INTERVIEW SCHEDULE

SECTION – A

PART – I

BACKGROUND INFORMATION OF RESPONDENTS

1. Name
2. Address
3. Ph. No. / Mob. No.
4. W/o Or D/o / Mr.
5. Sex

II. Age of Respondent : (30-40 years)

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<th>Male</th>
<th>Female</th>
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III. Marital Status

<table>
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<tr>
<th>Married</th>
<th>Unmarried</th>
<th>Widow</th>
<th>Divorced</th>
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IV. Professional Status of Respondents

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<tr>
<th>Business</th>
<th>Service</th>
<th>House wife</th>
<th>Any other</th>
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PART – II

SOCIO ECONOMIC BACKGROUND

1. Caste – Hindu / Muslim / Sikh / Christian
2. Family Structure – Type of family.
3. Education of Family

SECTION – B

SPECIFIC INFORMATION OF THE SUBJECTS

1. Are you suffering from any non-communicable diseases : Yes/No
   If yes which of the following :-
   (i) Hypertension     (ii) Diabetes     (iii) Heart disease
   (iv) Arthritis       (v) Any other
2. Do you realize the need for reducing body weight ?        Yes/ No
3. Have you over attempted to reduce your body weight ?       Yes/No
4. If yes, the what method did you adopt for weight control :
   (i) Physical Exercise  (ii) Diet
   (iii) Medical treatment (iv) I & II both
   (v) i, ii, iii       (vi) Any other
5. If adopting physical exercise mention following :-
   (i) Yoga            (ii) Cycling           (iii) Aerobic exercise
   (iv) Walking        (v) Skipping           (vi) Any other
6. If adopting medical treatment then mention :-
   (i) By drugs        (ii) Any others
7. If diet method for weight reduction then mention :-
   (i) Crash Diet      (iii) Low Caloric diet
   (iii) Very low calorie diet (iv) Any other
8. Duration of diet method
9. How much weight you loss by adopting diet method ?
10. Do you experience any others problem / side affection of diet method – Yes/No
    If yes mention the type of difficulty :
    (i) Weakness    (ii) Headache    (iii) Irritability
    (iv) Rapid weight gain when you off the diet method
    (v) Any other specify
SECTION - C
NUTRITIONAL STATUS OF THE SUBJECTS

PART - A
DIETARY INFORMATION

1. Food Habits
   (a) Vegetarian   (b) Non-Vegetarian

2. No. of meals taken in a day
   (a) 1    (b) 2  (c) 3  (d) More than 3

3. Specify the meal pattern (by tick mark)
   (a) Breakfast   (b) Lunch   (c) Evening   (d) Dinner

4. Do you take snacks in b/w meals :    Yes / No

5. Type of snacks in b/w meal :
   (a) Fried foods   (b) Fast food  (c) Bakery product  (d) Any other

6. Do you eat at least portions (200g.) of fruit vegetables every day?
   (a) Always   (b) Often   (c) Sometimes   (d) Never

7. Do you usually eat breakfast, lunch and dinner every day ?
   (a) Always   (b) Often   (c) Sometimes   (d) Never

8. Your diet in based mainly on :
   (a) High protein content foods (meat / fish/Eggs/Cheese/dried Legumes)
   (b) High fat content foods (Sausage/Fried potato/ Cake/Butter/ Cream)
   (c) High CHO contents foods (Bread/chapatti/Rice, Potato/ Biscuits)
   (d) Different foods any day

9. Which beverage do you usually drink between meals ?
   (a) Mineral water   (b) Soft drinks (Cola, Orange, Soda, Iced Tea etc.
   (c) Wine bar   (d) Fruit / Juicer / Milk Shake
10. Do you drink glass of milk or 1 up of and / youngest every day? 
(a) Always  (b) Often  (c) Sometimes  (d) Never

11. Do you drink at least 2-3 lit. of $H_2O$ every day? 
(a) Always  (b) Often  (c) Sometimes  (d) Never

12. Food intake by 24 Hrs Recall method :-

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<td>4</td>
<td>5</td>
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<tr>
<td>S. No.</td>
<td>Meal</td>
<td>Name of Preparation</td>
<td>Household</td>
<td>Measurement</td>
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<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
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<tr>
<td>Raw Ingredient</td>
<td>Cooked Amt. Cup/Gm/No.</td>
<td>Consumed Amt. Cup/Gm/No</td>
<td>Raw ingredient consumed</td>
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**PART - II**

**Anthropometric Measurement**

(a) Weight (kg)  (b) Height (cm)

(c) MBI (wt/kg/cm)  (d) WHR

**PART - III**

**Body composition analysis**

1. Age :
2. Ht. (cm) :
3. Weight kg :
4. Fat (%) :
5. Fat (kg0 :
6. Lean Wt :
7. BMR :
8. $H_2O$ lit. :
9. $H_2O$ in % :
10. Bio-resistance. :
SECTION - D

Analysis of Habit

1. I am overweight for ____________ year.

2. I am overweight because of ____________
   (a) Over Eating     (b) Sedentary Habits
   (c) Pregnancy      (d) Heredity
   (e) Surgery        (f) Drugs         (g) Life Style

3. Heartiest meal is - (Tick)
   (a) Breakfast    (b) Lunch          (c) Dinner

4. I eat out :
   (a) Once in a week       (b) Once in 15 days
   (c) Once in a month      (d) Twice in a week    (e) Seldom

5. I skip :
   (a) Breakfast    (b) Lunch          (c) Dinner

6. I am found of (Tick)
   (a) Sweet         (b) Fried foods    (c) Ice-Cream
   (d) Cake          (e) Dry Fruits     (f) Pickles
   (g) Papad         (h) Chocolate      (i) Cold drinks
   (j) Fruit         (k) Salad          (l) Tea/Coffee
   (m) Non-Veg.      (n) Butter

7. I do fast ____________ in a week.

8. My life style is
   (a) Active        (b) Moderate       (c) Sedentary

9. I like / Dislike exercise :
10. I consume / Don't consume alcohol -
   If yes specify quantity ___________

11. I have Allergy of ___________

12. I have tried to lose weight earlier _________________
   If yes where?
   I could not maintain the weight loss because _________________
   How long ago did you stop programme?

13. Family History _________________
   (a) Obesity    (b) Diabetes    (c) Hypertension

14. Tendency to retain fluids: Yes/No

15. Recent investigation:
   Date _______________  Report _______________
   • Hemoglobin
   • Cholesterol
   • Sugar (Random)
   • Sugar (Fasting)
   • Thyroid Function test
   • Any other

16. Medication if any ________________