ANNEXURE-1

PROFORMA

Age related changes in body composition and bone mineral density (BMD) among rural and urban Bania females of District Panchkula

S. No. ______________________ Date of Investigation: __________________

Name: ______________________ Date of birth: __________________

Place of birth: _______________ Decimal Age: _______________

_________________________ Caste: _________________________

Sub Caste: _________________ Address: ___________________

Contact no. ________________

Marital Status: Married/ Unmarried/ Widow/ Separated

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Education</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
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</tbody>
</table>

Monthly income (from all sources): __________________

Family type: Nuclear/Joint /Extended/ Semi-joint

Family Composition:

Total members _______

Males _______

Females _______
No. of Children: __________

**Reproductive history:**

Age at Menarche: ___________  
Age at marriage: ___________

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Age of mother</th>
<th>Abortion/ Miscarriage</th>
<th>Still birth</th>
<th>Live birth</th>
<th>Duration of breast feed</th>
</tr>
</thead>
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</tbody>
</table>

Duration of menstrual flow ______________________________

Intensity of menstrual flow ______________________________

Length of menstrual cycle ________________________________

Age at Natural Menopause: ________________ (If applicable)

When did you have your last periods? _____________________

**Changes in Menstruation and monthly cycles:**

<table>
<thead>
<tr>
<th>Menstruation changes</th>
<th>Response</th>
<th>Changes in monthly cycle</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scanty bleeding</td>
<td></td>
<td>Skipped menses for months</td>
<td></td>
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<tr>
<td>Heavy-very heavy bleeding</td>
<td></td>
<td>Periods shorter than menstrual cycle</td>
<td></td>
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<tr>
<td>Prolonged bleeding</td>
<td></td>
<td>Erratic menses</td>
<td></td>
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<tr>
<td>Flooding</td>
<td></td>
<td>Stopped abruptly</td>
<td></td>
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<tr>
<td>Inter-menstrual bleeding</td>
<td></td>
<td>Menses than normal cycle</td>
<td></td>
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<td></td>
<td>Yes</td>
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<td>No</td>
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</tbody>
</table>
Menopausal symptoms encountered:

<table>
<thead>
<tr>
<th>Menopausal symptoms</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hot flushes &amp; Night sweats</td>
<td></td>
<td></td>
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<tr>
<td>Heart discomfort</td>
<td></td>
<td></td>
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<tr>
<td>Sleep problems</td>
<td></td>
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<tr>
<td>Depression</td>
<td></td>
<td></td>
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<tr>
<td>Irritability</td>
<td></td>
<td></td>
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<tr>
<td>Anxiety</td>
<td></td>
<td></td>
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<tr>
<td>Weight changes</td>
<td></td>
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<tr>
<td>Physical &amp; Mental exhaustion</td>
<td></td>
<td></td>
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<tr>
<td>Joint &amp; Muscular discomfort</td>
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<tr>
<td>Bladder problems</td>
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<td></td>
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<tr>
<td>Mood changes</td>
<td></td>
<td></td>
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<tr>
<td>Fatigue &amp; memory problems</td>
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</tbody>
</table>

Are you taking any medical assistance for it? Yes/No

_________________________________________________________________

Have you ever consumed steroid tablets over long periods? _________________

Do you take any mineral/ vitamin supplements? Yes/No

_________________________________________________________________

If yes, were they recommended by doctor? How long you have been taking them?

Are you on Hormonal Replacement Therapy (HRT)? Yes/ No

Did you have any fractural history in past? At what age? How long it took to heal?

_________________________________________________________________

Was there any fractural history in your family? _________________________

Is your family history prone consistently to osteoporosis? _________________

**MISCELLANEOUS HABITS:**

How many hours do you sleep? _________________________

Do you exercise regularly? Yes/ No

If yes/ what type of exercise do you do and how much time you take?

_________________________________________________________________

How long do you expose your body to sun or how long do you stay in sun per day?
Are you involved in any smoking or drinking habit? Yes/No
If yes, how long and how frequently are you involved in the same? ____________

NUTRITIONAL DETAILS:
Are you vegetarian or non-vegetarian?

How many complete meals do you take per day?

Food preferences- rate in order intake.
   a. Vegetables  b. Fruits
   c. Cereals   d. Pulses
   e. Meat/Chicken/ Fish  f. Sweet Dishes.

Do you take more of green leafy vegetables and salads?

Do you prefer to take salty snacks for munching or sweet cuisine?

How frequently you consume fruits in a day?

Do you take brunch or evening supper? Yes / No.
If yes, what do you take?

How frequently you eat rice in a week?

How frequently you consume curd in a regular day?

Are you allergic to milk or other dairy product?

Do you take milk daily? Yes / No. If yes, how many times a day?

What kind of milk you consume? Toned/ Whole/ Packets/Dairy

What type of other drinks do you prefer and how frequently? Coffee/ tea/ juice/ etc.

Do you consume soya products? Yes/ No. How frequently?

Do you eat dry fruits? Yes/ No. How frequently?

How much water do you drink daily?

Do you notice any decline in your food intake?
Severely reduced appetite ____ Moderately reduced appetite ____ Normal appetite ____

**PHYSICAL EXAMINATION:**

**Bone Mineral density:**

BUA __________ T-score __________

% expected _______ Z-score __________

**Anthropometric Measurements:**

Height (cm) ________________

Weight (kg) ________________

Waist circumference (cm) _________

Hip circumference (cm) __________

% body fat_________________

BMI____________________

BMR_____________________

Visceral fat_________________

Blood pressure: Systolic ________

Diastolic________

Pulse rate ____________________

**Investigator:** Ankita Kansal
ANNEXURE-II

Consent Form

I have been explained about the purpose of carrying out this study which is purely for academic purpose only. I have also been made aware of all procedures and methods of taking Anthropometric, Physiological measurements, Interview and necessary information. I also understand that I have the option of quitting the study at any point of time.

This consent has been read out to me in a language that I understand.

Date .................. Signature/ Thumb Impression

Name..............................

Address.............................

................................