Appendix IX

Impact Analysis Questionnaire

I. General

Name: _____ Code no. _____

No. of days supplementation: _____

II. Anthropometry

Parameters	Baseline value	Post value
Weight (kg)		
Height (cm)		
BMI		
Waist circumference (cm)		
Hip circumference (cm)		
WHR		
BP		

III. Biochemical Parameters

Parameters	Baseline value	Post value

IV. Microbial Counts

Parameters	Baseline value	Post value
Lactic acid counts		
Bifidobacteria counts		
E.coli counts		

V. 1) Compliance: a) full b) Partial (>30 days) c) Less (<30 days)

2) Remarks of the compliance: _____

3) Consumption pattern: a) substituted b) additional

a) breakfast b) mid morning c) lunch d) mid afternoon e) dinner

Remarks of the subjects for the acceptability of synbiotic/probiotic added food consumption: