If yes;
19-A. How frequently do you measure it?
   a) Weekly
   b) Fortnightly
   c) Monthly
   d) Once every 6 months
   e) Less frequently

19-B. Have you ever been told by a doctor/health worker during the past 6 months
that you have raised B.P./Hypertension?  a) Yes  b) No

19-C. Are you currently receiving any of the following advice/treatments, as
prescribed by a doctor/health worker?
   a) Drug (medication) that you are currently taking
   b) Advice to reduce salt intake
   c) Advice/treatment for losing weight
   d) Advice/treatment to stop smoking
   e) Advice/treatment to exercise more

19-D. Are you currently taking traditional/home remedy for high blood pressure?
   a) Yes  b) No

20. Have you started getting your Blood Sugar measured regularly by a doctor/health
worker OR bought a machine for the same?  a) Yes  b) No
20-A. Have you ever been told by a doctor/health worker during the past 6 months
that you have raised Blood Sugar?  a) Yes  b) No

20-B. Are you currently receiving any of the following advice/treatments, as
prescribed by a doctor/health worker?
   a) Drug (medication) that you are currently taking
   b) Special prescribed diet
   c) Advice/treatment for losing weight
   d) Advice/treatment to stop smoking
e) Advice/treatment to exercise more

20-C. Are you currently taking traditional/home remedy for high blood sugar?
   a) Yes    b) No

STEP 2 Physical Measurements
21. Height ______ cm
22. Weight ______ kg
23. Waist Circumference _____ cm
24. Hip Circumference _____ cm
25. Blood Pressure: Reading 1 Reading 2 Reading 3
   S.B.P.   ___ mm Hg   ___ mm Hg   ___ mm Hg
   D.B.P.   ___ mm Hg   ___ mm Hg   ___ mm Hg
26. Heart Rate ___ bpm ___ mm Hg ___ mm Hg
27. Did you go through the presentations sent to you by email?  a) Yes    b) No
28. Did you read the posters put up in the industry premises and table mats provided to you?  a) Yes    b) No
   If yes;
   28-A. Did you gain any new knowledge from it?  a) Yes    b) No
   28-B. If yes, what?
   28-C. Did you adopt any of the healthy behaviours recommended in the presentation?  a) Yes    b) No
   28-D. If yes, what?
KAP Questionnaire

1. Do you think it is important to maintain a normal weight, normal blood pressure, lipid profile and blood glucose levels? a) Yes b) No

If yes; how important do you think it is to maintain:

1-A. Healthy weight
a) Extremely important
b) Somewhat Important
c) Important

1-B. Healthy Blood pressure levels
a) Extremely important
b) Somewhat Important
c) Important

1-C. Normal Cholesterol levels
a) Extremely important
b) Somewhat Important
c) Important

1-D. Healthy Blood glucose levels
a) Extremely important
b) Somewhat Important
c) Important

2. Have you ever tried to find out what should be your ideal body weight?
   a) Yes b) No

3. What should be your normal BMI?
   a) __________ b) Don’t know

4. What should be your normal Blood pressure?
   a) __________ b) Don’t know

5. What should be your normal blood glucose level?
   a) __________ b) Don’t know

6. What should be your normal Cholesterol level?
   a) __________ b) Don’t know

7. What is the formula to calculate BMI?
   a) __________ b) Don’t know

8. In your opinion what is the cause of weight gain in adulthood?
   a) Increased use of vehicles for transport
   b) Desk job requiring very little physical activity
   c) More than 2 hours/day spent on TV viewing, computer usage & less involvement in outdoor games
d) Eating out for more than 3 times/week

e) More availability of junk foods

f) Any other.

Please specify ________________________________

9. Are you currently making any efforts to lose/maintain your weight?
   a) Yes    b) No

9-A. If no;
   Do you feel the need to start making efforts for that?    a) Yes    b) No

10. Are you currently making any efforts to decrease or maintain your B.P.?
   a) Yes    b) No

10-A. If no;
   Do you feel the need to start making efforts for that?    a) Yes    b) No

11. Are you currently making efforts to decrease/maintain your Blood Glucose levels?
   a) Yes    b) No

11-A. If no;
   Do you feel the need to start making efforts for that?    a) Yes    b) No

12. Are you currently making any efforts to decrease/maintain your Cholesterol levels?
   a) Yes    b) No

12-A. If no;
   Do you feel the need to start making efforts for that?    a) Yes    b) No

13. Do you increase your daily physical activity in small ways by:

   13-A. Climbing stairs instead of lift/escalator whenever possible?    a) Yes    b) No

   13-B. Walk to nearby destinations instead of taking vehicle?    a) Yes    b) No

   13-C. Spend free time in outdoor sports with friends/family instead of watching TV, going for movie, use computer?    a) Yes    b) No

14. Do you think it will help if you practiced above mentioned behaviours?
   a) Yes    b) No

15. Are you taking tobacco in any form (paan, gutka, padiki, inhalation, cigarette etc.)?
   a) Yes    b) No

16. Tobacco is the leading cause of cancer; do you think it is important to avoid tobacco?
   a) Yes    b) No

17. If smoking, are you trying to reduce amount of cigarettes you smoke?
   a) Yes    b) No
18. Are you aware that if you are smoking while others are in the room or are nearby they are also exposed to harmful effects of smoking?
   a) Yes  b) No

19. Do you make sure that you smoke only when no one is around?
   a) Yes  b) No

20. According to you, of the following healthy practices, which of these practices are followed by you to decrease chances of developing diseases like High B.P, Diabetes, Heart Disease, Stroke and Cancer?

<table>
<thead>
<tr>
<th>Practice</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Checking your weight &amp; blood pressure regularly (once a month), lipid profile &amp; blood sugar (once a year)</td>
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<tr>
<td>Less intake of junk foods like pizzas, pastries, Indian Mithai, puffs &amp; bakery products, fried foods including fried savories, aerated drinks, sugary syrups &amp; squashes (not more than once a week)</td>
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<tr>
<td>Taking at least 2-3 bowls of fruits &amp; 2-3 cups of vegetables daily</td>
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<tr>
<td>Prefer to eat whole grain foods rather than refined foods: Fruits instead of Fruit juice, Atta bread (Brown bread)/ Mix grain bread instead of maida bread, multi grain atta instead of wheat flour</td>
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<tr>
<td>Avoiding use of Table salt, avoid eating packaged and processed foods, namkeens</td>
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<tr>
<td>Engaging in at least 30 minutes of physical activity daily which slightly increases your heart rate when exercising</td>
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<tr>
<td>Avoiding stress (by meditation, yoga etc.)</td>
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</tr>
<tr>
<td>Avoiding / quitting / reducing tobacco in any form (paan, gutka, padiki, inhalation, smoking etc.)</td>
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<tr>
<td>If consuming alcohol, avoid binge drinking. Avoid taking more than 30 - 60 ml of alcohol/day</td>
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<td></td>
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<tr>
<td>Avoiding heavy meals &amp; consuming small frequent meals instead</td>
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