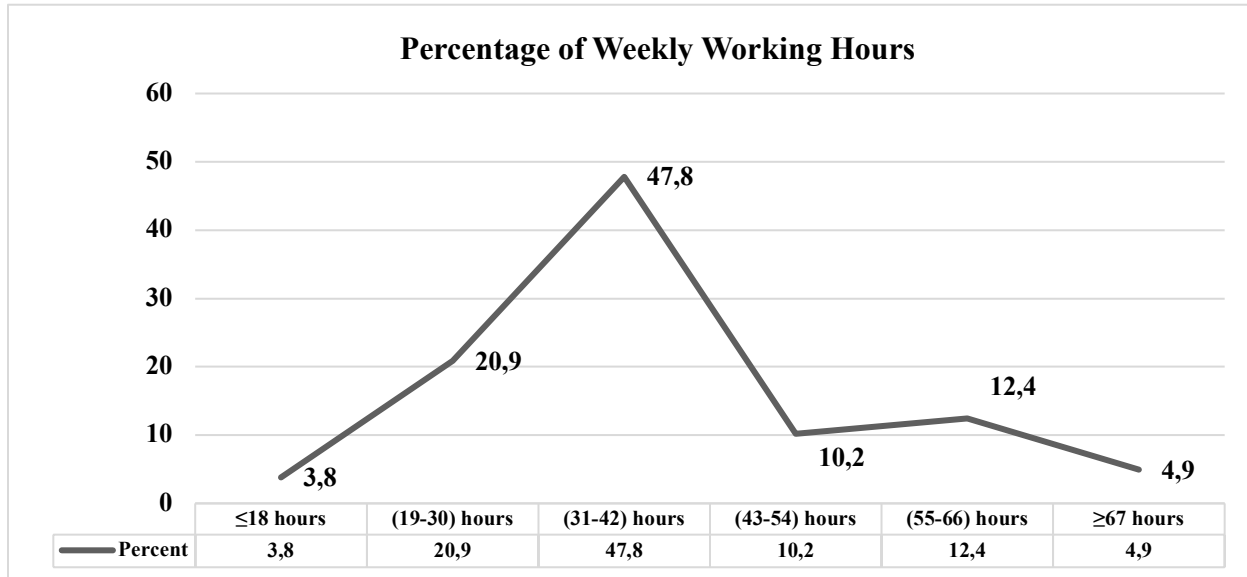


Supplementary Table 1: Carbohydrate and Tobacco Intake Profile of the Respondents. (Sample Size N=450, Cross-sectional Study)

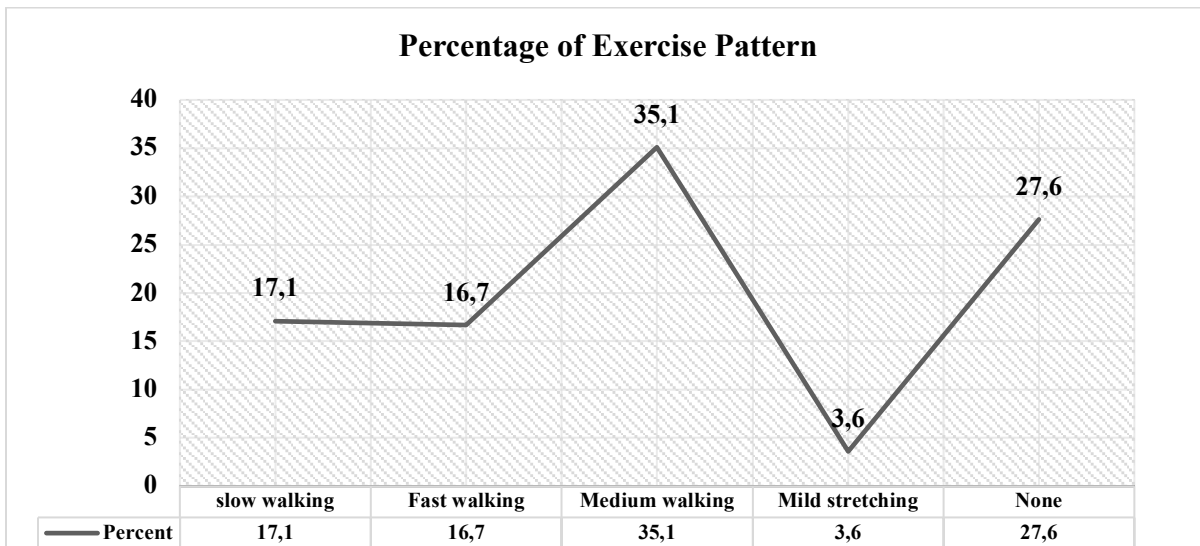
Carbohydrate Intake			
Rice	Frequency	Percent	Cumulative Percent
More than once per day	228	50.7	50.7
Once/day	219	48.7	99.3
2-3 times/week	1	.2	99.6
Seldom	1	.2	99.8
Never	1	.2	100.0
Roti			
More than once/day	214	47.6	47.6
Once/day	138	30.7	78.2
2-3 times/week	9	2.0	80.2
Seldom	38	8.4	88.7
Never	51	11.3	100.0
Cereals			
Once/day	9	2.0	2.0
2-3 times/week	28	6.2	8.2
Seldom	77	17.1	25.3
Never	336	74.7	100.0
Tobacco use profile	Frequency	Percent	Cumulative Percent
Smoking	40	8.9	8.9
Do not smoke	323	71.8	80.7
Betel leaf	80	17.8	98.4
Gul	7	1.6	100.0

Descriptive Statistics= Frequency and Percent Distribution

Supplementary Figure 1: Percentage of Weekly Working Hours of the Respondents. (Sample Size N=450, Cross-sectional Study)



Supplementary Figure 2: Distribution of Patients Based on their Exercise Pattern. (Sample Size N=450, Cross-sectional Study)



QUESTIONNAIRE:

Area: Urban Rural

A. Personal information

1. Cell NO:

8. Village name:

2. Name:

9. Upazilla/Thana:

3. Marital status: _____

10. Sex: (a) Male (b) Female

4. Occupation:

11. Religion:

Govt service Private service Business Farmer House wife Other _____

5. Family members :

6. No of children : Male _____ Female _____

7. Education Level : (a) Under SSC (b) SSC (c) HSC (d) Above HSC

12. Anthropometric measurement:

(i) Age :

(ii) Weight:

(iii) Height:

(iv) Length:

13. Clinical signs of nutritional deficiency:(Ever in your life)

Name of the deficiency	Sign & symptoms	Yes / No
Vitamin A	Blurred vision	
	Dermatitis	
	Skin lesion	
Vitamin C	Scurvy	
	Gum bleeding	
Vitamin B complex	Sore mouth & tongue	
	Weakness	
Calcium	Dry skin	
	Joint & muscle pain	
Iron	Anemia	
	Headache	
Zinc	Hair loss	
	Loss of appetite	

14.FOOD FREQUENCY QUESTIONNAIRE:

FOOD ITEMS	More than once/day	Once/day	2-3 times /week	Seldom	Never
Rice					
Bread					
Meat					
Fish					
Green leafy vegetables					
Egg					
Other vegetables					
Fruits					
Milk /milk products					
Coffee,tea					
Sweets					
Fruit juice					
Fast food					

Vitamins ,herbs ,other supplements					
Soft drinks					
Salty snacks, potato chips					
Nut					
Cereals,pasta					
Dried fruit					

Socio-Economic Questionnaire

1.Do you have a mobile :

Yes No

2. Do you have any smart phone :

Yes No

3.Do you have any personal vehicle :

Car Jeep Tractor Bullock Cart None

Auto Bike

4.Education Of the Respondent:

Instruction :(TICK ONLY ONE)

Illiterate

School up to class 6-9

Literate but no formal education

SSC

School up to class 5

Hsc

Graduation

Above

5.Does the Respondents House have Electricity?

YES NO

6.Type Of house : (TICK ONLY ONE)

HUT

Semi Pucca

Pucca

Independent House/ Bungalow

Apartment

7. Where Do You get your drinking Water?

Tap in the house

Tube well

Common Tap

Pond /Tank

Hand Pump/Bore Well

Others : _____

8. Ownership of house:

Own Rental

9. What type Of cooking Fuel Do you Use?

LPG/Gas

10. What TOILET Arrangement Do You Have?

Private(In your own house)

Kerosene

Common (Shared by others)

Fire Wood

Open Fields

Gobar Gas/Bio fuels

Others : _____

Others : _____

11. How many family members: Male _____ Female _____ Children _____

12. How many working members in your family : _____

13. Annual Family Income (Taka) : _____

14. How long have you lived in this area: _____

15.How safe do you feel walking alone in this area during daytime? Would you say you feel

- Very safe
- Fairly safe
- A bit unsafe
- very unsafe

16.How safe do you feel walking alone in this area after dark? Would you say you feel

- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe

LIFESTYLE QUESTIONNAIRE FORM

1.Sleeping hour : _____

2.What time do you go to sleep usually: _____

3.What is the awaken time (Usually) : _____

4.How do you feel when awaken : _____

- Energise
- Tired
- Dizzyness
- Headache

5.Working Hour: Starting time _____

Ending Time _____

6.Weekly working Hour:

7.Do you have weekly holiday :

- YES
- NO

8.IN regard to Tobacco:

- Smoking
- Do not smoking

Betel Leaf Gul

9.How long have you leave in smoking?

Duration -----

10.Does anyone in your household or workplace smoke right beside you:

YES NO

11.Do you Exercise regularly?

YES NO

12.Exercise Hour : _____

13.What sort of exercise you usually do?

slow walking push up cooking food washing dishes child care

putting away groceries mild stretching

Midium walking First walking

14.Family History:

Hereditary Diseases: Use F for father ,M for mother , S for sibling , G for grand parent ,O for others

_____ Heart Disease _____ Kidney dysfunction _____ Arthritis _____ Cancer

_____ Hypertension _____ Gall Bladder Problem _____ Osteoporosis _____ Allergies

_____ Intestinal Disease _____ Diabetes _____ Ulcers _____ Asthma

_____ Mental Illness _____ Alcoholism

Other (Please list) : _____

15.Patient Diseases:

Heart Disease Kidney dysfunction Arthritis Cancer Hypertension

Gall Bladder Problem Osteoporosis Allergies Intestinal Disease Diabetes

Ulcers Asthma Mental Illness Alcoholism Other

Gout

16.How long have you been suffering from this diseases? -----

17.Any Stress or Trauma in the last few years?

YES NO

18.What are the major causes or factors of your stress ?

Financial Career personal Marriage Health Family Spiritual
 Unfulfilled expectations Other

19.How is your health in general ?

Good Very good Fair Very fair

20.Are you currently taking any medications ?

YES NO

21.Do you take insulin?

yes No

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