APPENDIX

QUESTIONNAIRE FOR FOOD HABITS

DEMOGRAPHIC PROFILE

1.	Name of the Respondent	t:						
2.	Age:							
3.	Sex:							
4.	Educational qualification	n:						
5.	Address							
6.	Family income/month-							
a)	Rs. 10000-20000		c) Rs. 20000-30000					
b)	Rs.30000-40000		d) >Rs.40000					
7.	Types of family							
	a) Nuclear b)) Joint	c)Exter	nded				
8.	Place of residence							
	a) Own home		c) Rented house					
	b) Hostel		d)Paying guest					
DIET	ARY FOOD HABITS							
1.	Are you							
	a) Vegetarian		b) Non-vegetarian					
İ	b) Non-vegetarian but us	sually consun	ne vegetarian					
2.	2. How many main meals do you consume in a day?							
a)	1	b) 2		c) 3 or more				
3.	3. How many times do you take snacks in between main meal?							
a)	1 b) 2	c)3	d) 4 or more					
4.	How often to go out to e	eat (eg. In a re	estaurant)?					

	d) Once in fortnight	e) Seldom					
5.	Do you skip breakfast?						
a)	Almost every day	c) 3-4 times a week					
b)	Once a week or seldom	d) Never					
6.	Do you follow any special dietary regime?						
a)	Yes	b)No					
		•					
7.	Do you practice fasting on re	eligious ground or for any other reason? If yes, how often?					
a)	Once a week or less	c) Once in a fortnight					
b)	Once a month	d) Seldom					
8.	Do you take any Vitamin supplement?						
a)	Yes	b)No					

b) 3-4 times a week

c) Once a week

9. Food Frequency practices

a) Every-day

Food Stuff Frequency of usage			sage				
	Daily	4-	2-	occasio	Once in	Once in	Once
		5/week	3/week	nally	a week	a	in a
						fortnight	month
A. Cereal							
Rice							
Wheat							
Other cereal-a)							
b)							
Processed cereal							
B. Pulse							
Cooked: as dhal							
Raw: Soaked or							
germinated						·	
C. Vegetables							

Roots and tuber		!		
Other vegetable				
Green leafy				
vegetable				
D. Fruits				
Whole				
Juice				
E. Animal food			-	
Meat, fish, poultry				
Milk				
Curd				
Other milk product				

NUTRITIONAL KNOWLEDGE

1.	Do you have any idea about balanced diet or food group? If yes, write a sentence about
	halance diet.

2.	Do you make sure that	your everyday	diet consists	of all the	food group?
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a) Yes

- b) No
- 3. What is the normal hemoglobin level for adult women?
- 4. Do you have any knowledge about the causes and symptom of anaemia? Mention few
- 5. Do you have any idea about iron rich foods? If yes, name some iron rich foods.