# QUESTIONNAIRE

**Employee No:** [ ]  
**Code No:** [ ]  
**Date:** [ ]

1. **Name of the Subject**
   | कर्मचारीं उपरेची नाम |  

2. **Employee / Husband / Wife**
   | कर्मचारी / पति / पत्नी |

3. **Date of Birth**
   | जन्म तारीख  |

4. **Age (Years)**
   | उम्र (वर्ष)  |

5. **Year of Joining**
   | नेवेंटिल दाखल किल्ला वर्ष  |

6. **Sex**
   | (i) Male  (ii) Female  |
   | पुरुष (ii) नागर  |

7. **Address:**
   | सर-पृथु  |

8. **Marital Status**
   | (i) Married  
   | जोड़ी  |
   | If yes, Number of Children  
   | परिवार जोडी, कुल बच्चों  |
   | Girls  Boys |
   | बालिका कुल  |
   | (ii) Unmarried  
   | अपनही  |
   | (iii) Divorcee  
   | विविध / विविध  |
   | (iv) Widow/widower  
   | बिहवी / बिहवी  |

9. **Designation**
   | डिजाइनेट  |
   | Type of Duty  
   | काम संबंध  |
   | Shift or Office work  
   | शिफ्ट अथवा ऑफिस संबंध  |


10. Department

11. Education (i) Literate (ii) Illiterate

12. Level of Education: (i) Elementary (iv) Post Graduate (ii) High School (v) Ph.D. (iii) Diploma / Graduate

13. Type of family: (i) Joint (ii) Nuclear

14. Average family income: (Rs. / Month) : ____________

15. Per capita income = Total income / Total number of family members

16. General Habits: 

(i) Tobacco: Yes / No : 

(a) Tobacco (currently): 

(b) Tobacco (past): 
If yes, then since how many years
In what form and quantity

(ii) Smoking: Yes / No : 

Number / Day : 
If yes, then since how many years
(a) Currently:
Past  

(i) Bidi:  
(ii) Cigar:  
(iii) Cigarette:  
(iv) Other:  

If you smoked earlier and have given up now, reasons for giving up  

(a) Health:  
(b) Non health:  

(iii) Alcohol: Yes / No.  
(a) Currently  
(b) Past  

If Yes, then since how many years.  

If yes,  

(i) Daily  
(ii) Once a week  
(iii) Once in a month  
(iv) Occasionally  

Quantity consumed  

17. Do you exercise: Yes / No.  

If yes,  

(i) Daily  
(ii) Weekly:  
(iii) Sometimes:  

18. Type of exercise:  

(i) Brisk walking  
(ii) Jogging  
(iii) Cycling  
(iv) Aerobics
19. Anthropometric Measurements: 

(a) Height: __________ cm.
(b) Weight: __________ kgs.

\[ \text{BMI} = \frac{\text{Wt (kgs)}}{\text{ht (m)}^2} \]

(c) Waist: __________ cm.
(d) Hip: __________ cm.

\[ \text{W/H ratio} = \__________ \]

20. Medical History: 

(a) Blood Pressure: 

(i) Normal: 
(ii) Hypertensive: 

(b) Respiratory: 

(i) Shortness of breath: 
(ii) Tuberculosis: 
(iii) Asthma: 

(c) Cardiovascular: 

(i) Chest Pain: 

(h/o) 

(i) Angina: 
(ii) Hyperlipidemia: 
(iii) Hypercholesterolemia: 
(iv) Oedema: 

(d) Gastrointestinal: 

(i) Nausea: 
(ii) Vomiting: 
(iii) Abdominal pain: 
(iv) Heart burn: 

(h/o) 

(v) Constipation
(vi) Acidity
(vii) Diarrhoea
(viii) Ulcer
(e) Genitourinary
   h/o recurrent urinary tract in infection
(f) Musculoskeletal
   i) Aching muscles or joints
   ii) Back pain
(h) Diabetes Mellitus
   i) Gout

21. [For women or the employee's wife only] Housewife / Working.

22. What was your age at menarche?

23. Are you pregnant? Y / N

24. Are you taking any contraceptive pills? Y / N
25. Did you have any:
   (i) Miscarriage है? 
   (ii) Abortion लॉपेट है?
26. What was your age at menopause?
   मासिक अंड वापसी किसी?

**DIET HISTORY / आहार विषयी माहिती**

a. Type of food consumed.
   आहार विषयी प्रकार
   (1) Vegetarian (2) Non Vegetarian (3) Ovo Vegetarian
   (1) शाकाहारी (2) मिश्रित (3) शाकाहारी एवढा सहीत

b. If Ovo vegetarian, frequency of consuming eggs?
   जे शाकाहारी एवढा सहीत हा पोच तर हा प्रमाण?
   (1) Daily (2) 3-5 times/week (3) Less than 3 times / week
   (1) दिव्यांकित (2) अक्षरातीला 3 त्यांचा प्रमाण (3) अक्षरातीला 3 तरिका ओझूँ

c. If Non-vegetarian, frequency of consuming non-veg. food?
   जे मिश्रित वाधावी, उद्धवावी भाग किं?

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Foods</th>
<th>Daily</th>
<th>3-5 times/week</th>
<th>Twice a Week</th>
<th>Once a week</th>
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<tbody>
<tr>
<td>1.</td>
<td>Mutton</td>
<td></td>
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<tr>
<td>2.</td>
<td>Chicken</td>
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<td>3.</td>
<td>Fish</td>
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<tr>
<td>4.</td>
<td>Eggs</td>
<td></td>
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</tbody>
</table>
Information about yesterday's Diet:

Early Morning:
2. Breakfast:

Mid Morning:

Lunch:

Snacks:
Dinner / રાત્રિ ખાણા : 

Before going to Bed / સૂચિ પડેલે : 

Type and number of oil tins used: 
કાઢી પુકારવું અને ટેનાં ઉપલ્બ્ધ તેવા નો વપરાશ: 

Type and amount of ghee used: 
પાણીની પૂકાર અને તેમને વપરાશ: 