Appendix 1

INTERVIEW SCHEDULE FOR HYPERLIPIDEMIC SUBJECTS

I. Demographic Characteristics

1. Name of the respondent :
2. Age :
3. Sex :
   a) Male   b) Female
4. Type of the Family :
   a) Joint   b) Nuclear
5. Marital Status :
   a) Single   b) Married
   c) Widow /Widow   d) Divorced

/separated

5. Family Size
   No. of Male Adults :
   No. of Female Adults :
   No. of Children :
   >> Infants :
   >> Preschoolers :
   >> Adolescents :

6. Educational Qualification :
   Elementary school :
   a) Illiterate   b) College
   c) Junior high school   d) High school

7. Monthly Income Level of the Family :
   a) Low income < Rs. 4500
   b) Middle income < Rs.4500 – 7500
   c) High income > Rs. 7500

8. Type of your Activities :
   1. Sedentary
   2. Moderate
   3. Heavy

II. Nutritional Status of the subjects

A. Anthropometric Measurements

9. Height :
10. Weight :
11. BMI

B. Biochemical Analysis

12. Lipid Profile
   a) Total Cholesterol _________ mg/dl
   b) Triglycerides _________ mg/dl
   c) Low density lipoprotein _________ mg/dl
   d) High density lipoprotein _________ mg/dl

C. Dietary Assessment

13. Are you
   a) Vegetarian
   b) Non – Vegetarian
   c) Ova-Vegetarian
14. Frequency of Consumption of Food items

<table>
<thead>
<tr>
<th>Food items</th>
<th>Daily</th>
<th>Alternate days</th>
<th>Twice in a week</th>
<th>Once in a week</th>
<th>Occasionally</th>
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</thead>
<tbody>
<tr>
<td>Cereals</td>
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<tr>
<td>Pulses</td>
<td></td>
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<tr>
<td>Roots &amp; Tubers</td>
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<tr>
<td>Green Leafy Vegetables</td>
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<td>Other Vegetable</td>
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<tr>
<td>Fruits</td>
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<td>Milk and Milk products</td>
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<td>Egg</td>
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<td>Fish</td>
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<td>Mutton</td>
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<td>Beef</td>
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<td>pork</td>
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<td>Chicken</td>
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<td>Nuts &amp; Oil Seeds</td>
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<td>Suger &amp; Jaggery</td>
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<tr>
<td>Fat &amp; Oils</td>
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<td>Spices &amp; Condiment</td>
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<td>Fast Foods</td>
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<tr>
<td>Commercial Products</td>
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</tbody>
</table>

15. How many meals do you consume per day?
   a) 2 times a day    b) 4 times a day
   c) 3 times a day    d) 3 times and snacks

16. 24 Hour Recall

<table>
<thead>
<tr>
<th>Meals</th>
<th>Food items</th>
<th>Approximate quantity</th>
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</thead>
<tbody>
<tr>
<td>Early Morning</td>
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<tr>
<td>Breakfast</td>
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<tr>
<td>Lunch</td>
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<td>Evening Snacks</td>
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<td>Dinner</td>
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<tr>
<td>Bedtime</td>
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</tbody>
</table>

17. Are you a Smoker : a) Yes  b) No
18. Are you a Drinker : a) Yes  b) No
19. Do you have exercised daily : a) No  b) Yes  
   c) Time
20. What is the mode of your exercise pattern? : a) Light  b) Moderate
   c) Vigorous
21. How often do you exercise?  
   a) Daily  b) Under physiotherapist’s advice
   c) No habit of exercising
   c) Walking  d) Swimming
23. Do you use any stress Management method : a) No  b) Yes
IV. History of the diseases

24. How long have you a cholesterol patient
25. Family history of cholesterol : a) Father b) Mother
c) Both d) None of the above