Questionnaire for the study on dietary practices, social relations and intervention to change for a healthy diet within office community of government offices in Galle district

Office name	**Office category**	**Serial number**

Socio-demographic data

1. Age at last birthday:
2. Sex:

Male		Female	

3. Residential area (GA Division)……
4. Ethnicity:

Sinhala	
Tamil	
Muslim	
Burgher	
Other	

5. Religion: -

Buddhist	
Hindu	
Islam	
Christian	
Other	

6. Highest level of education attained: -

No school education		Passed G.C.E.(Advanced level)	
Grade 1-5		Tertiary education (diploma/ degree or equivalent)	
Grade 6-11			
Passed general certificate of education(G.C.E) (ordinary level)			

7. Marital status:

Unmarried	
Living together	
Married	
Married and separated	
Divorced	
Widowed	

8. Present post:

Managerial	
Professionals	
Technical and associate officers	
Clerical and supportive worker	

9. If married, spouse's occupation:

Managerial	
Professionals	
Technical and associate officers	
Clerical and supportive worker	

10. If the spouse is employed, do both work at same station?

Yes		No	

11. Number of children: ……..
12. Average monthly family income:

13. Distance to workplace form home / routine place of stay: (time taken to come to office by using routine method of transport)

Less than 30 minutes	
30 minutes – 1hour	
More than 1 hour	

14. Mode of traveling:

Walking	
Public transport	
Private vehicle (own/shared)	

Health status

15. Presence of any long term illnesses:

Diabetes	
Hypertension	
Dyslipidaemia	
Ischaemic Heart Disease	
Stroke	
Other (specify)	

16. Family history of Non Communicable Diseases:

Diabetes	
Hypertension	
Dyslipidaemia	
Ischaemic Heart Disease	
Stroke	
Other (specify)	

Stage of change

a. Do you follow healthy dietary guidelines such as minimizing refine carbohydrate and sugar and salt consumption and higher fruit and vegetable consumption?

(Instructions to interviewer - Answer for this question should be matched with the dietary recall. If there is a mismatch dietary recall finding will be explained to the participant and proceed with the rest)

i. If **yes**, for how long?
   More than 6 months **(maintenance stage)**
   Less than 6 months **(Action stage)**
ii. If **no**, are you seriously thinking of changing into healthy diet in next 6 months?
   1. If yes, are you going to change your dietary habits in next month?
      a. If yes **(preparation)**
      b. If no **(contemplation)**
   2. If no **(pre-contemplation)**

Dietary recall

You will be asked about your dietary intake of foods and beverages within the previous day. Please confirm whether the previous day was a routine office day before inquiring about meals. And please focus on recalling all food and beverages you had from when you woke up until you went to sleep.

For each meal or snack –

a. Time –
b. Cereals and cereal based food – number of units
c. Vegetables – number of units
d. Fruits – number of units
e. Fish and pulses – number of units
f. Milk and dairy products – number of units
g. Nuts and seeds – number of units

You will be provided with pictures of various food items measured in different household units (spoons, cups, etc.) to give you an idea of the quantity of your food intake.

(Instructions for the interviewers – Ask the participants for the food item and the amount consumed. If they can specify the amount consumed in the household measurements, enter the time of consumption, food group, food item, measuring unit, and the quantity consumed from the selected unit. In case of the absence of any food item or measurement unit, please select the most closely related food item or measurement unit. Please document all the assumptions made in space below.)