Appendix D : Questionnaire

I. GENERAL DATA

1. Name: ________________________________

2. Age: ________________________________

3. Address: ________________________________

4. Educational Qualification:

   - [ ] SSLC
   - [ ] SSLC
   - [ ] PUC
   - [ ] Graduate
   - [ ] Post Graduate
   - [ ] Professional
   - [ ] PhD.

5. Working status:

   - [ ] Working
   - [ ] Non Working

6. Profession: ________________________________

7. Marital Status:

   - [ ] Married
   - [ ] Unmarried
   - [ ] Widow
   - [ ] Divorced

8. Number of Children: ________________________________

9. Monthly income of the family: ________________________________

II. FAMILY HISTORY

Have any of your blood relatives suffered from osteoporosis/ fractures caused by osteoporosis (fractures that have occurred in late adulthood or old age, not related to severe trauma. E.g. A fall from standing heights or less)

   - [ ] Yes
   - [ ] No

If yes please specify

Family member: ________________________________

No. of fractures: ________________________________
III. REPRODUCTIVE HISTORY:

1. Specify your age of onset of menarche: ______________________________

2. Do you have regular menstrual cycle?
   Yes / No
   If No, specify ______________________________

3. Have you missed your menstrual cycle continuously for more than 3 months (other than your pregnancy)?
   Yes/no
   If Yes, specify since when and how many times ______________________________

4. Have you had any of the following surgeries
   Hysterectomy (removal of uterus) □
   Bilateral oophorectomy (removal of both ovaries) □

5. Have you attained menopause (Stoppage of menstrual cycle)?
   Yes/No

IV. MEDICAL HISTORY

1. Are you on hormone replacement therapy?
   Yes/No

2. Do you suffer from any of the following? (please tick)
   Hypothyroidism □ hyperthyroidism □
   Hyperparathyroidism □ Gastric or duodenal ulcers □
   Rheumatoid arthritis □ Bronchial asthma □

3. What medication do you take for the above mentioned ailment

   ______________________________

4. Apart from the above mentioned ailments do you suffer from any other?
   Please specify ______________________________

5. Have you suffered from any fragility related fractures in adulthood e.g. (A fall from standing height or less) Yes/No
6. If yes please specify

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<tr>
<th>Body part</th>
<th>Age at which fracture occurred</th>
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V. ANTHROPOMETRIC DATA
1. Height (in m):
2. Weight (in kg):
3. BMI(Kg/m²):
4. Wrist Circumference (in cm):
5. Body Frame:
6. BMD Score:

VI. DIET
1. Are you a

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<th>Veg</th>
<th>non veg</th>
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<tr>
<td>SL</td>
<td>FOOD ITEMS</td>
<td>DAILY</td>
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<td>8</td>
<td>nuts</td>
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</table>
1. Are you taking calcium supplements?  
   Yes/No.

2. Are you taking vitamin D supplements?  
   Yes /No.
   If yes, please specify : __________________________ mg/day.

3. Do you expose yourself to sunlight?  
   Yes/No.
   If yes specify for how many hours in a day __________________________

**LIFE STYLE PATTERN:**

1. Do you have a sedentary life style?   Yes/No.

2. Do you go for a walk?           Yes/No.

3. Do you practice yoga?         Yes/No.

4. Do you practice Aerobics?       Yes/No.

5. Do you practice any other form of exercise other than the ones mentioned above?   
   Yes/No.
   If yes, specify ____________________________________________
   ____________________________________________

6. In a day how long do you do the following  
   Working                                      walking(other than brisk walk)
   Sitting                                    __________________________  __________________________
   standing                              __________________________  __________________________

7. Do you consume tobacco in any form? Yes/ No.

8. Do you consume alcohol in any form? Yes/ No.

9. Do you smoke cigarettes? Yes/ No.  
   If Yes , specify how many a day __________________________