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## **Appendices**

# APPENDICES

## APPENDIX I SENSORY EVALUATION SCORE CARD

Name :

Date:

Product :

Please taste these samples and rate them according to the following descriptions. An honest expression of your personal feeling will help us.

Description	Score	Sample I	Sample II	Sample III
<b>Colour</b>				
Greenish Brown	5			
Light Brown	4			
Light Green	3			
Dark Green	2			
Brown	1			
<b>Appearance</b>				
Very Good	5			
Good	4			
Very Fair	3			
Fair	2			
Poor	1			
<b>Texture</b>				
Slightly Coarse	5			
Coarse	4			
Gritty	3			
Fine	2			
Very Fine	1			
<b>Flavour</b>				
Highly Acceptable	5			
Moderately Acceptable	4			
Acceptable	3			
Tolerable	2			
Not Acceptable	1			
<b>Taste</b>				
Excellent	5			
Very Good	4			
Good	3			
Fair	2			
Poor	1			
<b>Total</b>				

Comments:

Signature

## APPENDIX II

**QUESTIONNAIRE TO ELICIT DETAILS REGARDING SOCIO - ECONOMIC  
BACKGROUND, LIFESTYLE AND HEALTH STATUS**

**A. Socio economic background:**

1. Name of the Interviewee:
2. Age :
3. Educational status :
4. Sex :
5. Address : Phone:
6. Occupation :
7. Type of Occupation : Sedentary  Moderate  Heavy
8. Type of family : Joint  Nuclear
9. Total family income : < Rs. 4500  Rs. 4501–7500  > Rs. 7501

**B. Life style pattern:**

10. Do you perform Yoga? Yes / No  
If yes, how long?  
Daily  weekly once  weekly twice

11. Do you exercise regularly? Yes / No

If yes,

Type of exercise	Duration (min/day)
Walking	
Gardening	
House hold work	
Games	
Climbing stairs	
Jogging	
Cycling	
Swimming	
Squatting	
Any others (specify)	

12. Do you have the habit of smoking? Yes / No

If yes,

Type	No. /day
Beedi	
Cigarette	
Pipe	
Cigar	

Duration of smoking: Years  Months

13. Do you drink alcohol? Yes  No

a) Regularly  b) Occasionally  c) Ex-alcoholic

If yes,

Type of drink	Quantity	Frequency
Whisky		
Beer		
Rum		
Brandy		
Arrack		
Toddy		

14. Type of Toilet used: Indian  Western  Both

**C. Dietary pattern:**

15. Type of diet consumed:

Vegetarian  Ova – vegetarian  Non-vegetarian

16. If you are a non vegetarian, Give the following details

Type of non vegetarian foods	Frequency of consumption	Quantity consumed every time (g)

17. How many meals do you consume per day?

Less than three  Three  More than three

18. Give details of oil consumption

Type of oil	Amount consumed/day
Ghee	
Groundnut oil	
Rice bran oil	
Butter	
Gingelly oil	
Refined oil	
Any other (specify)	

19. Give details on beverage consumption.

Beverage	cups/day
Coffee	
Tea	
Both coffee and tea	
Health drinks	
Any other	

20. Do you follow any diet modification?      Yes       No

If yes, give the type of modification

Foods	Reasons
<b>Included</b>	
<b>Restricted</b>	
<b>Avoided</b>	

**D. Health status:**

21. How long are you suffering from cardiovascular disease?

22. Have you undergone any surgery? If yes, specify,

23. Indicate the clinical signs and symptoms you have been experiencing

Types	Daily	Frequently	Rarely	Never
Breathlessness				
Palpitation				
Shivering				
Giddiness				
Inability to work				
Chest pain				
Oedema				
Lack of appetite				
Nausea				
Vomiting				
Profuse sweating				
Heart burn				

24. Clinical diagnosis

Types	Duration of disease	Duration of treatment
Hypertension Ischemic heart disease NIDDM IDDM		

25. Family history of disease

Relation	Diabetes	Heart disease

26. Details of the medicine currently taken

Medicine	Dosage	Duration

**E. Knowledge Regarding Cardiovascular Diseases:**

27. Is there any relation between type of oil and heart health?

28. How does exercise help in reducing risk of heart disease?

29. Which is the best treatment for cardiovascular disease?

- Medicine  Diet   
 Medicine and diet  Others  Specify -----

32. Which are the best cooking methods to be followed?

- Boiling  Frying  Roasting   
 Baking  Steaming  Pressure cooking

33. Which type of milk is good for heart?

- Whole milk  Skimmed milk

34. Name few foods that reduce cholesterol levels.

35. Are you aware of any functional foods suitable for heart disease?

36. What do you think of food therapy?

37. Do you think yoga and meditation are good for heart disease?

38. Are you getting any dietary guidance from any source?

APPENDIX III

24 HOUR DIETARY RECALL SCHEDULE

Name:

Date:

Age:

List all the foods you consumed along with the amounts in the following table.

Meal	Food item/ Preparation	Quantity consumed	Ingredients	Office use (Calculation)
Breakfast Time:				
Mid-morning Time:				
Lunch Time:				
Evening Time:				
Dinner Time:				
Bed time Time:				
Any others Time:				

**APPENDIX IV**  
**TIME ACTIVITY RECORD**

Name :

Age :

Time	Posture/Activity type	Brief description of activity	Office use- code (k.cal/min)
5.00 – 5.15 am 5.16 – 5.30 5.31 – 5.45 5.46 –6.00 am			
6.01 – 6.15 am 6.16 – 6.30 6.30 – 6.45 6.46 – 7.00 am			
7.01 – 7.15 am 7.16 – 7.30 7.31 – 7.45 7.46 – 8.00 am			
8.01 – 8.15 am 8.16 – 8.30 8.31 – 8.45 8.45 – 9.00 am			
9.01 – 9.15 am 9.16 – 9.30 9.31 – 9.45 9.46 – 10.00 am			
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\* The record continues up to 5.00 a.m.



25. Leafy vegetables are good for health  
a) Yes                      b) No                      c) Don't know
  26. Do you think yoga and meditation are good for heart?  
a) Yes                      b) No
  27. Can emotion affect heart health?  
a) Yes                      b) No
  28. Best items for in between meals  
a) Juice or salad              b) Fried snacks              c) Coffee or tea
  29. How many hours of sleep is essential?  
a) Less than 5 hours              b) 5 to 8 hours              c) More than 8 hours
  30. Exercise helps to control heart disease?  
a) Yes                      b) No
  31. Which is good cholesterol?  
a) LDL                      b) HDL                      c) VLDL
  32. Which is bad cholesterol?  
a) LDL                      b) HDL                      c) both
  33. Which milk is good for heart?  
a) Normal milk              b) Low fat milk              c) Condensed milk
  34. Which is the normal blood cholesterol level?  
a) 150 – 250mg              b) 250 – 350mg              c) above 350mg
  35. Which of the following food is best for heart?  
a) Curd                      b) Butter                      c) Buttermilk
  36. Which is the best time for doing exercise?  
a) Morning and Evening              b) Afternoon              c) Night
  37. Frequent consumption of coffee or tea is  
a) Good                      b) Bad                      c) Don't know
  38. Is amla good for hypercholesteremia?  
a) Yes                      b) No                      c) Don't know
  39. The most suitable functional food for reducing cholesterol  
a) Maida                      b) Rice                      c) Soya
  40. Which of the following is rich in dietary fibre?  
a) Leafy vegetable              b) Potato                      c) both
- Indicate whether the following statements are True or False:**
41. Wheat germ consumption helps in reducing blood cholesterol?  
a) True                      b) False
  42. Regular pickle consumption does not increase Blood Pressure  
a) True                      b) False
  43. Steamed foods are better than fried foods  
a) True                      b) False
  44. Heart patients should have regular health checkups  
a) True                      b) False
  45. Inability to do work is not a symptom of heart disease  
a) True                      b) False
  46. Raw vegetable salads are good for heart health  
a) True                      b) False
  47. Skipping meals is a healthy habit  
a) True                      b) False
  48. Heart patients can consume non-vegetarian foods daily  
a) True                      b) False
  49. Hypercholesterimic individuals should consume more coconut  
a) True                      b) False
  50. Consumption of whole wheat flour is better than consuming maida  
a) True                      b) False

## APPENDIX VI

## HEALTHY EATING INDEX

NAME:

AGE:

Please indicate how frequently you consume each of these foods by marking against the respective column.

Foods	Never	Occasio- nally	Twice/ thrice weekly	Once weekly	Daily	Thrice daily
<b>Cereals and Millets</b>						
Rice						
Wheat						
Jowar						
Ragi						
<b>Pulses and Legumes</b>						
Green gram						
Soyabean						
<b>Leafy Vegetables</b>						
Spinach						
Amaranth						
Drumstick leaves						
Fenugreek leaves						
Coriander						
<b>Roots and Tubers</b>						
Onion						
Beet root						
Carrot						
<b>Vegetables and Fruits</b>						
Bitter gourd						
Tomato						
Beans						
Capsicum						
Guava						
Amla						
Papaya						
Pomegranate						
<b>Fats, oils and Sugar</b>						
Sunflower oil						
Groundnut oil						
Butter						
Ghee						
Vanaspati						
Sugar						
<b>Salt and salty foods</b>						
Salt						
Pappad						
Pickle						
<b>Other foods</b>						
Fish						
Meat						
Egg yolk						
Nuts						

**APPENDIX VII**  
**PRACTICE INDEX SCHEDULE**

**NAME:**

**AGE:**

Please indicate whether you follow each of the practice mentioned regularly, occasionally or never by marking for each category in the boxes wherever applicable.

Practice	Regular	Occasional	Never
Restriction of visible oil			
Restriction of table salt			
Restriction of sugar and sweets			
Restriction of fleshy foods			
Restriction of papad and pickle			
Restriction of ghee			
Consumption of fruits			
Consumption of vegetables			
Consumption of low fat milk			
Regular moderate physical activity			

For data interpretation by the investigator only and not mentioned to the adults

Regular – 10 scores

Occasional – 5 scores

Never – 0 scores

