

SECTION A: Clinic questionnaire (CQ)

Summary sheet (to be completed at time of reimbursement)					
Component completed					
1.1	(a) Consent form	(b) Clinic quest.	(c) Diet quest.	(d) Medical exam.	
	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> [1=Yes; 2=No]	
Reimbursement					
1.2	Reimbursement given	<input type="checkbox"/> [1=Yes; 2=No]			
1.3	Identity proof taken	<input type="checkbox"/> [1=Yes; 2=No]			
Subject recall					
1.4	Subject needs to be recalled	<input type="checkbox"/> [1=Yes; 2=No]			
1.5	Reason for recall	<input type="checkbox"/> [1=Repeatability study; 2=Incomplete study; 3=Both]			
1.6	If yes, is the subject willing to return?	<input type="checkbox"/> [1=Yes; 2=No; 3=Undecided]			
1.7	If undecided, date status will be reviewed:	__ __/__ __/__ __ [DD/MM/YY]			
1.8 If recalled, clinic visit details					
	(a) Start date of period [DD/MM/YY]	(b) End date of period [DD/MM/YY]	(c) Venue [1=Factory; 2=Camp]	(d) Travel [1=Self; 2=Team]	(e) Outcome [1=Yes; 2=No]
	__ __/__ __/__ __	__ __/__ __/__ __			
	__ __/__ __/__ __	__ __/__ __/__ __			
	__ __/__ __/__ __	__ __/__ __/__ __			
1.9	Summary sheet notes				

Interview details		
2.1	Date of quest. completion	___ ___ / ___ ___ / ___ ___ [DD/MM/YY]
2.2	Time of quest. completion	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> [Hours: minutes; 24-hour clock]
2.3	Interviewer code	<input type="text"/> <input type="text"/>
2.4	Interviewer initials	<input type="text"/> <input type="text"/> <input type="text"/>
<i>First of all I would like to collect some details about you and where you live at present</i>		
Contact details		
3.1	Family name	_____ [Surname]
3.2	First name/middle name	_____ [Forename/other name]
3.3	Current house address (if any) [House No./Street/Locality]	_____ _____
3.4	Place name	_____ [Name of Village/Town/City]
3.5	PIN Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.6	Sub-district	_____ [Tehsil/Taluk/Mandal]
3.7	District	_____
3.8	Nearest railway station	_____
3.9	Nearest big town	_____ [In case of village only]
3.10	State	_____ [Name of country if abroad]
3.11	Type of place	<input type="checkbox"/> [1=Village; 2=Town; 3=Small city; 4=Large city]
3.12	Travelling by road or rail, total average journey time between this place and the industry	<input type="text"/> <input type="text"/> <input type="text"/> [In completed hours]
3.13	Census code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.14	Home telephone number (landline)	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [Area code] [Phone number]
3.15	Mobile number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.16	Were you born and lived here all your life?	<input type="checkbox"/> [1=Yes; 2=No]

4.1	ABOUT YOUR BIRTH PLACE
	(a) Place name _____ (b) Sub-district _____ (c) District _____
	(d) Nearest railway station _____ (e) Nearest town _____ (f) State/UT _____
	(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs] (h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC] (i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Between your birthplace and current place of residence, if you have lived anywhere for longer than a year, please list all such places in order up to but not including the current residence (DO NOT include moves within the same place i.e. village/town/city). Enter age at leaving the place in completed years (enter 00 for age less than a year). Type of place relates to at THAT TIME. WRITE IN BLOCK CAPITALS.
4.2	(a) Place name _____ (b) Sub-district _____ (c) District _____
	(d) Nearest railway station _____ (e) Nearest town _____ (f) State/UT _____
	(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs] (h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC] (i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(a) Place name _____ (b) Sub-district _____ (c) District _____
	(d) Nearest railway station _____ (e) Nearest town _____ (f) State/UT _____
	(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs] (h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC] (i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(a) Place name _____ (b) Sub-district _____ (c) District _____
	(d) Nearest railway station _____ (e) Nearest town _____ (f) State/UT _____
	(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs] (h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC] (i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	(d) Nearest railway station _____ (e) Nearest town _____ (f) State/UT _____
	(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs] (h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC] (i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(a) Place name_____	(b) Sub-district_____	(c) District_____
(d) Nearest railway station_____	(e) Nearest town_____	(f) State/UT_____
(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs]	(h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC]	(i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(a) Place name_____	(b) Sub-district_____	(c) District_____
(d) Nearest railway station_____	(e) Nearest town_____	(f) State/UT_____
(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs]	(h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC]	(i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(a) Place name_____	(b) Sub-district_____	(c) District_____
(d) Nearest railway station_____	(e) Nearest town_____	(f) State/UT_____
(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs]	(h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC]	(i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(a) Place name_____	(b) Sub-district_____	(c) District_____
(d) Nearest railway station_____	(e) Nearest town_____	(f) State/UT_____
(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs]	(h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC]	(i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(a) Place name_____	(b) Sub-district_____	(c) District_____
(d) Nearest railway station_____	(e) Nearest town_____	(f) State/UT_____
(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs]	(h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC]	(i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(a) Place name_____	(b) Sub-district_____	(c) District_____
(d) Nearest railway station_____	(e) Nearest town_____	(f) State/UT_____
(g) Age at leaving: <input type="text"/> <input type="text"/> [Yrs]	(h) Type of place: <input type="text"/> [1=V; 2=T; 3=SC; 4=LC]	(i) Census code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<i>Now I would like to collect some personal information about you</i>	
Personal details	
5.1	Age last birthday <input type="text"/> <input type="text"/> [In completed years]
5.2	Date of birth <input type="text"/> <input type="text"/> [DD]
5.3	Month of birth <input type="text"/> <input type="text"/> [MM]
5.4	Year of birth 19 <input type="text"/> <input type="text"/> [YY]
5.5	Sex <input type="text"/> [1=Male; 2=Female]
5.6	(a) How many siblings (alive) do you have? <input type="text"/> <input type="text"/> [Enter 00 if None]
	(b) Of these, how many are older than you? <input type="text"/> <input type="text"/> [Enter 00 if None]
5.7	Current marital status <input type="text"/> [1=Never married; 2=Married; 3=Widow/widower; 4=Separated/divorced]
5.8	If ever married:
	(a) How old when you started living with your spouse after your marriage (first)? <input type="text"/> <input type="text"/> [Age in completed years]
	(b) Does your spouse normally live with you now? <input type="text"/> [1=Yes; 2=No]
	How many (live) children do you have?
	(c) Boys: <input type="text"/> <input type="text"/> [Enter 00 for None] (d) Girls: <input type="text"/> <input type="text"/> [Enter 00 for None]
5.9	What religion do you follow? <input type="text"/> [1=Hinduism; 2=Islam; 3=Sikhism; 4=Christianity; 5=Jainism; 6=Buddhism; 7=Other; 8=None]
5.10	People from different castes cook their food differently, which can affect their health. Do you mind telling the name of your caste/tribe? If not, What is the name of your caste/tribe? _____
5.11	Is this a scheduled caste/tribe/other backward caste? <input type="text"/> [1=Scheduled caste; 2=Scheduled tribe; 3=Other backward class; 4=None of them]
5.12	(a) What is your mother tongue? <input type="text"/> <input type="text"/>
	[1=Assamese; 2=Bengali; 3=Gujarati; 4=Hindi; 5=Kannada; 6=Kashmiri; 7=Konkani; 8=Maithili; 9=Malayalam; 10=Marathi; 11=Oriya; 12=Punjabi; 13=Sindhi; 14=Tamil; 15=Telugu; 16=Urdu; 17=Other, Specify below]
	(b) If other specify _____
Primary occupation	
5.13	(a) Respondent: <input type="text"/> (b) Spouse (if married): <input type="text"/>
	[1=At home doing housework; 2=Unemployed, not seeking work (student/training/retired/disabled); 3=Unemployed, seeking work; 4=Unskilled manual; 5=Semi-skilled manual; 6=Skilled manual; 7=Skilled non-manual; 8=Semi-Professional; 9=Professional]

5.14	Briefly describe your job: _____ _____	
Highest educational level attained		
5.15	(a) Respondent: <input type="checkbox"/>	(b) Spouse (if married): <input type="checkbox"/>
[1=Illiterate; 2=Literate, no formal education; 3=Up to primary school (class IV); 4=Secondary school (ITI course, class X/XII, Intermediate); 5=Graduate (BA, BSc, BCom, Diploma); 6=Professional degree/postgraduate (MA, MSc, MBBS, MSW, BTech, PhD)]		
<i>Now I am going to ask you some questions about your household</i>		
Current household circumstances		
6.1	What kind of household do you currently live in? <input type="checkbox"/>	
[1=Single; 2=Hostel; 3=Nuclear family (married couple & offspring); 4=Extended family (two related married couples of different generations (i.e. married couple with one of the parents); 5=Joint family (two related married couples from same generation (i.e. two married siblings); 6=Joint-extended; 7=Any other]		
6.2	(a) Including yourself, how many people normally live in your household?	<input type="checkbox"/> <input type="checkbox"/>
	(b) Of these, how many are aged 18 years or above?	<input type="checkbox"/> <input type="checkbox"/>
	(c) Of those aged 18 years or above, how many are literate (can read and write)?	<input type="checkbox"/> <input type="checkbox"/>
6.3	How many rooms are there in your household? (count all rooms including kitchen, bathroom, etc)	<input type="checkbox"/> <input type="checkbox"/>
6.4	What is the material used in the construction of the house?	<input type="checkbox"/>
[1=Kutchra (made from mud, thatch, or other low quality material); 2=Semi-pucca (partly low quality and high quality material); 3=Pucca (high quality material used throughout including roof, walls, floor)]		
6.5	What is the main source of lighting for your household?	<input type="checkbox"/> [1=Electricity; 2=Kerosene; 3=Gas; 4=Oil; 5=Other]
6.6	What is the main source of drinking water for members of your household?	<input type="checkbox"/> [1=Pipe, hand pump or well (in residence/yard/plot); 2=Pipe, hand pump or well (public); 3=Other]
6.7	What kind of toilet facility does the household have?	<input type="checkbox"/>
[1=Own flush toilet; 2=Shared flush toilet; 3=Public flush toilet; 4=Own pit toilet/latrine; 5=Shared pit toilet/latrine; 6=Public pit toilet/latrine; 7=No facility/field/bush; 8=Other]		
6.8	Does this household own any agricultural land?	<input type="checkbox"/> [1=Yes; 2=No]
6.9	Do you collect rations from a ration card?	<input type="checkbox"/> [1=Yes; 2=No]
6.10	Does the household own any of the following:	
	(a) Clock/Watch	<input type="checkbox"/> [1=Yes; 2=No]
	(b) Radio/Transistor	<input type="checkbox"/> [1=Yes; 2=No]

	(c) Television	<input type="checkbox"/> [1=Yes; 2=No]
	(d) Bicycle	<input type="checkbox"/> [1=Yes; 2=No]
	(e) Motorcycle/scooter/moped	<input type="checkbox"/> [1=Yes; 2=No]
	(f) Car	<input type="checkbox"/> [1=Yes; 2=No]
	(g) Tractor	<input type="checkbox"/> [1=Yes; 2=No]
	(h) Refrigerator	<input type="checkbox"/> [1=Yes; 2=No]
	(i) Telephone	<input type="checkbox"/> [1=Yes; 2=No]
<i>Now thinking back to when you were a child, say 10-12 years old, please answer the following questions about the household where you lived at that time</i>		
Household circumstances in childhood (at age 10-12 years)		
7.1	What was your father's occupation at the time?	<input type="checkbox"/>
	[1=At home doing housework; 2=Unemployed, not seeking work (student/training/retired/disabled); 3=Unemployed, seeking work; 4=Unskilled manual; 5=Semi-skilled manual; 6=Skilled manual; 7=Skilled non-manual; 8=Semi-Professional; 9=Professional]	
7.2	What was the highest educational level attained by your mother?	<input type="checkbox"/>
	[1=Illiterate; 2=Literate, no formal education; 3=Up to primary school (class IV); 4=Secondary school (ITI course, class X/XII, Intermediate); 5=Graduate (BA, BSc, BCom, Diploma); 6=Professional degree/postgraduate (MA, MSc, MBBS, MSW, BTech, PhD)]	
7.3	Were there any literate (can read and write) adults (aged 18 years or above) in your household?	<input type="checkbox"/> [1=Yes; 2=No]
7.4	What was the material used in the construction of the house?	<input type="checkbox"/>
	[1=Kutchra (made from mud, thatch, or other low quality material); 2=Semi-pucca (partly low quality and high quality material); 3=Pucca (high quality material used throughout including roof, walls, floor)]	
7.5	What was the main source of lighting for your household?	<input type="checkbox"/> [1=Electricity; 2=Kerosene; 3=Gas; 4=Oil; 5=Other]
7.6	What was the main source of drinking water for members of your household?	<input type="checkbox"/> [1=Pipe, hand pump or well (in residence/yard/plot); 2=Pipe, hand pump or well (public); 3=Other]
7.7	What kind of toilet facility did the household have?	<input type="checkbox"/>
	[1=Own flush toilet; 2=Shared flush toilet; 3=Public flush toilet; 4=Own pit toilet/latrine; 5=Shared pit toilet/latrine; 6=Public pit toilet/latrine; 7=No facility/field/bush; 8=Other]	
7.8	Did the household own any agricultural land?	<input type="checkbox"/> [1=Yes; 2=No]

7.9	Did the household own any of the following:	
	(a) Clock/Watch	<input type="checkbox"/> [1=Yes; 2=No]
	(b) Radio/Transistor	<input type="checkbox"/> [1=Yes; 2=No]
	(c) Television	<input type="checkbox"/> [1=Yes; 2=No]
	(d) Bicycle	<input type="checkbox"/> [1=Yes; 2=No]
	(e) Motorcycle/scooter/moped	<input type="checkbox"/> [1=Yes; 2=No]
	(f) Refrigerator	<input type="checkbox"/> [1=Yes; 2=No]
<i>Now one question about your body size when you were around 10-12 years old.</i>		
7.10	What were you like then?	<input type="checkbox"/>
	[1=Very thin;2=Thinner than average; 3=Average; 4=Fatter than average; 5=Very fat]	
<i>One final question about your housing circumstances, now or anytime in the past. Do you know what a slum looks like? If yes: (if no, please explain the definition to the subject and then ask the question below)</i>		
7.11	Have you ever lived in a slum for longer than 6 months?	<input type="checkbox"/>
	[1=No, never; 2=Used to but not anymore (moved out over 6 months ago); 3=Yes, and still do (anytime in the last 6 months)]	
<i>Now I will ask you a few questions about your health and lifestyle</i>		
Health and lifestyle		
8.1	Have you ever used tobacco on a DAILY basis?	
	(a) Smoked (e.g. Cigarette/ Beedi/ Cigar/ Pipe/ Hukka/ Chillum)	<input type="checkbox"/>
	(b) Chewed (e.g. Tobacco/ Paan masala/ Zarda/Khaini)	<input type="checkbox"/>
	(c) Snuffed	<input type="checkbox"/>
	[1=No, never; 2=Yes, but don't anymore (stopped over 6 months ago); 3=Yes, and still do (anytime in the last 6 months)]	
8.2	Have you ever consumed alcoholic beverages regularly (i.e. at least 10 days a month)?	<input type="checkbox"/>
	[1=No, never; 2=Yes, but don't anymore (stopped over 6 months ago); 3=Yes, and still do (anytime in the last 6 months)]	
8.3	Compared to others of your age, would you say your health over the last 12 months has been:	<input type="checkbox"/> [1=Very good; 2=Good; 3=Average; 4=Poor; 5=Very poor]
	(a) In your knowledge, have you ever suffered from any of the following conditions? THIS NEED NOT BE DOCTOR DIAGNOSED.	(b) If yes, age when known (otherwise leave blank)
8.4	High blood pressure <input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]
8.5	Heart disease <input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]
8.6	Diabetes (high blood sugar) <input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]

8.7	Stroke (paralytic attack)	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]
8.8	Tuberculosis	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]
8.9	Asthma	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]
8.10	Peptic ulcer	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]
8.11	Thyroid problem	<input type="checkbox"/> [1=Yes; 2=No]	<input type="checkbox"/> <input type="checkbox"/> [Age in completed years]
8.12	Are you on any medication on a regular basis?		<input type="checkbox"/> [1=Yes; 2=No]
	If yes:		
8.13	(a) Name of medicine	(b) Reason for taking it (name of condition)	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	<i>Now some questions about your beliefs and feelings</i>		
	Your beliefs and feelings		
9.1	If you had a choice, where would you prefer to live?	<input type="checkbox"/>	[1=Village; 2=Town; 3=Small city; 4=Large city]
9.2	What is the primary reason for this preference?	<input type="checkbox"/>	
	[1=Economic/employment; 2=Availability of services (education/ leisure/healthcare/accessibility); 3=Family & other social ties; 4=Physical environment (housing/fresh air); 5=Way/speed of life; 6=Other, specify below]		
9.3	Other reason for place preference: _____		
9.4	In your opinion , how much education should be given to girls these days?	<input type="checkbox"/>	
	[1=No education; 2=Literacy, but no formal education; 3=Up to primary school; 4=Secondary school; 5=Graduate; 6=Professional; 7=As much as she desires; 8=Depends; 9=Don't know]		
9.5	In your opinion , should women wear western style dresses (e.g. jeans/tee-shirts)?	<input type="checkbox"/>	
	[1=No, never; 2=Wear at home but not outside; 3=Wear outside but not at home; 4=Wear at home & outside; 5=Don't know]		
9.6	How often do you visit a place of worship outside home?	<input type="checkbox"/>	
	[1=Never; 2=Less than once a month; 3=More than once a month but less than once a week; 4=At least once a week]		
9.7	In an average week, how many days do you eat together as a family?	<input type="checkbox"/>	[0 – 7]
9.8	Do you think more and more people getting fat nowadays? [1=Yes; 2=No; 3=Don't know]	<input type="checkbox"/>	

9.9	If yes, what are the important reasons for this change:	
	(a) Less active lifestyle	<input type="checkbox"/> [1=Yes; 2=No; 3=Don't know]
	(b) Eating more food in general	<input type="checkbox"/> [1=Yes; 2=No; 3=Don't know]
	(c) Eating more sweet/oily/fatty food	<input type="checkbox"/> [1=Yes; 2=No; 3=Don't know]
	(d) Food available is adulterated	<input type="checkbox"/> [1=Yes; 2=No; 3=Don't know]
	(e) Eating outside of home more often	<input type="checkbox"/> [1=Yes; 2=No; 3=Don't know]
	(f) Eating together as a family less often	<input type="checkbox"/> [1=Yes; 2=No; 3=Don't know]
	(g) Any other reason not mentioned above	_____
9.10	<i>About your feelings now, how often do you feel:</i>	
		[1=Not at all; 2=Rarely; 3=Sometimes; 4=Often; 5=All the time]
	(a) Lonely	<input type="checkbox"/>
	(b) Missing friends and family	<input type="checkbox"/>
	(c) Missing home comforts	<input type="checkbox"/>
	(d) Insecure, stressed or anxious	<input type="checkbox"/>
	(e) Frightened	<input type="checkbox"/>
	(f) Tearful	<input type="checkbox"/>
	(g) Sleepless	<input type="checkbox"/>
	(h) Loss of appetite	<input type="checkbox"/>
	(i) Loss of interest in usual activities	<input type="checkbox"/>
	(j) Difficulty in concentrating	<input type="checkbox"/>
	<i>Since you have moved from a village to a town/city, I would like to ask you some questions related to that.</i>	
	To be completed for rural-urban migrants only	
10.1	People can have many reasons for moving from village to live in a town or city. What was the most important reason in your case?	<input type="checkbox"/>
	[1=Absolute lack of livelihood opportunity in rural area; 2= Better economic prospects/promotion in urban area; 3= Better availability of services (educational/ leisure/ healthcare / accessibility); 4= Social discrimination (caste); 5=Personal security (personal/ political reasons); 6= Social reasons (to be with family & friends/ marriage); 7=Natural disaster (floods/drought); 8=No clear reason/don't know; 9=Any other reason not in the list (enter below)]	
10.2	Any other reason not in the list above: _____	
	<i>Thinking about when you first moved to the town/city:</i>	

10.3	How long did it take for you to feel at home/feel you belong/feel you are accepted in the WORKPLACE?	<input type="checkbox"/>
	[1=Immediately; 2=Few weeks; 3=Few months; 4=More than a year; 5=Still don't; 6=NA]	
10.4	How long did it take for you to feel at home/feel you belong/feel you are accepted in this TOWN/CITY?	<input type="checkbox"/>
	[1=Immediately; 2=Few weeks; 3=Few months; 4=More than a year; 5=Still don't]	
10.5	<i>Still thinking back to when you first moved to the town/city, did you feel:</i>	
		[1=Not at all; 2=Rarely; 3=Sometimes; 4=Often; 5=All the time]
	(a) Lonely	<input type="checkbox"/>
	(b) Missing friends and family	<input type="checkbox"/>
	(c) Missing home comforts	<input type="checkbox"/>
	(d) Insecure, stressed or anxious	<input type="checkbox"/>
	(e) Frightened	<input type="checkbox"/>
	(f) Tearful	<input type="checkbox"/>
	(g) Sleepless	<input type="checkbox"/>
	(h) Loss of appetite	<input type="checkbox"/>
	(i) Loss of interest in usual activities	<input type="checkbox"/>
	(j) Difficulty in concentrating	<input type="checkbox"/>
10.6	If married, after how much time did your spouse move to live with you?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [In completed months; leave blank if unmarried/spouse did not move]
10.7	Now thinking about your NATIVE PLACE (place of origin), what do you feel about the following:	
		[1=Nothing at all; 2=Little; 3=Some; 4=Strong; 5=Very strong]
	(a) Emotional attachment	<input type="checkbox"/>
	(b) Respect from people there	<input type="checkbox"/>
10.8	During the preceding 2 years, how much time have you spent at your native place (place of origin) or other rural area?	<input type="checkbox"/> [1=None; 2=Less than 2 weeks; 3=Between 2-6 weeks; 4=More than 6 weeks]
10.9	Do you send back regular (e.g. at least yearly) remittances to your family?	<input type="checkbox"/> [1=Yes; 2=No; 3=Not applicable]

Blood sampling			
11.1	Any illness within the last week?	<input type="checkbox"/> [1=Yes; 2=No]	
11.2	If yes, specify what illness: _____		
11.3	Was this illness or some other reason responsible for reduction in food intake over the last week?	<input type="checkbox"/> [1=No reduction; 2=Minor reduction; 3=Major reduction]	
11.4	Day of last meal	<input type="checkbox"/> [1=Today; 2=Yesterday]	
11.5	Time of last meal	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> [Hours: minutes; 24-hour clock]	
11.6	Time blood taken	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> [Hours: minutes; 24-hour clock]	
Success in blood sampling			
		(a) Volume [1=No; 2=Partial; 3=Complete]	(b) Clot formation [1=Yes; 2=No]
11.7	Red capped tube	<input type="checkbox"/>	
11.8	Purple capped tube 1	<input type="checkbox"/>	<input type="checkbox"/>
11.9	Grey capped tube	<input type="checkbox"/>	<input type="checkbox"/>
11.10	Purple capped tube 2	<input type="checkbox"/>	<input type="checkbox"/>
11.11	(a) Any other comments about blood sample	<input type="checkbox"/> [1=Yes; 2=No]	
	(b) If yes, specify	_____	

Weight and height		
12.1	Weight	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> [kg]
12.2	Weighing machine number	<input type="text"/> <input type="text"/>
12.3	Standing height	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.4	Stool height	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.5	Sitting height	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.6	Stadiometer number	<input type="text"/> <input type="text"/>
Circumferences		
12.7	Waist circumference 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.8	Waist circumference 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.9	Hip circumference 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.10	Hip circumference 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.11	Mid-arm circumference 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.12	Mid-arm circumference 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.13	Calf circumference 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
12.14	Calf circumference 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [mm]
Skinfold measurements		
12.15	Triceps skinfold 1	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.16	Triceps skinfold 2	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.17	Triceps skinfold 3	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.18	Subscapular skinfold 1	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.19	Subscapular skinfold 2	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.20	Subscapular skinfold 3	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.21	Calf skinfold 1	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.22	Calf skinfold 2	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.23	Calf skinfold 3	<input type="text"/> <input type="text"/> . <input type="text"/> [mm]
12.24	Caliper number	<input type="text"/> <input type="text"/>

General information: anthropometry measurements		
12.25	Researcher code	<input type="text"/> <input type="text"/>
12.26	Researcher initials	<input type="text"/> <input type="text"/> <input type="text"/>
12.27	Left sided measurements	<input type="text"/> [1=Yes; 2=No]
12.28	If not, specify	_____
12.29	All measurements adequate	<input type="text"/> [1=Yes; 2=No]
12.30	If not, specify	_____

Blood pressure		
13.1	Researcher code	<input type="text"/> <input type="text"/>
13.2	Researcher initials	<input type="text"/> <input type="text"/> <input type="text"/>
13.3	Room temperature	<input type="text"/> <input type="text"/> . <input type="text"/> [Degree Celsius]
13.4	Systolic BP 1	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg]
13.5	Diastolic BP 1	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg]
13.6	Pulse rate 1	<input type="text"/> <input type="text"/> <input type="text"/> [bpm]
13.7	Systolic BP 2	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg]
13.8	Diastolic BP 2	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg]
13.9	Pulse rate 2	<input type="text"/> <input type="text"/> <input type="text"/> [bpm]
13.10	Cuff size used	<input type="text"/> [1=Small; 2=Medium; 3=Large]
13.11	BP apparatus number	<input type="text"/> <input type="text"/>
13.12	Right arm measurements	<input type="text"/> [1=Yes; 2=No]
13.13	Measurements adequate	<input type="text"/> [1=Yes; 2=No]
13.14	If not, specify	_____

Accelerometer		
14.1	Accelerometer No	<input type="text"/> <input type="text"/>
14.2	Date of initiation	___ ___ / ___ ___ / ___ ___ [DD/MM/YY]
14.3	Time of initiation	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> [Hours: minutes; 24-hour clock]
14.4	Date of termination	___ ___ / ___ ___ / ___ ___ [DD/MM/YY]
14.5	Time of termination	<input type="text"/> <input type="text"/> Hours <input type="text"/> <input type="text"/> Minutes
14.6	Comments	_____

SECTION B: Physical activity questionnaire (PAQ)

<i>Now I will ask you questions relating to your daily activity as this will help us to determine how active you are. Please answer these questions with respect to your activities over last ONE MONTH.</i>				
Work related activity				
1.1	How many days in a week do you work?	<input type="text"/> [In completed days]		
1.2	On an average, how many hours per day do you spend at work?	<input type="text"/> <input type="text"/> . <input type="text"/> [In completed half hours]		
1.3	Of the hours you spend at work, how many hours do you spend in (completed half hours):			
	(a) Standing: Activities such as talk, lab work, supervise, mild cleaning, cattle grazing done standing.	(b) Sitting: Activities such as typing, computer work, cleaning grains, eating lunch, driving, ironing, done sitting etc	(c) Walking: walking around, strolling	(d) On activities more strenuous than walking: Fetch water/ fuel, fodder, weeding, chop wood, ploughing, pounding rice, walking with a load.
	<input type="text"/> <input type="text"/> . <input type="text"/> [hours]	<input type="text"/> <input type="text"/> . <input type="text"/> [hours]	<input type="text"/> <input type="text"/> . <input type="text"/> [hours]	<input type="text"/> <input type="text"/> . <input type="text"/> [hours]
1.4	If you spend any time at work on activities more strenuous than walking, please list the activities that you do most in terms of time:			
	(a)			
	(b)			
	(c)			
	(d)			
1.5	On an average, how many hours do you sleep in a day? <input type="text"/> <input type="text"/> . <input type="text"/> [Completed half hours]			
Apart from work, how do you spend your time (over the last month):				
Frequency options: [1=Daily; 2=Once a week; 3=2-4 times/week; 4=5-6 times/week; 5=2-3 times/month; 6=Once a month]				
2.1	Sports / games / exercise (for eg. walking, badminton, jogging, cricket.....etc)			
	(a) Name of activity	(b) Duration	(c) Frequency	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
2.2	Hobbies involving manual labour (for eg. Carpentry, gardeningetc.)			
	(a) Name of activity	(b) Duration	(c) Frequency	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>	

	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
2.3	Household activities (for eg. sweeping, collecting fuel/fodder/water, animal care, cooking, washing child care..... etc.)		
	(a) Name of activity	(b) Duration	(c) Frequency
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	Apart from work, how do you spend your time (over the last month): Frequency options: [1=Daily; 2=Once a week; 3=2-4 times/week; 4=5-6 times/week; 5=2-3 times/month; 6=Once a month]		
2.4	Sedentary activities for e.g. Reading, watching TV, prayer, carom, computer games, travelling..... etc.)		
	(a) Name of activity	(b) Duration	(c) Frequency
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	_____	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
	Other activities	(a) Duration	(b) Frequency
2.5	Eating (breakfast, dinner)	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
2.6	Brushing, shaving & bathing	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
2.7	Dressing	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
2.8	Socialising (talking outside working hours)	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
2.9	Travelling to and fro from work	<input type="text"/> <input type="text"/> <input type="text"/> [mts]	<input type="text"/>
2.10	How do you travel to and fro from work?	_____	

SECTION C: Food Frequency Questionnaire (FFQ)

INSTRUCTION TO SUBJECT:

We are doing this study at a **national level** and there may be several food items in the list that you **may not have heard of** as they are eaten in other places. If you have not heard of an item please answer “No”.

	CEREALS	Portion Size	(a) Average consumption	(b) Per Day ¹	(b) Per Week ²	(b) Per Month ³	(b) Per Year / Never ⁴
1.1	Tandoor roti, phulkas, wheat phulkas	No					
1.2	Chapathis, parathas, naan	No					
1.3	Stuffed parathas, franky	No					
1.4	Rice roti	No					
1.5	Ragi roti	No					
1.6	Bajra, maize (makkai) roti	No					
1.7	Jowar roti	No					
1.8	Channa roti	No					
1.9	Poori, bhatura	No					
1.10	Plain rice	Bowl					
1.11	Vegetable pulao/ veg biriyani	Bowl					
1.12	Mutton, chicken pulao/biriyani	Bowl					
1.13	Lime rice, puliogare, curd rice, tomato rice	Bowl					
1.14	Bhagar	Bowl					
1.15	Bisibelebhath	Bowl					
1.16	Khichdi, khichri	Bowl					
1.17	Pongal	Bowl					
1.18	Upma	Bowl					
1.19	Plain ragi ball	No					
1.20	Ragi ball with rice	No					
1.21	Idlis	No					
1.22	Plain dosa, uthappam	No					
1.23	Masala dosa	No					
1.24	Pesarattu	No					
1.25	Poha, Laia	Bowl					
1.26	Avalakki, attakalu	Bowl					
1.27	Dalia	Bowl					

	CEREALS (Contd)	Portion Size	(a) Average consumption	(b) Per Day¹	(b) Per Week²	(b) Per Month³	(b) Per Year / Never⁴
1.28	Rice, ragi porridge	Bowl					
1.29	Vada, all types	No					
1.30	Corn flakes, cereal flakes etc.	Bowl					
1.31	Bread, Toast, Rolls, Buns	No					
1.32	Pizza, Burger	No					
1.33	Noodles, macaroni, pasta etc	Bowl					
	LENTILS / DHALS / GRAVIES						
2.1	Plain tur dhal sambar / dhal	Ladle					
2.2	Tur dhal sambar / dhal with vegetables	Ladle					
2.3	Other dhal sambhar /dhals	Ladle					
2.4	Channa, rajma, dry peas etc. curry	Ladle					
2.5	Green leafy vegetable curry	Ladle					
2.6	Paneer gravy	Ladle					
2.7	Rasam, all types	Ladle					
2.8	Kadhi	Ladle					
2.9	Besan	Ladle					
2.10	Mosaru huli	Ladle					
2.11	Bassaaru, uppusaaru	Ladle					
2.12	Mixed vegetable sagu	Ladle					
2.13	Bengal gram sambar/curry	Ladle					
2.14	Blackgram dhal curry	Ladle					
	CHUTNEYS / SALAD / PAPAD						
3.1	Soups, all types (veg or non-veg)	Bowl					
3.2	Fresh vegetable salad	Tbsp					
3.3	Hesarebele salad	Tbsp					
3.4	Vegetable Raitha	Tbsp					
3.5	Mango, lime pickle etc.	Tsp					
3.6	Papad	No					
3.7	Kachri	Bowl					
3.8	Sandige, vathal	No					
3.9	Coconut chutney	Tbsp					

	CHUTNEYS / SALAD / PAPAD	Portion Size	(a) Average consumption	(b) Per Day¹	(b) Per Week²	(b) Per Month³	(b) Per Year / Never⁴
3.10	Groundnut chutney	Tbsp					
3.11	Tomato chutney	Tbsp					
3.12	Chilli chutney	Tbsp					
3.13	Tamarind chutney	Tbsp					
3.14	Mango chutney	Tbsp					
3.15	Brinjal, ridgegourd, other vegetable chutney	Tbsp					
3.16	Gogu chutney	Tbsp					
3.17	Urad dhal chutney	Tbsp					
3.18	Varhadi Thecha	Tbsp					
3.19	Chutney powder	Tbsp					
	NON – VEGETARIAN						
4.1	Chicken curry	Bowl					
4.2	Chicken fry/grilled	No					
4.3	Mutton/ pork/beef curry	Bowl					
4.4	Mutton / beef/ pork / fry	No.					
4.5	Fish curry	Bowl					
4.6	Fish fry	No					
4.7	Organ meats (Liver, brain, kidney etc.)	Tbsp					
4.8	Prawn, crab, shell fish etc.	Bowl					
4.9	Egg (boiled, poached, omelettes)	No					
4.10	Mutton, chicken etc Kebabs	No					
4.11	Ham, salami, bacon etc.	Slices					
4.12	Pigeon	Bowl					
4.13	Other poultry (lave, titar, bater etc)	Bowl					
4.14	Rabbit	Bowl					
	MILK & BEVERAGES						
5.1	Tea	Glass					
5.2	Coffee	Glass					
5.3	Plain milk	Glass					
5.4	Flavored milk (horlicks, bournvita etc)	Glass					
5.5	Curd, yoghurt	Bowl					

	MILK & BEVERAGES (contd)	Portion Size	(a) Average consumption	(b) Per Day¹	(b) Per Week²	(b) Per Month³	(b) Per Year / Never⁴
5.6	Buttermilk/Lassi	Glass					
5.7	Fresh fruit juice(lime, orange etc)	Glass					
5.8	Fanta, pepsi, coca cola etc.	250ml bottle					
5.9	Beer	Glass					
5.10	Wine	Glass					
5.11	Spirits (whiskey, gin, rum)	30ml peg					
5.12	Local arrack/toddy	Glass					
5.13	Aam ka panna	Glass					
	MISCELLANEOUS						
6.1	Butter/ cream	Tsp					
6.2	Ghee	Tsp					
6.3	Jam	Tsp					
6.4	Sugar	Tsp					
6.5	Honey	Tsp					
6.6	Jaggery	Tsp					
6.7	Cheese	Cube					
6.8	Ketchup, tomato sauce	Tbsp					
	SNACKS/SWEETS/DESSERTS						
7.1	Mixture, namkeen, chiwda, khara boondi, dalmoth	Tbsp					
7.2	Nuts (groundnuts, cashewnuts etc.)	Tbsp					
7.3	Chips, French fries	Bowl					
7.4	Samosa,bajji ,bonda, cutlet, patties	No					
7.5	Veg & non-veg puff	No					
7.6	Biscuits (salted)	No					
7.7	Biscuits (sweet, creamed, etc)	No					
7.8	Bhel puri, masala puri, other chaats	Bowl					
7.9	Murukku , chakli, sakinalu	No					
7.10	Dhokla	No					
7.11	Pav bhaji	No					
7.12	Cakes or sweet pastries	No					
7.13	Payasam, kheer	Bowl					

	SNACKS/ SWEETS/DESSERTS (contd.)	Portion Size	(a) Average consumption	(b) Per Day¹	(b) Per Week²	(b) Per Month³	(b) Per Year / Never⁴
7.14	Custard, puddings	Bowl					
7.15	Ice cream	Bowl					
7.16	Jamoon, Jilebi, Jangir etc.	No					
7.17	Mysore pak, laddoo, barfis	No					
7.18	Indian milk sweet (peda, rasgulla etc.	No					
7.19	All Halwas	Tbsp					
7.20	Puran poli, obattu/holige	No					
7.21	Shakarpara, balushahi, badusha	No					
7.22	Kesari bhath	Tbsp					
7.23	Kajjaya, karjikayi	No					
7.24	Kadubu	No					
7.25	Baksham, arisalu, poornalu	No					
7.26	Sweet pongal	Bowl					
7.27	Sonpapdi, kaju katli	No					
7.28	Gujiya	No					
7.29	Shirkurama	Bowl					
7.30	Shrikand	Bowl					
7.31	Dairy milk, 5 star, kitkat etc.	Small Bar					

	FRUITS	Portion Size	(a) Average consumption	(b) Per Day¹	(b) Per Week²	(b) Per Month³	(b) Per Year / Never⁴	(c) Seasonal (Cross if seasonal)
8.1	Banana	No						
8.2	Apple	No						
8.3	Orange	No						
8.4	Sweet lime	No						
8.5	Mango	No						
8.6	Guava (amrood)	No						
8.7	Grapes (angoor)	Bowl						
8.8	Pineapple	Slice						
8.9	Papaya (papita)	Slice						
8.10	Pomegranate (anar)	No						

	FRUITS (contd)	Portion Size	(a) Average consumption	(b) Per Day¹	(b) Per Week²	(b) Per Month³	(b) Per Year / Never⁴	(c) Seasonal (Cross if seasonal)
8.11	Sapota (Chikoo)	No						
8.12	Watermelon (tarbooj)	Bowl						
8.13	Musk melon (kharbooj)	Bowl						
8.14	Jackfruit	No						
8.15	Custard apple	No						
8.16	Plums	No						
8.17	Zizyphus (ber)	No						
8.18	Sugarcane (ganaa)	Pieces						
8.19	Litchis	No						
8.20	Pears	No						
8.21	Peaches	No						
8.22	Kiwi	No						
8.23	Jamoon	No						
8.24	Palmyra	No						
8.25	Amla	No						
8.26	Fruit salad	Bowl						
8.27	Dried fruits (dates, figs, raisins etc)	No						
	VEGETABLES							
9.1	Palak, methi, other leafy vegetables	Tbsp						
9.2	Potato, sweet potato	Tbsp						
9.3	Carrot	Tbsp						
9.4	Beetroot/ radish/ knol-khol	Tbsp						
9.5	Cabbage	Tbsp						
9.6	Beans, cluster beans	Tbsp						
9.7	Ladies finger	Tbsp						
9.8	Cauliflower	Tbsp						
9.9	Bottlegourd (lauki), ashgourd, Ridgegourd(turai), snakegourds, etc.	Tbsp						
9.10	Brinjal	Tbsp						
9.11	Mushrooms	Tbsp						
9.12	Fresh peas	Tbsp						
9.13	Pumpkin	Tbsp						

	VEGETABLES(Contd)	Portion Size	(a) Average consumption	(b) Per Day ¹	(b) Per Week ²	(b) Per Month ³	(b) Per Year / Never ⁴	(c) Seasonal (Cross if seasonal)
9.14	Parwal, kovai	Tbsp						
9.15	Capsicum or green pepper	Tbsp						
9.16	Drumstick	Pieces						
9.17	Raw plantain	Tbsp						
9.18	Colacasia (arvi)	Tbsp						
9.19	Jackfruit tender	Tbsp						
9.20	Dhemsas	Tbsp						
9.21	Kundru	Tbsp						
9.22	Tinda	Tbsp						
9.23	Lotus stem	Tbsp						
9.24	Chow chow marrow	Tbsp						
9.25	Yam	Tbsp						

10.1	How many liters of these oils / fats does your family consume in a month? (Kg /month)	
	(a) Sunflower oil	<input type="text"/> . <input type="text"/>
	(b) Groundnut oil	<input type="text"/> . <input type="text"/>
	(c) Coconut oil	<input type="text"/> . <input type="text"/>
	(d) Palm Oil	<input type="text"/> . <input type="text"/>
	(e) Mustard oil	<input type="text"/> . <input type="text"/>
	(f) Dalda / vanaspathi	<input type="text"/> . <input type="text"/>
	(g) Butter	<input type="text"/> . <input type="text"/>
	(h) Ghee	<input type="text"/> . <input type="text"/>
	(i) Olive oil	<input type="text"/> . <input type="text"/>
	(j) Corn oil	<input type="text"/> . <input type="text"/>
	(k) Rice bran oil	<input type="text"/> . <input type="text"/>
	(l) Soya bean oil	<input type="text"/> . <input type="text"/>
	(m) Others	<input type="text"/> . <input type="text"/>

10.2	If others, please specify	_____	
10.3	Do you routinely remove fat / skin from meat before cooking?	<input type="checkbox"/> [1=Yes; 2=No]	
10.4	How many coconuts do you use for cooking in a month? (No / month)	<input type="checkbox"/> <input type="checkbox"/>	
10.5	Do you add any of the following as a thickening agent for your curries or vegetables at least 2 times a week?		
	(a) Coconut	<input type="checkbox"/> [1=Yes; 2=No]	
	(b) Groundnuts	<input type="checkbox"/> [1=Yes; 2=No]	
	(c) Roasted Bengal gram	<input type="checkbox"/> [1=Yes; 2=No]	
10.6	What type of milk do you regularly consume?	<input type="checkbox"/>	
	[1=Whole milk, 2=Skimmed Milk, 3=Toned milk, 4=Skimmed milk powder]		
10.7	Do you consume any vitamin or mineral supplement at least once a week?	<input type="checkbox"/> [1=Yes; 2=No]	
10.8	If Yes,		
	(a) Brand name / Type	(b) Dosage(mg)	(c) No. / week
10.9	Are you on any special diet?	<input type="checkbox"/> [1=Yes; 2=No]	
10.10	If yes,		
	(a) Diabetic diet	<input type="checkbox"/> [1=Yes; 2=No]	
	(b) Low fat diet	<input type="checkbox"/> [1=Yes; 2=No]	
	(c) High fiber diet	<input type="checkbox"/> [1=Yes; 2=No]	
	(d) Low salt diet	<input type="checkbox"/> [1=Yes; 2=No]	
	(e) Weight reducing diet	<input type="checkbox"/> [1=Yes; 2=No]	
	(f) Others	<input type="checkbox"/> [1=Yes; 2=No]	
10.11	If others, please specify	_____	
10.12	Since how many years are you on this special diet?	<input type="checkbox"/> <input type="checkbox"/> [years]	

SECTION D: Consent form

Study Title: Rural- urban migration: effects on obesity and diabetes in Indians.

Participant:

Shri/Smt/Kum (First & Last Name)

Address (Lane, Town, State, Pin Code)

- I am free to participate or not to participate in this study.
- I have been given the opportunity to ask questions and reply was given for all the questions to my satisfaction.
- I have been informed by the investigators about the process including the nature, objective and known and likely inconveniences related to this study and I have understood them.
- My medical data are strictly confidential and I only authorise the persons, involved in the research, identified by the sponsor or health authorities to consult about the same.
- By signing this form, I give my free and informed consent to take part in this study as outlined in the information sheet and this consent form. Specifically, I agree to being interviewed, examined and having blood drawn. I also agree to my information, including results of blood tests, to be used in research.
- I give permission for any blood that is left over after the tests to be stored and used for further laboratory tests for medical research
- I understand that future research using the sample I give may include genetic research aimed at understanding genetic influences on diseases but the results of these investigations are unlikely to have any implications for you personally
- I have been given a copy of the information sheet and consent form to keep. By signing this form I have not given up my legal rights.

Printed name of the Participant _____

Signature of the Participant _____ Date _____

Printed name of the Investigator _____

Signature of the Investigator _____ Date _____

INDIAN MIGRANT STUDY

(Funded by the Wellcome Trust, U.K)

CLINIC QUESTIONNAIRE

(Apply study id label here)

(Apply biochemistry id label here)

Subject type:

[1=Factory worker; 2=Spouse of factory worker;
3=Relative of factory worker; 4=Relative of spouse]

Factory worker info:

Name: _____

Age: _____ years

Factory dept: _____

Factory ID: _____

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