**Questionnaire**

**Tribhuvan University**

**Central Department of Home Science**

**“Lifestyle patterns of obesity in Information Technology (IT) sector”**

**Date:5/26/2017**

**Part I: Demographic Information:**

1. Name of the Respondent: Pratik Man Tuladhar
2. Profession/Occupation of Respondent:

Service (Y) Business ( ) Student ( ) No any ( )

1. Address:

Permanent Address:(Ason, Kathmandu)

Temporary Address:(………………………….)

1. Age: 23
2. Sex: Male (Y) Female ( )
3. Height: 174 cm
4. Weight:65 kg
5. Religion: Buddhist
6. Marital Status

Married ( ) Unmarried ( Y) Divorced ( )

1. Education Status
2. Master Degree ( )
3. Bachelor Degree (Y)
4. Plus 2 ( )
5. SLC ( )
6. If other specify……………………….
7. Type of your family:

a) Nuclear (Y)

b) Joint ( )

c) Extended ( )

12. Number of Children :

|  |  |
| --- | --- |
| Number | Children |
| One |  |
| Two |  |
| Three |  |
| More than Three |  |

13.Total Number of the Family :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.N | Name | Age | Sex | Education | Occupation |
| 1 | Kanaka sova Tuladhar |  | Female |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. Head of the Family :

a) Self ( )

b) Husband ( )

c) Wife ( )

d) Father or Father in law ( )

e) Mother or Mather in law ( )

f) Other Specify(………………………)

15. Do you perform any household work:

Yes ( Y ) No ( )

1. Do you engage in any other work:

Yes ( ) No ( )

1. Major source of income of the family:

a) Agriculture ( )

b) Business ( Y )

c) Service ( )

d) If Other specify ………………….

18. Means of Transportation:

a) Car ( )

b) Scooty ( )

c) Bike ( Y )

d) Public Transport ( )

e) If Other specify………………………

**Part II: Dietary Intake Pattern**

1. Food Habit:

a) Vegetarian ( )

b) Non- Vegetarian ( Y )

c) Ovaterain ( )

1. How many times do you take meal per day?

a) Twice a day ( )

b) Three times a day ( )

c) Four times a day ( )

d) More than 5 times ( )

1. 24 – Hours Dietary Recall

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time | Meal | Menu | Ingredients | Amount in householdmeasures (cups,glass,bowl,muthi, slice,mana,spoon) | Amount in gram |
|  | Early breakfast |  |  |  |  |
|  | Breakfast |  |  |  |  |
|  | Lunch |  |  |  |  |
|  | Snacks |  |  |  |  |
|  | Dinner |  |  |  |  |
|  | Total |  |  |  |  |

4. Do you have habit to take anything in your family?

Yes (Y) No ( )

5. Who cooks the meal in your family?

a) Servant ( )

b) Self ( )

c) Mother or Mother in law (Y)

d) If Other specify:…………………..

6. How often do you go to party?

a) Once a week ( )

b) Twice a week ( )

c) Thrice a week ( )

d) Once a month (Y)

7. How often do you go outside for meal?

a) Daily ( )

b) Once a week ( )

c) Twice a week ( )

d) Thrice a week ( )

e) Once in a month (Y)

f) If Other specify ……………………..

8. What do you do immediately after taking in your meal?

a) Sleep or Rest (Y)

b) Watching TV ( )

c) Go to work ( )

d) Activity ( )

e) If Other specify……………………………

**Part III: Patterns of Obesity and their contributing factors:**

1. Age : 23years

2. Height :………………..cm

3. Weight :………………...Kg

4. BMI(Body Mass Index of the respondent):…….kg/m

5. Waist Circumference :…………………cm

6. Hip Circumference :…………………cm

7. Do you have any Medical Problem?

a) High Blood Pressure ( )

b) Hypothyroid ( )

c) Cholesterol ( )

d) Surgery ( )

e) Diabetes ( )

f) If Other specify…………………………

**Part IV: Nutritional Knowledge and its awareness**

1. Do you know about the balance diet?

a) Yes ( ) b) No (Y)

2.Do you know about nutrition?

a) Yes ( ) b) No (Y)

3.What food do you avoid in your diet? And why?...............................................

4. Do you know about deficiency disease?

a) Yes ( ) b) No (Y)

If yes , what type of deficiency disease do you know?

1. Diabetes ( )
2. Cholesterol ( )
3. Gastritis ( )
4. High Blood Pressure ( )

The End

Thank you for your cooperation