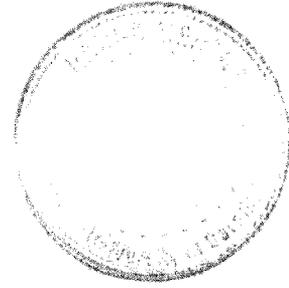


APPENDIX - IV



PHASE: IV - QUESTIONNAIRE

SOCIO DEMOGRAPHIC STATUS

- 1) Name:
- 2) Address:
- 3) Age (years):
- 4) (a) Sex (1) Male
(2) Female
(b) Marital Status (1) Married
(2) Unmarried
(3) Divorced
(4) Widow / Widower
- 5) Religion: Hindu / Non Hindu
- 6) Ethnic group: Gujarati / Non Gujarati
- 7) Residing in Gujarat since: (1) Less than 5 years
(2) Between 5 to 10 years
(3) More than 10 years
- 8) Education: (1) Primary school
(2) High school
(3) University

ECONOMICAL BACKGROUND

- 1) Occupation : (a) Before 50 years
(b) After retiring
(c) Currently
- 2) Monthly Income: (a) Past
(b) Present
- 3) Sources of Income: (a) Savings
(b) Dependent on children
(c) Dependent on family members
(d) Dependent on institution
- 4) Who pays the rent of the institution: (a) Self
(b) Savings
(c) Pension
(d) Children
(e) Any other relative

PAST FAMILY HISTORY

- 1) Type of family: (a) Joint
(b) Nuclear
- 2) Number of family members: _____
- 3) Number of children: _____

LIFE STYLE

PAST (50-60 YEARS)

- 1) What kind of activities were you involved in?
- (a) sports: indoor / outdoor: _____ days/week
- (b) exercise: _____ mins/hrs/day
- (c) gardening: _____ hrs/day/week
- (d) walking: _____ mins/hrs/day
- 2) What recreational activities you used to do?
- (a) listeneing to music: _____ mins/hrs/day
- (b) watching T. V. : _____ mins/hrs/day
- (c) Reading (newspaper/novels/magazines): _____ mins/hrs/day
- 3) Were you addicted to Yes / No How much?
- (a) consuming alcohol: _____
- (b) chewing tobacco: _____
- (c) smoking cigarette/bidi: _____
- (d) eating pan / supari : _____

PRESENT

- 1) What kind of activities were you involved in?
- (a) sports: indoor / outdoor: _____ days/week
- (b) exercise: _____ mins/hrs/day
- (c) walking: _____ mins/hrs/day
- (d) helping in institutional work like Time spend
- (i) purchasing _____
- (ii) cutting vegetables _____
- (iii) cleaning vessels _____
- (iv) cooking _____
- (v) serving _____
- (d) office work _____
- (i) accounting _____
- (ii) other administrative work _____
- 2) What recreational activities you used to do?
- (a) listeneing to music: _____ mins/hrs/day
- (b) watching T. V. : _____ mins/hrs/day
- (c) Reading (newspaper / novels / magazines): _____ mins/hrs/day
- 3) Are you involved in spiritual activities like Time spend
- (a) Yoga _____
- (b) Meditation _____
- (c) Prayers _____
- (d) listening to bhajans / lectures _____
- 4) Were you addicted to Yes / No How much?
- (a) consuming alcohol: _____

- (b) chewing tobacco: _____
- (c) smoking cigarette/bidi: _____
- (d) eating pan / supari : _____

- 5) Activities which require help Yes / No
- (a) Walking _____
- (b) Climbing _____
- (c) Bathing _____
- (d) Eating _____

ANTHROPOMETRIC MEASUREMENT (Before and after 6 weeks and 3 months)

- 1) Height _____ meters 2) Weight _____ kilogram
- 3) MUAC _____ cm 4) BMI _____ kg/m²

24 HOUR DIETARY RECALL (Before and after 6 weeks and 3 months)

Meal	Food items	Ingredients	Cooked (ml)	Raw (gm)

Nutrient Calculation

Ingredient	Raw amount	Energy (kcal)	Protein (gm)	Fat (gm)	Calcium (mg)	Iron (mg)	β-carotene (μg)	Vit.C (mg)
Total								
RDA								
Deficit								

CLINICAL INFORMATION (Before and after 6 weeks and 3 months)

- Haemoglobin level: _____ gm/dl
- Serum Total Proteins: _____ gm/dl
- Lipid profile:
- Total cholesterol: _____ mg/dl, Triglycerides: _____ mg/dl
- Low Density Lipoproteins: _____ mg/dl, TC/HDL: _____
- High Density Lipoproteins: _____ mg/dl, LDL/HDL: _____
- Random blood sugar: _____ mg/dl
- Blood pressure: _____ mmHg (systolic/diastolic)

SOCIAL BACKGROUND

- 1) How frequently do relatives visit you?
Daily / weekly / monthly / never
- 2) How frequently do relatives visit you?
Daily / weekly / monthly / never
- 3) (a) Did you have good relation with your neighbours : Yes / No
(b) Do they visit you here: Yes / No
- 4) How much time do you spend with your immediate relatives?
_____ hrs/day/month
- 5) Are you a member of any social organization? Yes / No
 - (a) club
 - (b) religious institution
 - (c) gymkhana
 - (d) day care centre
- 6) Are you a member of any professional organization? Yes / No
- 7) Do you like to talk to others? Yes / No
- 8) Do you like to find difficulty to pass time? Yes / No

HEALTH INFORMATION

- (1) How often do you fall sick _____ times in a month/years?
- (2) What kind of illness do you usually suffer from _____?
- (3) When ever you get ill who looks after you?
 - (i) Nurse
 - (ii) Attendant
 - (iii) Others, specify _____
- (4) How frequently the doctors visit the institution?
Weekly / fortnightly / monthly
 - (a) name of doctors _____
 - (b) address _____
 - (c) specialist/ physician _____
- (5) What kind of difficulties faced by you?
 - (a) money
 - (b) lack of company
 - (c) lack of proper treatment
 - (d) lack of dietary care (personal care)

MENTAL HEALTH RELATED FACTORS

- 1) Do you feel you are:
A: Irritated by _____ Yes / No
 - (a) loud noise
 - (b) general noise
- B: Forgetful
 - (a) present memory
 - (b) past memory
- C: Socially isolated

- (a) depression
 - (b) negative thoughts
 - (c) lack of interest
 - (d) wanted to be alone
- 2) How do you express your feelings: Yes / No
- (a) crying
 - (b) talking
 - (c) not talking
 - (d) over eating
- 3) Do you use any aids like: Yes / No
- (a) hearing aid
 - (b) stick
 - (c) glasses
 - (d) wheel chair
 - (e) dentures
 - (f) inhaler / neutralizer
 - (g) any others, specify_____

DISEASE PROFILE

CHECKLIST

(A) PROBLEMS RELATED TO DIGESTIVE SYSTEM / TRACT

(1) PROBLEMS OF ORAL CAVITY

- 1. Ulcers : YES / NO
- 2. Inflammation of tongue (pain, soreness, swelling or ulceration) : YES / NO
- 3. Excessive : YES / NO
- 4. Lack of Salivation : YES / NO
- 5. Altered Salivation : YES / NO
- 6. Missing / Broken teeth : YES / NO
- 7. Full / Partial Denture : YES / NO
- 8. Caries / Tooth ache : YES / NO
- 9. Swollen / Sore gums : YES / NO
- 10. Problems of chewing : YES / NO

(2) PROBLEMS OF GIT

- 1. Nausea : YES / NO
- 2. Vomitting : YES / NO
- 3. Heart burn (burning sensation in chest area) : YES / NO
- 4. Gastritis (pain in upper abdomen after eating spicy foods, drugs) : YES / NO
- 5. Gastroenteritis (inflammation of stomach and intestine) : YES / NO
- 6. Ulcerative or any other colitis (pain, irritation of colon) : YES / NO

- mucus and blood in the stools)
7. Fullness / gaseous distension : YES / NO
 8. Flatulence : YES / NO
 9. Abdominal pain (cramps, abdominal colic) : YES / NO
 10. Diarrhoea (increased fluidity and frequent in stools) : YES / NO
 11. Constipation (infrequency, difficult evacuation of stools) : YES / NO
 12. Dysentery (mucus, blood in stools) : YES / NO
 13. Altered Stools : YES / NO

(3) PROBLEMS OF HEPATOBILIARY TRACT

1. Jaundice (Yellow discoloration of skin, sclera mucosa) : YES / NO
2. Hepatitis (dark urine, loss of appetite, nausea, pain in abdomen) : YES / NO
(Specific during or after dysentery, blood transfusion, drug administration epidemic)
3. Cholestyitis/Cholelithiasis (gall stones, pain in gall bladder when fat enters the intestine) YES / NO

(4) PROBLEMS OF PANCREAS

1. Pain following or during febrile illness or alcoholic drink YES / NO
2. Vomiting, abdominal pains diarrhoea, collapse YES / NO
3. Large bulky fatty floating stools YES / NO
4. Weight loss with intolerance of fatty food and swelling in upper abdomen YES / NO

(5) PROBLEMS RELATED TO RESPIRATORY SYSTEM

1. Recurrent cold YES / NO
2. Spells of sneezing /running nose YES / NO
3. (Recurrent) tonsillitis / pharyngitis YES / NO
4. Laryngitis/irritating cough pain/coarseness voice, pain on swallowing YES / NO
5. (Tracheae) Bronchitis irritating dry cough with pain and discomfort cold aggravates there. YES / NO
6. Pneumonia (fever, cough, pain, sore throat, dyspnea, odema and anxiety) YES / NO
7. Lung cancer (new growth) YES / NO
8. Asthma (diff. Inbreathing, suffocation) YES / NO
9. Any other respiratory problems YES / NO

(6) PROBLEMS RELATED TO CARDIO VASCULAR

1. Rheumatic heart disease : YES / NO
2. Hypertension (diastolic more than 90 mm/systolic 150mm) : YES / NO
3. Ischemic heart disease : YES / NO
 - i) Angina pectoris (severe but temporary attacks of cardiac) : YES / NO

- pain which may radiate to arms)
- ii) Coronary insufficiency : YES / NO
- III) Myocardial infarction and post infarction complication. : YES / NO
4. Heart rhythm disorders :
- i) Bradycardia (slow rate of heart contraction) : YES / NO
- ii) Tachycardia (excessively rapid action of heart) : YES / NO
- iii) Any other : YES / NO

(7) PROBLEMS RELATED TO GENITO-URINARY SYSTEM

1. Upper/lower urinary tract infection, pain in lower abdomen, fever, chills, high frequency of urination. : YES / NO
2. Upper/lower urinary tract calculi (kidney stone, severe pain in abdomen) : YES / NO
3. Nephrotic syndrome (oedema, distended abdomen, malnutrition, malnourished looks) : YES / NO
4. Acute chronic renal failure (loss of appetite, odour in mouth) : YES / NO
5. Dialysis : YES / NO
6. Gynec / obstetric problems : YES / NO

(8) PROBLEMS PERTAINING TO LOCOMOTOR SYSTEM

1. Bones :
- i) Osteomalacia (softening of bone, pain) : YES / NO
- ii) Osteoporosis (inc. bone density) : YES / NO
- iii) Osteomyelitis (inflammation of bone marrow) : YES / NO
2. Joints :
- i) Osteoarthritis (pain in synovial) : YES / NO
- ii) Rheumatoid arthritis (pain in peripheral joints) : YES / NO
- iii) Septic (infective) arthritis : YES / NO
3. i) Spondylitis (forward displacement of lumbar vertebra) : YES / NO
- ii) Ankylosing spondylitis (low backache, after sleep, fever, frozen, shoulders, easy fatigability) : YES / NO
4. Muscles :

(9) PROBLEMS RELATED TO HEMOLYMPHATIC SYSTEM

1. Anemia (paleness, weakness Hb) : YES / NO
2. Do you get irritated and lack of concentration these days ? : YES / NO
3. Do you find difficulty in grasping things with your fingers ? : YES / NO
(shake fingers while eating with spoon etc.)

(10) PROBLEMS RELATED TO CENTRAL NERVOUS SYSTEM

1. Tension headaches
2. Migrane
3. Sleep disturbance : YES / NO
4. Sudden/gradual dimness of vision : YES / NO
5. Double vision (squint) : YES / NO

- | | |
|--|----------|
| 6. Bell's palsy (facial paralysis) | YES / NO |
| 7. Dysphagia (difficulty in swallowing) | YES / NO |
| 8. Nasal regurgitation | YES / NO |
| 9. Drop attacks (periodic falling because of sudden loss
Of lower limb sensation) | YES / NO |
| 10. Convulsive attacks | YES / NO |

(11) PROBLEMS RELATED TO ENDOCRINE SYSTEM

- | | |
|--|----------|
| 1. Hypoglycemia (decreased blood sugar, extended by anxiety,
excitement, perspiration, delirium or loss of consciousness) | YES / NO |
| 2. Diabetes Mellitus (increased frequency of urination, hunger,
thirst followed by headache) | YES / NO |
| 3. Hypothyroidism | YES / NO |
| 4. Hyperthyroidism | YES / NO |

(12) MISCELLANEOUS PROBLEMS

- | | |
|--|---------------|
| 1. Disorders of fluid and electrolytes | •
YES / NO |
| 2. Skin disorders | YES / NO |
| 3. Allergies | YES / NO |
| 4. Malaria | YES / NO |
| 5. Tuberculosis | YES / NO |

CLINICAL INTERVIEW FOR DEPRESSION (Before and after 6 weeks and 3 months)

YES / NO

- a) Do you often feel sad?
- b) Do you feel left out?
- c) Do you avoid socializing?
- d) Do you have a feeling of lowered self-esteem?
- e) Do you often get irritated?
- f) Do you have a lack of interest in doing things?
- g) Do you throw tantrums?
- h) Do you often cry?
- i) Do you get enough sleep?
- j) How many hours do you sleep in a day?
- k) Do you experience difficulty in concentration/ making decision?
- l) Do you get thoughts of death / suicides?
- m) Do you often feel dissatisfied?

Source: Dr. Gautam Amin (M.B.,B.S.), 1995, Depression in primary care, Unpublished dissertation, Dept. of Psychiatry, Medical College, Baroda.

MINOR ILLNESSES

Health problems	Occurrence of health problems	
	Before intervention	After intervention
(1) Cough and cold (2) Viral fever (3) Dizziness (4) Flu (5) Malaria (6) Infections Throat, skin, eyes (7) Vomiting (8) Diarrhoea (9) Constipation (10) Indigestion Gas/Flatulence (11)Hyperacidity (12)Body aches (13) Pain in joints		

APPENDIX—IV - A

PHASE III: NUTRITIVE VALUE PER SERVING OF FOOD ITEMS

Food Item	Amt. (gm)	Energy (Kcal)	Protein (gm)	Fats (gm)	Fibre (gm)	Calcium (mg)	P (mg)	Iron (mg)	β-C (mcg)	Vit-C (mg)
Soy usal										
Soybean	25	108	10.8	4.87	0.92	60.6	172.0	2.6	106.5	---
Onion	10	5	0.12	0.01	0.06	4.69	5.0	0.06	---	1.1
Tomato	10	2	0.09	0.02	0.08	4.8	2.0	0.06	35.1	2.7
Oil	5	45	---	5.0	---	---	---	---	---	---
Sev	10	128	4.16	7.12	0.84	11.2	66.0	1.06	25.4	0.2
		288	15.17	17.02	1.30	80.69	245	3.784	167	4.0
Soy Sambhar										
Soybean	25	108	10.8	4.87	0.92	60.6	172.0	2.6	106.5	---
Onion	10	5	0.12	0.01	0.06	4.69	5.0	0.06	---	1.1
Tomato	10	2	0.09	0.02	0.08	4.8	2.0	0.06	35.1	2.7
Oil	5	45	---	5.0	---	---	---	---	---	---
Button-Idli	(2)	69.1	1.56	0.14	0.07	9.2	43.0	0.95	1.9	---
		229.1	12.57	10.54	1.13	78.69	222	3.64	143	3.8
Soy dhokli										
Soybean	25	108	10.8	4.87	0.92	60.6	172.0	2.6	106.5	---
Tomato	10	2	0.09	0.02	0.08	4.8	2.0	0.06	35.1	2.7
Jaggery	5	19.15	0.02	0.005	---	4.0	2.0	0.132	---	---
Oil	5	45	---	5.0	---	---	---	---	---	---
Dhokli	(2-3)	96.15	1.81	5.25	0.85	7.2	53.00	0.73	4.35	---
		270	12.72	15.15	1.85	76.0	229	3.531	150	2.7
Soy stuffed paratha										
Soybean	25	108	10.8	4.87	0.92	60.6	172.0	2.6	106.5	---
Potato	10	0.9	--	--	0.3	0.06	---	---	---	---

Wheat flour	40	136	4.83	0.66	0.68	18.6	142.0	1.95	11.6	---
Green masala	As / taste	---	---	---	---	---	---	---	---	---
Oil	5	45	---	5.0	---	---	---	---	---	---
		289	15.63	10.53	1.60	79.2	314	4.55	118.1	---
Soy roti										
Wheat flour	24	81.84	2.90	0.40	0.45	11.2	85.2	1.17	6.96	---
Defatted soyflour	6	25.92	3.18	0.04	1.68	16.2	43.8	0.60	25.56	---
Oil	5	45	---	5.0	---	---	---	---	---	---
		153	6.08	5.45	2.13	27.4	129	1.77	36	---
Carrot kheer										
Rice flakes powder	30		1.98	0.36	0.21	6.0	---	6.0	---	---
Carrot powder	10		0.27	0.06	0.3	24.0	---	0.3	2151	---
Milk pd	10		2.05	1.90	---	74.3	---	00	---	---
Sugar pd	10		---	---	---	---	---	---	---	---
Salt/pepper	To taste		---	---	---	---	---	---	---	---
			4.30	1.32	0.51	104.3	---	6.3	2151	---
Rice flakes powder	30		1.98	0.36	0.21	6.0	---	6.0	---	---
Spinach powder	10		2.0	0.7	0.6	73.0	---	1.14	2740	---
Milk pd	10		2.05	1.90	---	74.3	---	00	---	---
Sugar pd	10		---	---	---	---	---	---	---	---
			6.03	2.96	0.81	153.3		7.14	2740	