APPENDIX A

Physical Activity questionnaire for premenarchal girls

DAILY ACTIVITIES

Category 1: SLEEPING

How many average hours do you sleep?

5  6  7  8  9  10+

Category 2: TOILET

How many average minutes do you spend in toilet? (dressing and undressing, and showering)?

5  15  30  45  60+

Category 3: MEALS

How many average minutes do you spend having breakfast?

5  15  30  45  60+

How many average minutes do you spend having lunch?

5  15  30  45  60+

How many average minutes do you spend having dinner?

5  15  30  45  60+

Category 4: TRANSPORTATION

How many average minutes do you spend going home to school?

5  15  30  45  60  75  90+

What kind of transportation do you use?

Walking/bicycle
SCHOOL ACTIVITIES

Category 5: CLASSROOM

How many class hours do you have in classroom?

5  6  7  8 +

How many average hours, do you spend studying or doing homework at home?

15  30  45  60  75  90  120+

Category 6: MANDATORY PHYSICAL EDUCATION

How many physical education hours do you have in a week?

1  2  3  4+

Category 7: OTHER ACTIVITIES IN SCHOOL

Which others activities do you do at school?

How many days in a week do you engage in this activity?

OUT OF SCHOOL

Category 8: OUT SCHOOL ACTIVITIES

What activities do you do daily when you not at school or when you arrive home?

Watch T.V.

30  45  60  75  90  120+

Play outdoors

30  45  60  75  90  120+

Category 9: COMPETITION SPORTS

What sport do you practice competitively? For how long? How many times a week?

Duration by session (Hours) Weekly Frequency
**Category 10: DOMESTIC ACTIVITIES IN HOME**

What chores do you do at home? For how long? How many times a week?

<table>
<thead>
<tr>
<th>Duration by session (min)</th>
<th>Weekly Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweeping floors</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Washing clothes</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Washing dishes</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Cooking</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Child care</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Filling water</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Other</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

Which one? ________________________________
APPENDIX B

Sunlight exposure in premenarchal girls and women

1. For how long are you outdoors in direct sunlight?
   i) < 15 min
   ii) 15-30 min
   iii) 30-60 min
   iv) >60 min

2. What kind of clothes do you normally wear at home?
   i) Skirt-blouse
   ii) Frock
   iii) Shirt-Trouser
   iv) Salwar-kurta
   v) Saree
   vi) Other

3. What is the length of your sleeves?
   i) half
   ii) full
   iii) sleeveless
**APPENDIX C**

**Dietary intakes by 24-hr recall in premenarchal girls and women**

Specify the amount in standard measures as number of katori / spoon /dav / cup/ plate

<table>
<thead>
<tr>
<th></th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Amount</td>
</tr>
</tbody>
</table>

**Morning**

**Breakfast**

**Lunch:**

**Evening:**

**Dinner:**
APPENDIX D

Clinical signs and symptoms of nutritional deficiencies-Premenarchal girls

1. Any illness in the last one month?
   If yes, number of episodes?
   Whether treatment was taken? Yes/No

2. Any medications that are being taken currently?

3. Any supplements that you are taking at present?

Clinical observations: To be written as yes or no

1. Early graying of hair: Yes/No

2. Dandruff: Yes/ No

3. Excessive hair loss: Yes/ No.

4. Skin: dry /oily / Normal /dermatitis

5. Nails become black: Yes/ No.


7. Facial Pallor: Yes/ No.

8. Facial edema: Yes/ No.


11. Anorexia: Yes/ No.

12. Skeletal deformities: Yes/ No.


15. Knock Knees: Yes/ No.

16. Any other deficiency signs or symptom?

17. Menarchal status: Tanner stage: I / II / III / IV / V

18. Blood Pressure (mmHg):
APPENDIX E

Socio-demographic and general information - Premenarchal girls

- Enrollment no.
- Date of survey:
- Name:
- Date of Birth:
- Family size:
- Earning members:
- Total earnings/month:
- Father’s occupation: Unemployed/Unskilled/ Semi-skilled/ Clerical, shop/ farmer/semi-profession
- Mother’s occupation: Unemployed/Unskilled/ Semi-skilled/ Clerical, shop/ farmer/semi-profession
- Father’s education: Illiterate/ Primary school/ Middle school/ High school/ Intermediate or post high school diploma
- Mother’s education: Illiterate/ Primary school/ Middle school/ High school/ Intermediate or post high school diploma
- House: Owned/Rented
- Toilet- yes/ no
- Number of rooms:
- Habits: Tobacco chewing: Yes/ No.
- Anthropometric parameters:
  - Height (cms):
  - Weight (kg):
  - Waist (cm):
  - Hip (cm)
- Address and Contact number:
**APPENDIX F**

**Physical Activity questionnaire for women**

**DAILY ACTIVITIES**

**Category 1: SLEEPING**

How many average hours do you sleep?

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10+</th>
</tr>
</thead>
</table>

**Category 2: PERSONAL WORK**

How many average minutes do you spend in toilet? (Dressing and undressing, and showering)?

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>15</th>
<th>30</th>
<th>45</th>
<th>60+</th>
</tr>
</thead>
</table>

How many average minutes do you spend having breakfast?

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>15</th>
<th>30</th>
<th>45</th>
<th>60+</th>
</tr>
</thead>
</table>

How many average minutes do you spend having lunch?

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>15</th>
<th>30</th>
<th>45</th>
<th>60+</th>
</tr>
</thead>
</table>

How many average minutes do you spend having dinner?

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>15</th>
<th>30</th>
<th>45</th>
<th>60+</th>
</tr>
</thead>
</table>

**Category 3: TRANSPORTATION**

How many average minutes do you spend going from home to office?

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>15</th>
<th>30</th>
<th>45</th>
<th>60</th>
<th>75</th>
<th>90+</th>
</tr>
</thead>
</table>

What kind of transportation do you use? Walking /bus/scooter/ car/ railway etc.
OFFICE/ HOUSEHOLD ACTIVITIES

Category 4: OFFICE/HOUSEHOLD

How many hours do spend in office/ household activities?
5 6 7 8 +

Category 5: EXERCISE HOURS

What type of exercise do you do daily?
Walking, yoga, jogging, swimming, other

How many minutes do spend in exercising daily?
30 45 60 75 90+

Category 6: OTHER ACTIVITIES

How much time (minutes) do you spend in reading newspaper, magazine etc?
30 45 60 75 90+

Which others activities do you do at home?

How many days in a week do you engage in this activity?

How much time in a day (minutes) do you spend in watching T.V?
30 45 60 75 90 120+
APPENDIX G

Clinical signs and symptoms of nutritional deficiencies- Women

Clinical observations: to be written as yes or no

1. Early graying of hair: Yes/No
2. Detect smell easily: Yes/ No
3. Like more salt in food: Yes/ No.
4. Nails become black: Yes/ No.
5. White spots on nails: Yes/No
6. Skin: dry/oily/ Normal /dermatitis
7. Delayed wound healing: Yes/No
8. Eyes: Burning of eyes/Photophobia /eye infections/impaired vision in dark
9. Gastrointestinal: Loss of appetite / Acidity / Constipation / Frequent diarrhea / Worm infection /Vomiting
11. Heart: Fatigue / Palpitation / Lack of stamina / Breathlessness
12. Central nervous system: Forgetfulness / Lack of sleep / Lack of confidence / Irritability / Nervousness
13. Major illness in the past: Typhoid / Jaundice / Malaria / Other (specify)
14. Prolonged immobilization in the last 12 months: Yes/No.
15. History of fracture in the last 12 months: Yes/No.
16. Current health complaints: Diabetes / Blood pressure / Asthma / Other (specify)
17. Any medications that are being taken currently?
18. Any supplements especially calcium that you are taking at present?
19. Blood Pressure (mmHg):
APPENDIX H

General information-Women

- Enrollment no.
- Date of survey:
- Name:
- Date of Birth:
- Education: 10th, 12th, Diploma, Graduate, Post-graduate
- Occupation: Housewife/ Service/Business/Retired
- Family size:
- Marital Status: Single/Married/Divorced/Widow
- Number of children:
  
  Habits:

- Smoking: frequently / occasionally /never
- Tobacco: frequently / occasionally /never
- Anthropometric parameters:
  - Height (cms):
  - Weight (kg):
  - Waist (cm):
  - Hip (cm)
  - Skinfold thickness:
    - Triceps (mm):
    - Supra-illiac (mm):

- Address and Contact number: