

Sri G.V.G. Visalakshi College For Women (Autonomous)

Extension Activities (2014 - 2015)

Health Care

1. Name and Address of the Respondent: Arumugam,  
1/316, West Street,  
Kallapuram

2. Age of the Respondent: a) 15-20 b) 21-25 c) 26-30  d) Above 30

3. Religion:

a) Hindu b) Christian c) Muslim

4. Social Status:

a) BC  b) MBC c) SC/ST

5. Gender: Female/Male

6. Nature of Family:

a) Nuclear b) Joint

7. Marital Status:

a) Never Married b) Currently Married c) Widowed d) Divorced e) Separated

8. Educational Status:

a) Illiterate  b) Primary c) Secondary d) Literate

9. Occupation:

a) Employed b) Non-Employed

10. Age at the time of Marriage:

a) Below 14 years b) 15-17 years  c) More than 18 years

11. Number of children

a) No issue b) one  c) Two d) Three e) More than three.



24. Health awareness of Respondent:

- a) Children Immunization       Self      c) Regular consumption of vegetables  
d) Regular Consumption of fruits    e) Regular consumption of milk    f) Sufficient food intake

25. Awareness about Health Insurance:  Aware    b) Not Aware.

26. What type of Physique you are blessed with?

- a) Healthy    b) Obesity     Normal    d) Weak/skinny

27. Have you visited hospital in last 6 months?    a) Yes     No

28. Do you prefer exercise in your daily routine?    a) Yes     No    c) Sometimes

29. If yes, then how many times a week?    a) Once    b) Twice    c) Thrice

30. If No, then what is the reason?

- Lack of time    b) Lack of motivation    c) Lack of facility    d) No barriers

31. During a typical week, how many days do you eat breakfast?

- 1-2 days    b) 3-4 days    c) above 5 days

32. How many times you take meal per day?

- a) 1 time     2 times    c) 3 or more times

33. How many portions of fruit and vegetables do you eat in a typical day?

- a) 5 or more    b) Between 2 and 4.     Less than 2.

34. Do you limit the amount of refined sugar in your diet?

(sugar, sweets, biscuits, chocolate, cakes)

- a) Yes     No

35. How often do you enjoy coffee and tea in a day?

- a) After every meal     Once a day    c) Never

36. Cause of stress:    a) Studies    b) Family    c) Friend     Other/ not known

37. What you do usually when you are under stress?

- Skip your meal    b) Start over eating    c) Stay normal

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38. How many hours do you sleep a day?

- a) Less than 7      b) 7-10      c) More than 10

39. How many hours back you take meal before sleeping?

- a) 1 hr      b) 2 hrs      c) More than 2 hours.

40. How many litres of water do you drink every day?

- a) 1-3 litres      b) 3-5 litres      c) above 5 litres

41. In a typical week, how often do you eat the following meals with one or more members of your Household? (Please tick an answer for each item)

Particulars	0-1 days/week	2-3 days/week	3-4 days/week	4-5 days/week
Break Fast	<input checked="" type="checkbox"/>			
Lunch	<input checked="" type="checkbox"/>			
Dinner		<input checked="" type="checkbox"/>		

42. Your personal and family history

History	Yes	No	Don't Know
Diabetes		<input checked="" type="checkbox"/>	
Heart disease		<input checked="" type="checkbox"/>	
Thyroid		<input checked="" type="checkbox"/>	
Obesity		<input checked="" type="checkbox"/>	
High Blood Pressure			<input checked="" type="checkbox"/>

43. Do you use any tobacco in any form?

- ~~a) Never used tobacco~~  
b) Used to smoke tobacco but have quit  
c) Still use tobacco