

IMPACTS OF FAST FOOD ON HEALTH AND ITS QUALITY CONTROL

We (Ayisha Rana.k, Sahana p,Afra M)are a group of final year students of MSC STATISTICS, CALICUT UNIVERSITY collecting the data for our final year project wok regarding the "IMPACTS OF FAST FOOD ON HEALTH AND ITS QUALITY CONTROL".This is purely for the purpose of our project work and we assure you that your responses will not be misused.
we expect your co-operation.

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* Indicates required question

1. What is your Gender? *

Mark only one oval.

- ☐ Male
☐ Female
☐ Other

2. What is your Age? *

Mark only one oval.

☐ 40-50

☐ 50-60

☐ 60 above

3. weight(kg)? *

4. Height(cm)? *

5. What is your Occupation? *

Mark only one oval.

- ☐ Working
- ☐ Home maker
- ☐ Retired
- ☐ Other

6. Are you a veg/non veg person?

Mark only one oval.

- ☐ veg
- ☐ Non veg
- ☐ Both

7. If you are a veg , which fast food you prefer?

8. Where is your location? *

Mark only one oval.

- ☐ Calicut
- ☐ Malappuram
- ☐ Other

9. What time of day do you typically consume fast food? *

Tick all that apply.

- ☐ Breakfast
- ☐ Lunch
- ☐ Evening
- ☐ Dinner

10. What type of fast food do you consume the most?

Tick all that apply.

- ☐ Burger
- ☐ Pizza
- ☐ Fried chicken
- ☐ Sandwiches
- ☐ Mandi
- ☐ Chicken (alfaham, shawarma, shawaya etc)
- ☐ Roti(porotta, roti, nan)
- ☐ Other

11. How much do you spend on fast food per meal? *

Mark only one oval.

- ☐ lessthan ₹100
- ☐ between ₹100 -₹500
- ☐ Morethan₹500

12. Has your frequency of fast food consumption changed over the past month? *

Mark only one oval.

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same

13. What motivates your fast food consumption? *

Tick all that apply.

- ☐ Social media influence
- ☐ Taste
- ☐ Cost
- ☐ Easily available
- ☐ Habit
- ☐ Special offer
- ☐ Socializing
- ☐ Brand value
- ☐ Nothing

14. Have you experienced any of the following health changes over the past year? *

Tick all that apply.

- ☐ Weight gain/loss
- ☐ Increased cholesterol
- ☐ Increased blood pressure
- ☐ Digestive issues
- ☐ No changes

15. How would you rate your overall health?

Mark only one oval.

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

16. Do you monitor your calorie intake or nutritional value of fast-food meal? *

Mark only one oval.

- ☐ Always
- ☐ Sometimes
- ☐ Never

17. How often do you consume fastfood? *

Mark only one oval.

- ☐ Daily
- ☐ Weekly 2 times
- ☐ weekly 5 times
- ☐ Monthly
- ☐ Rarely

18. Have you consulted a healthcare professional regarding your diet in the last year? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Maybe

19. What is your most recent cholesterol level?

20. How often do you engage in physical activity? *

Mark only one oval.

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely
- ☐ Never

21. How do you predict your fast food consumption will change in the next year?

Mark only one oval.

- ☐ Increased
- ☐ Decreased
- ☐ Stay the same

22. Are you aware of any health risks, such as obesity or metabolic disorders, associated with frequent consumption of fast food? *

Mark only one oval.

- ☐ Aware of health risk
- ☐ Not aware of health risk
- ☐ Need to control
- ☐ No need to control

23. Are you satisfied with the hygiene and cleanliness standards maintained by fast food outlets? *

Mark only one oval.

- ☐ Very unsatisfied
- ☐ Unsatisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Very satisfied

24. How satisfied are you with the quality of fast food in local outlets? *

Mark only one oval.

☐ Very dissatisfied

☐ Dissatisfied

☐ Neutral

☐ Satisfied

☐ Very satisfied

25. How many fast food meals did you consumed last week?

Mark only one oval.

☐ None

☐ Less than 2

☐ Between 2-5

☐ More than 5

26. What is the total amount of money you spent on fast food past week? *

Mark only one oval.

- ☐ 0
- ☐ Less than 100
- ☐ Between 100-500
- ☐ Between 500-1000
- ☐ More than 1000

27. Have you experienced foodborne illness from fast food consumption? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Sometimes

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