

APPENDIX - V

DIET SURVEY

(With informations about the medical history of the family)

Village :

Date :.....

Block :

Family No:.....

Name of Head of family :

Caste : _____

Religion : _____

Type of family : Single / Joint.

LIST OF FAMILY MEMBERS :-

No	Name	Relation to earning member	Age	Sex	Educational level	Occupation and Income

Total Monthly Income of the family ;

Monthly Expenditure on :

- a) Milk ;
- b) Fruits :
- c) Groceries :
- d) Egg, Fish and:
Flesh foods :
- e) Oil, Ghee ect.:
- f) Rent :
- g) Others :

Eating Habits (No. of members of the family)

Vegeterian :

Non-Vegeterian:

What do you eat ? (Quality and quantity)

Morning

Noon

After-noon

Night

Other times

What foods do you specially like ? Why ?

1.

2.

3.

What foods do you dislike ? Why ?

1.

2.

3.

Food Consumed :

Item	Quantity in grams							Method of Preparation
	1	2	3	4	5	6	7	
	(Days)							

Cereals :

1. Wheat
2. Rice
- 3.
- 4.

Pulses ;

1. Arhar
2. Moong
3. Masur
- 4.
- 5.
- 6.

Milk & Milk Products

1. Milk
2. Dahi
- 3.
- 4.

Fats and Oils

1. Groundnut Oil
2. Refine oil
3. Mustard Oil
4. Mustard
- 5.
- 6.

Vegetables

a) Leafy

1.

2.

3.

b) Root

1.

2.

3.

c) Others

1.

2.

3.

Fruits

1.

2.

3.

4.

Sugar and Jaggery

Flesh Foods

Fish

Egg ;

Beverages :

1. Tea

2.

3.

Miscellaneous

1. Betel nuts
2. Betel leaves
3. Gudakhu
4. Tobacco
5. Khaini
6. Liquor
- 7.
- 8.

Do you have ?

1. Vegetable garden : Yes/No
2. Fruit trees : Yes/No
3. Poultry : Yes/No
4. Cattle : Yes/No

How do you preserve the foods ?

How often do you consume the following foods ?

Food	Everyday	Occasionally	Festival Occasion	Never
1. Milk				
2. Fruits				
3. Leafy vegetable				
4. Eggs				
5. Flesh foods/ Fish				
6. Oil/Ghee				
7. Sugar/Jaggery				
8. Tea/Coffee				
9. Liquor				

Any food modification for certain groups within the family :

- a) Infants, pre-school children :
- b) Elderly :
- c) Pregnants :
- d) Lactating :
- e) Illness :

Medical History of the Family

Previous death record of the family within last 10 years :

No.	Name	Disease	Age at death	Duration of Suffering	Relation to head
1.					
2.					
3.					

General disease record of the family ;

Sl. No.	Disease(S)	Frequency of Occurance	
		Occasionally	Periodically
1.	<u>Dysentery & Diarrhoea.</u>		
2.	<u>Digestive System diseases</u>		
	a)		
	b)		
	e)		
	d)		
3.	<u>Respiratory System diseases</u>		
	a)		
	b)		
	c)		
	d)		

4. Parasitic and Vinal diseases

a)

b)

c)

d)

5. Skin and veneral diseases

a)

b)

c)

d)

6. Teeth and gum diseases

a)

b)

c)

d)

7. Eye diseases

a)

b)

c)

8. Diseases of Musculoskeletal system

a)

b)

c)

d)

9. Diseases of Urinary system

- a)
- b)
- c)
- d)

10. Deficiency diseases

- a)
- b)
- c)
- d)

11. Malaria

12. Nearest health centre with distance:

13. Name of the consultant Physician :

14. Do you believe in witchcrafts to cure diseases ?

15. Do you believe in medicinal effects of plants, roots and herbs ?

16. Source of drinking water :

- i) Well ii) Tank iii) Hand Pump
- iv) River v) Water tap vi) Canal

17. Types of House :

- i) Cemented ii) Ordinary iii) hut
- iv) No. of room

18. Facilities :

- i) Ventelated - Yes/No
- ii) Mixed Dwelling- Yes/No
- iii) Toilet - Yes/No
- iv) Internal sewage-Yes/No

Coments of the Investigator.

1. General Health of the family
2. General living
3. Surrounding Environment

Date :

Signature of the Investigator