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Research Article

### DIETARY HABITS AND PHYSICAL ACTIVITY OF AYUB TEACHING HOSPITAL STAFF ABBOTTABAD

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**Abstract:**

*Teachers not only groom students professionally but also physically and mentally by their teaching methodology and life style. In order to put better influence they need to take extra and better care of their diet and physical activity. Doctors- being in health field – their duty increased several folds. When someone starts practicing what they preach, then the outcome will come up with better fruit. In Pakistan, the incidence of deteriorating doctors' health is emerging with time in both psychological and physical forms. In order to know the health of doctors this study is conducted*

**OBJECTIVES:** *To see the dietary habits of the teaching staff of Ayub Medical College, Abbottabad. And the frequency of exercise among the teaching staff of Ayub Medical College to see their physical health status.*

**METHODOLOGY:** *It was a cross-sectional study conducted in Ayub Teaching Hospital Abbottabad Pakistan between December 2015 and June 2016. The data about socio-demographic profile like age, sex, history, and duration of complaints was recorded. Sample size was 203 staff members. Non probability convenient sampling technique was used to collect data. The data after collection and assembling was analyzed by SPSS 16.0 statistical software. The result and discussion were made accordingly.*

**RESULTS:** *Regarding dietary habits, 51.2% of staff has Health as their main priority and 46.8% has taste as preference. Similarly, 55.2% staff was not taking any special diet, 25.1% was taking low fat diet. 59.1% staff don't miss any meal, 17.2% miss lunch, 11.5% miss dinner and 12.3% miss breakfast. 52.2% staff takes fat as a dietary content only once a day, 20.7% don't have any fat as diet. Regarding physical activity, 30% staff members do not do any exercise. Among the population of staff members who do exercise (70%) 25.1% do jogging, 2% do yoga, 24.6% do brisk walk and 9.4% do gym. No great difference in exercise was sensed between people having normal BMI. But in obese 45.5% don't exercise and rest does it whether regularly or irregularly. Similarly, in obese population, only 27.3% was not following special diet plans. Rest of them were on special diet. Staff members were also active in physical activity as per research. 46.4% of population who was on special diet was also exercising.*

**CONCLUSION:** *Hence present study revealed that dietary habits and physical activity of Ayub teaching Staff was overall healthy, active and satisfactory. Junk food and soft drink intake were less. But in overweight population special diet intake was comparatively less. And lesser proportion of obese was exercising and females need to be more active as compared to males.*

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**INTRODUCTION:**

Population of Pakistan represents 2.56% of total world's population which means 1 person out of 39 is resident of Pakistan. Pakistan is 6<sup>th</sup> most populous country of the world with population of 184.35 million in 2012-2013 and population of 191.71 million in 2014-2015.<sup>1</sup> According to economic survey of Pakistan performed in 2005-2006, our government spent about 0.75% GDP on health sector to make our population healthier.<sup>2</sup> So health is very important factor for development of a state. Doctors and medical teaching staff are leading people in field of public health and it is very important for them to maintain their optimal health by correcting their lifestyle and daily health related habits. But our teachers are also suffering from physical and mental disturbances due to increased educational zeal, competition and excessive work. Doctors and medical teachers due to their better knowledge take better care of their diet and physical health as compared to non-medical people.<sup>3</sup> Yet, doctors are somehow taking good, healthier diet and active physical activity as extra and non-essential part of their life. Main reason behind it is extra work burden and their busy routine. Due to this their health is also deteriorating.

Our body needs balanced diet. Diet at both ends of extremes leads to bad results. In this era of struggle, due to lack of time doctors are following unhealthy diet habits like breakfast skipping and irregular time of meal taking. Due to all these negative changes, their performances in profession are towards downfall, that appears in the form of increased stress, increased fatigue, lethargy and loss of concentration etc. Lack of exercise or irregular exercise habits along with dietary imbalance take this scenario from bad to worse.<sup>4</sup> Balanced diet keeps the body functions towards normal. Regular physical exercise with nutritional supplements can modify immune response and reduces incidence of diseases or severity of disease.<sup>5</sup> Poor nutrition and decreased exercise moreover sedentary lifestyle in this era of life cause physical, emotional and mental imbalance. Cases of obesity and heart problems are also emerging in population of medicine professionals. Teachers not only groom students professionally, but also physically and mentally by their methodology of teaching and health. In Pakistan, the incidence of deteriorating doctors' health is emerging with time. So, students are also getting negative impact of this in the form of lack of inspiration and motivation

from senior faculties. It is manifested in the form of increased cases of depression and stress. Due to their professional knowledge, incidence rate is less as compared to non-medical population, yet-emerging cases has put an alarming signal on. Previous studies showed that 60.5% of adults related to medical profession do not follow healthy dietary and exercise habits due to lack of time, 61.8% of adults due to laziness, 42% due to exhaustion from professional and academic activities.<sup>6</sup>

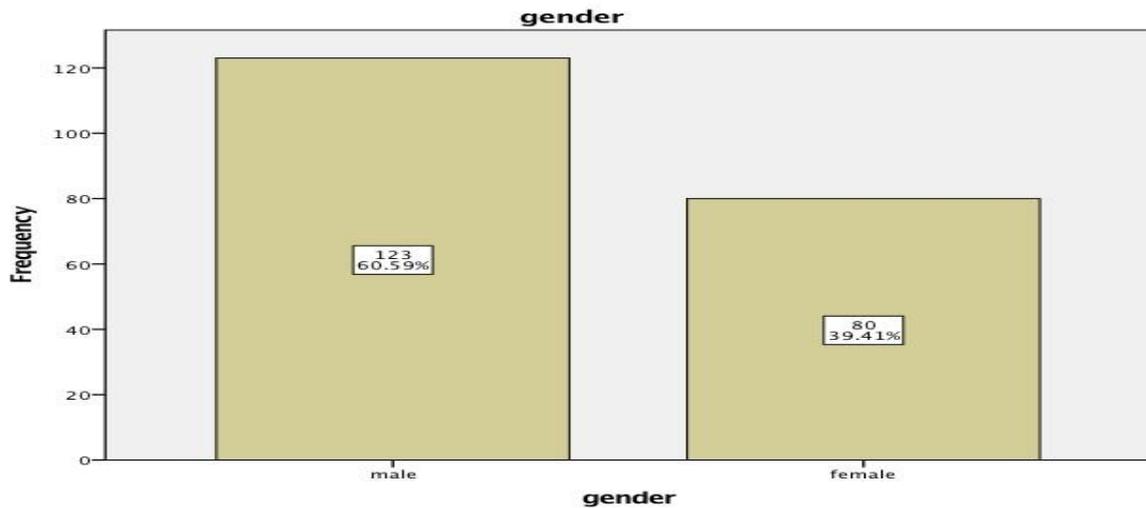
So, increased physical activity practices, balanced and timely dietary habits of health professionals are likely to put positive impact on counselling and motivation of students and patients to adopt healthy life style. Therefore, I have planned to work on study of dietary practices and physical activity among teaching staff of Ayub Medical College Abbottabad (AMC ATD), so to know whether the doctors who have all the knowledge regarding health themselves are following healthy lifestyle or not.

**MATERIAL AND METHODS:**

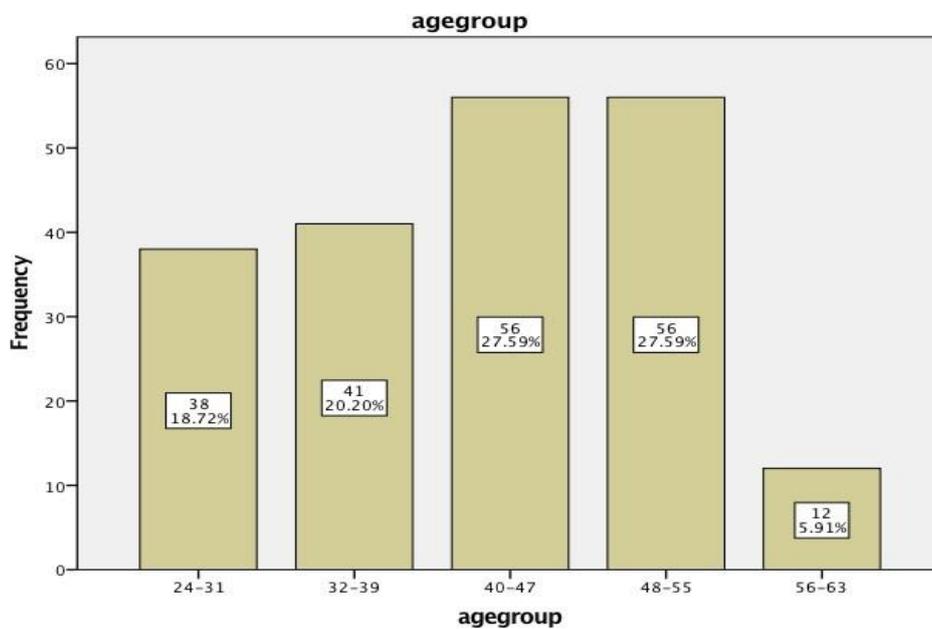
The design of the Study was cross sectional study. The study was conducted in Ayub Teaching Hospital Abbottabad and help was given by teaching staff of AMC ATD. The duration of this study was over period of 7 months from December 2015 to June 2016. All the staff members of both genders, all age groups, and both basic sciences and clinic side staff were included. The data after collection was analyzed in SPSS 16 statistical software. The results and analysis are made accordingly. In this study teachers of all departments of AMC took participation. Questionnaire was distributed among them asked whether they took proper meal regularly or not, if yes then contents, quantity, and regularity was asked. They were also asked about their exercise habits, whether they take proper exercise regularly or not. If yes then total time and type of workout was asked. And finally, they were asked about their health status whether they get fatigued easily and do they feel active during morning while teaching and working hours or not.

**RESULTS:**

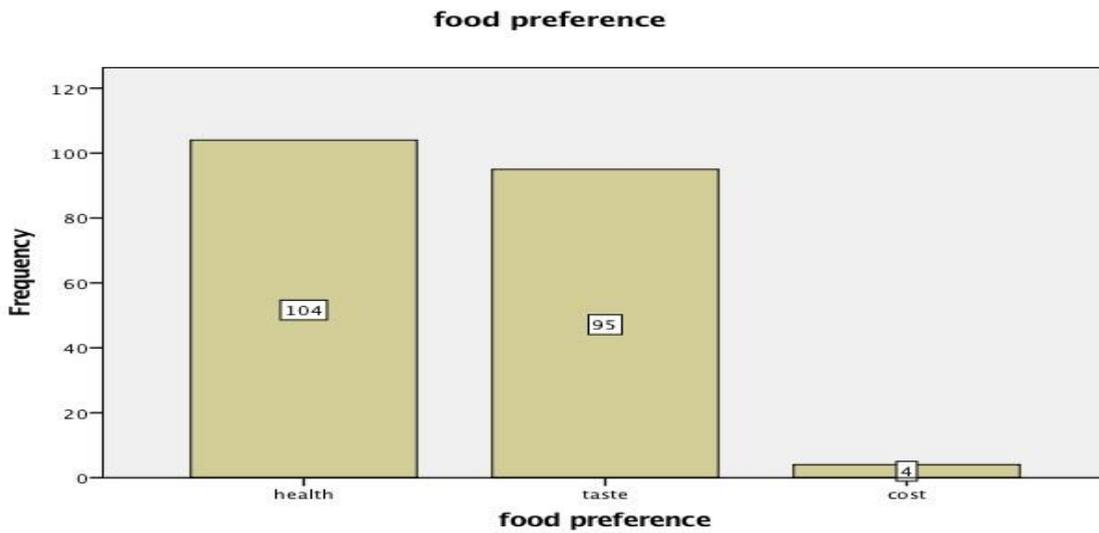
Study included the staff of Ayub Medical College Abbottabad. 203 staff members agreed to take part in research. 60.59% were males and 39.41% female.

**Figure 1:**

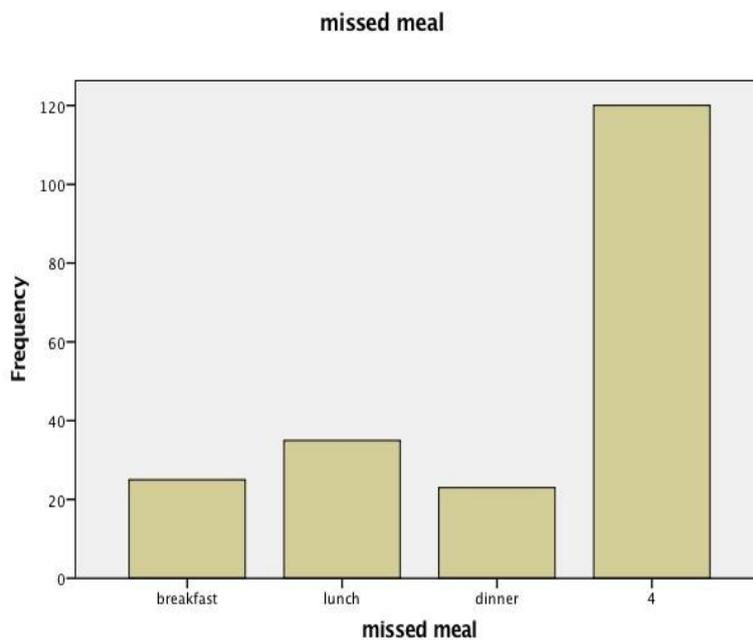
Most of the participants were in age range of 40-55 years i-e 55.2% staff. Average age of staff was 52 years. Minimum age was 24 years and maximum age was 61 years. Standard deviation is 1.199.

**Figure 2:**

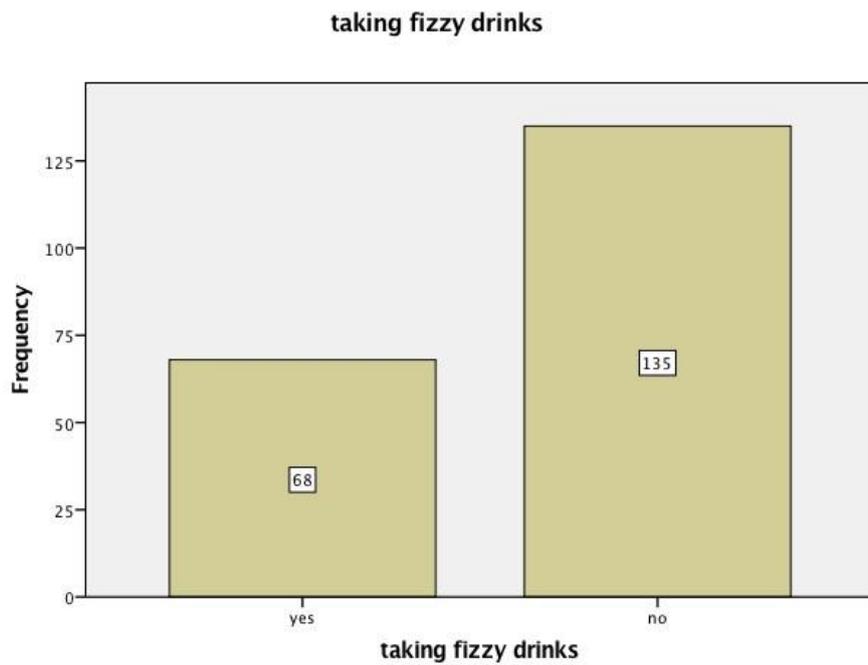
Regarding dietary habits, 51.2% of staff has Health as their main priority, 46.8% has taste as preference and 2% has cost as preference. as shown in figure 3

**Figure 3:**

Similarly, 55.2% staff was not taking any special diet, 25.1% was taking low fat diet. 59.1% staff don't miss any meal, 17.2% miss lunch, 11.5% miss dinner and 12.3% miss breakfast. As shown in figure 4.

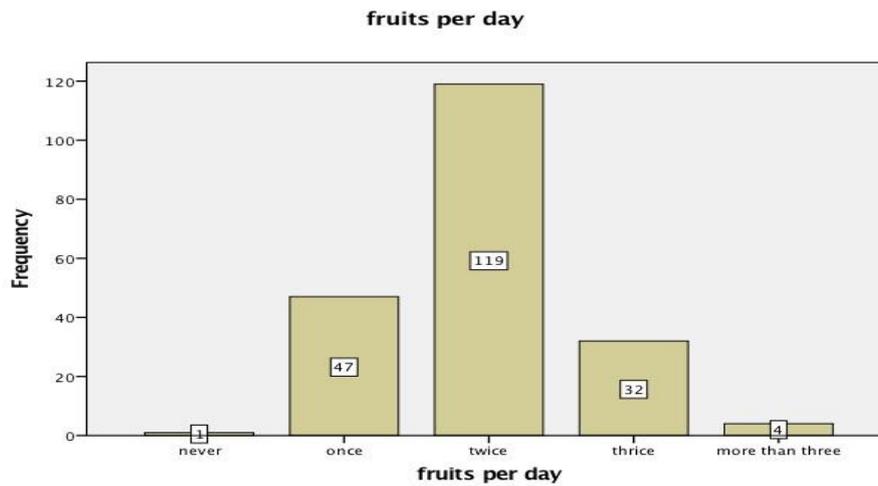
**Figure 4:**

33.5% staff use to have cold drinks and beverages as part of their daily diet and 66.5% don't take soft drinks. As shown in figure 5.



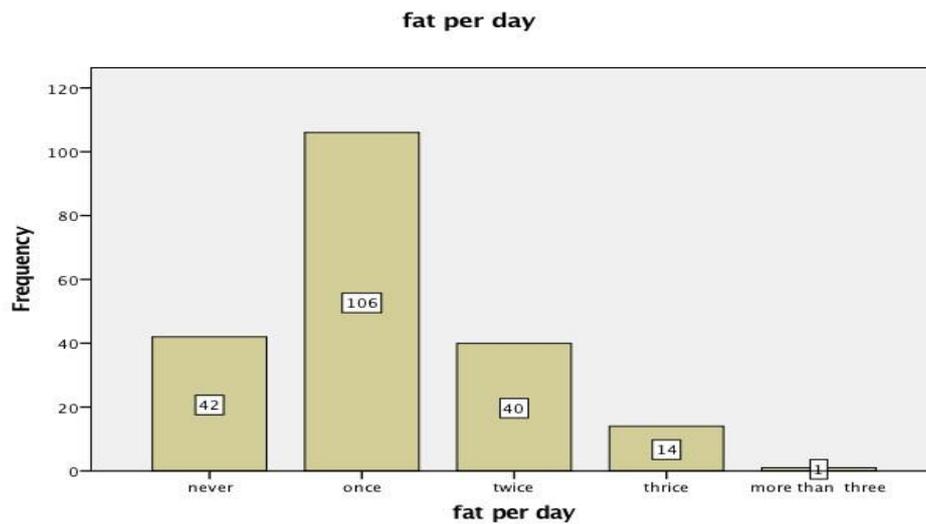
**Figure 5:**

Figure 6 shows that 0.5% never take any fruit, 58.6% take fruit twice a day.

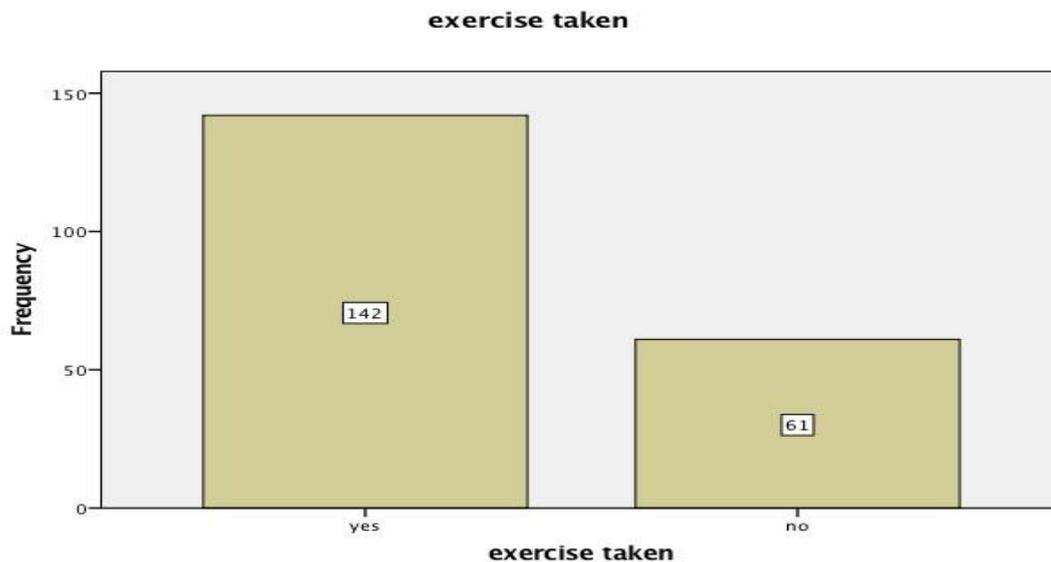


**Figure 6:**

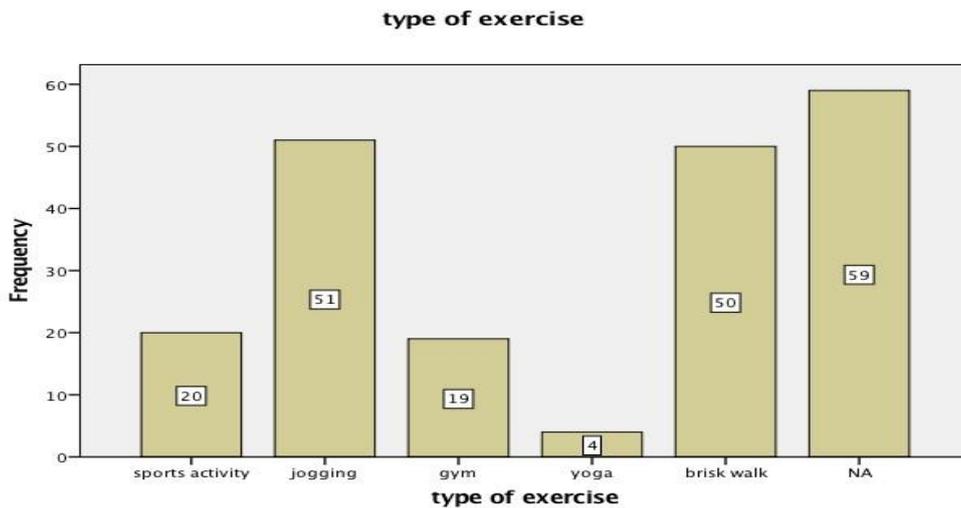
52.2% staff takes fat as a dietary content only once a day, 20.7% don't have any fat as diet. As shown in figure 7.

**Figure 7:**

Regarding water intake, 21.2% staff population takes 8 glasses of water daily, only 1% take 15 glasses of water, and only 2% staff take only 2 glasses of water per day. Regarding physical activity, 30% staff members do not do any exercise and 70% do exercise. As shown in figure 8.

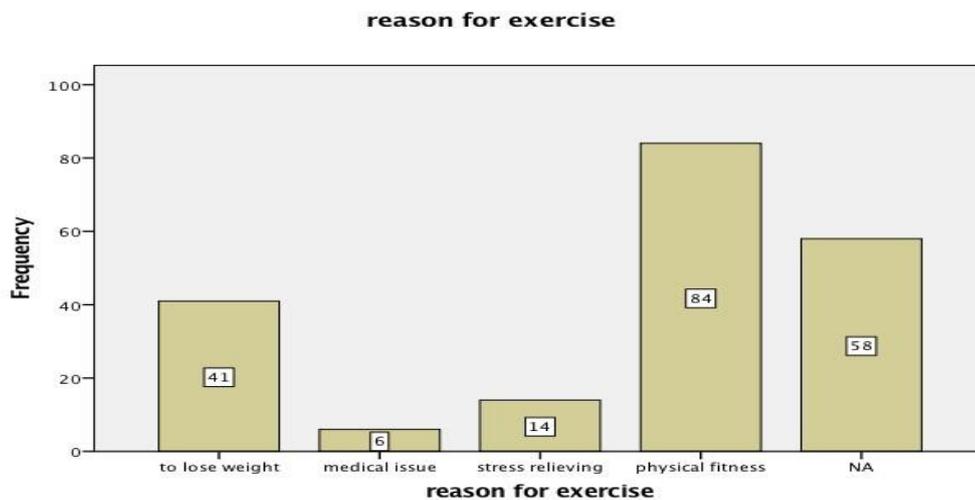
**Figure 8:**

Among the population of staff members who do exercise, 25.1% do jogging, 2% do yoga, 24.6% do brisk walk and 9.4% do gym. As shown in figure 9.



**Figure 9:**

81.8% staff use car for coming to duty and 18.2% comes to duty by walk. Most of the population use to do exercise for physical fitness i-e 41.4%, 20.2% do exercise for losing weight, 6.9% for stress relieving, 3% has medical issue to do exercise. As shown in figure 10



**Figure 10:**

**Table 1**

BMI Groups * Exercise Taken Crosstabulation				
		exercise taken		Total
		yes	no	
BMI Groups	Normal	93	38	131
		71.0%	29.0%	100.0%
	Overweight/Obese	49	23	72
		68.1%	31.9%	100.0%
Total		142	61	203
		70.0%	30.0%	100.0%
P Value	.662			

By making cross tab between BMI groups and exercise, it is noticed that among people of normal BMI groups 71% people were taking exercise. On the other hand, among collective population of overweight and obese, 68.1% were taking exercise. So, no such difference is observed between normal BMI group and over BMI group as much concerned with exercise taken. Shows table 1.

**Table 2**

BMI Groups * Frequency of Exercise Crosstabulation							
		frequency of exercise					
		daily	once a week	2-3 times a week	irregularly	NA	Total
BMI groups	<18.5(underweight)	0	1	1	0	1	3
	18.5-25(normal)	40	12	11	28	37	128
	25-30(overweight)	19	4	6	17	15	61
	>30(obese)	0	0	3	3	5	11
Total		59	17	21	48	58	203
P Value		0.203					

To get further details about frequency of exercise taken by staff, the relation between BMI groups and frequency of exercise taken by staff was made. It is observed that no great difference in exercise was sensed between people who have normal BMI and who are not having normal BMI. 24.6% of overweight don't do exercise. Rest of the population does exercise. Only 31.3% of normal BMI were regularly taking exercise, 28.9% didn't exercise and rest were exercising at intervals whether regularly or irregularly. Change was seen in exercise habits of obese. Obese were less concerned about their exercise habits. 0% was daily exercising ,45.5% don't exercise at all and rest does it whether regularly or irregularly. Shows table 2

**Table 3**

BMI Groups * Dietary Contents Crosstabulation								
		dietary contents						
		no	low fat	low carbohydrate	low sodium	vegetarian	others	Total
BMI groups	<18.5(underweight)	2	0	0	0	0	1	3
	18.5-25(normal)	73	32	8	2	5	8	128
	25-30(overweight)	34	17	2	2	0	6	61
	>30(obese)	3	2	4	0	0	2	11
Total		112	51	14	4	5	17	203
P Value		.035						

Table 3 shows the relationship between BMI groups and special diet. No special difference is observed between them. 66.7% of underweight, 57% of normal weight and 55.7% of overweight don't follow special diet. Whereas change was observed in obese. Only 27.3% of obese population were not following special diet. Rest of them

were on special diet and restrictions. Other results were like overweight and obese population were having their food cooked in oil i-e fried. Major part of percentage i-e 39.3% of overweight population and 45.5% of obese take fried food. Similarly, no specific association was found between BMI change and soft drink intake. But little change was observed by comparing individually the percentages i-e, obesity and overweight was increased in population taking more fizzy drinks because 39.3% normal weight, 39.3% of overweight whereas 45.5% of obese take fizzy drinks. No special difference was noticed in BMI change and fat intake. There was almost equal intake and refrainment of fats in normal, overweight, and obese groups.

Table 4

Special Diet * Exercise Taken Crosstabulation					
			exercise taken		Total
			yes	no	
Special Diet	Yes		66	25	91
			72.5%	27.5%	100.0%
	No		76	36	112
			67.9%	32.1%	100.0%
Total			142	61	203
			70.0%	30.0%	100.0%
P Value			0.470		

Many of staff members were taking special diet that shows their concern for health. In order to know the frequency of people who were exercising and were on special diet cross tab was made between people taking special diet and exercise taken. It was noticed that 72.5% of population who were on special diet were also exercising that shows their concern for health. 27.5% were not exercising. As shows table 4.

Table 5

Dietary Contents * Exercise Taken Crosstabulation					
			exercise taken		Total
			yes	no	
dietary contents	no		76	36	112
	low fat		36	15	51
	low carbohydrate		10	4	14
	low sodium		4	0	4
	vegetarian		3	2	5
	others		13	4	17
Total			142	61	203
P Value			0.768		

To know details about the contents in diet on which staff members were restraining and exercise taken cross tab between dietary contents and exercise taken was made to get the relationship. Staff members were active in physical activity as per research results. 70.6% of population who take special diet of low fats also exercises. 71.4% of low carbohydrate special diet also exercises and 100% of low sodium diet takers were exercising as well, that showed the positive attitude of doctors community. Whereas little less percentage of population who are not under special diet also exercises as compared to special diet takers i-e 67.9% were exercising but were not on special diet.

**DISCUSSION:**

Health should be the first priority of a person. But when it comes for doctor's community it should be utmost priority to take care of their health as they are the people in the front rows of parade that are leading large bunch of people in their community. It is seen that the mortality rate of doctor population is low due to their knowledge and practices. But doctors also face ill health. This research was about dietary habits and physical activity of staff of Ayub teaching hospital who are in position of role model to the students and future doctors. Positive results are obtained from the research. Most of the population was having good dietary habits. Less population was taking junk food and most of the population is taking 3 main meals and don't miss any meal and meal portion is also medium in maximum population. Similarly, most of the population is also physically active whether they are normal weight, overweight or obese. And ones who think themselves overweight also exercise and take special diet that seem good step. Little change is noticed in physical activity of female staff members. Females' less percentage do exercise or they it irregularly as compared to male population. It was due to lack of time and more house chores as per general questioning them about reason of less activity.

From this research, it is also noticing that population of 20s and 30s eat food without any refrainment. As age increased, their consciousness increased and they started eating less and special diet intake habits were seen improved. Similarly, in exercise habits population of 20s age were active in exercising i-e 73.7%. But this came in contrary to the previous researches. A research said early 20s age population exercise less than the population of more age.<sup>27</sup> In this research, lesser percentage of population of 30s age group does exercise i-e 56.1% but this change can be due to chance. After that from age 40s and above, as age increased, proportion of population doing exercise as well as time given to exercise also increased. This is according to the previous researches that said as age of medical community increases exercise also increases.<sup>27</sup>

General oral questioning was done from staff members mostly having normal BMI and few staff themselves wrote comments on questionnaire given to them about their physical activity in medical profession and time back than in high school time and most of the population said that their physical activity is way much reduced in medical profession than in high school times and cause came to be lack of time and psychological stress. Psychological stress was found in more

proportion in medical staff than physical illness. According to previous research, same result came that population of about age 27 to 30 and having normal weight were more active in school time then in medical profession and cause was same i-e lack of time and mental stress.<sup>28</sup> A dilemma was also noticed from research that among Ayub teaching staff population only 3% of population taking exercise, takes exercise for stress relieving. Physical health also influences the counselling affectivity. Doctors who are physically fit and themselves do exercise can counsel patients in better way than the doctor who don't.<sup>29</sup> General normal questions were asked from students roughly and the doctors who were physically active -as proved by this research - came out to be role models of maximum students hence proves to extent that one who practice himself can preach and influence in better and effective way.

**CONCLUSION:**

Present study revealed the dietary habits and physical activity of Ayub teaching Staff. It was overall healthy, active and satisfactory. Junk food and soft drink intake were less. But in overweight population special diet intake was comparatively less. Comparatively lesser population of obese is taking exercise as compared to normal weight and overweight population. Females should be counselled to be rather more active in exercise. More consciousness should be given to staff to become more active as they are belonging to the profession where they can be less physically active.

**REFERENCES:**

- 1- Mazhar N. Population, Labour force and Employment.chap 12: 199. In Pak Economic Survey, 2012-2013 chap 12,pp.155.
- 2- Akram M, Jahangir F. Health care services and government spending in Pakistan. Pakistan institute of development economics, 2007:32 pp1.
- 3- ListywardojoA,Tita, E, Nap R, Johnson A. Article on perception of personal health risk by med and non med workers survey.BMC public health 2010 nov 9, 10:681.
- 4- article by Mc Laughlin. A-short term effects of bad eating habits. Available on <http://healthyeating.sfgate.com/shorttermeffec tofbadeatinghabits>
- 5- Wood head publishing series in Food science, Technology and nutrition vol of 2013, page 652-685.also available Gleeson M, Neiman DC, Pedersen BK. Exercise, nutrition and immune function.J sports science jan 2004.
- 6- Rao C R, Darshan BB, Dan N, Rajan V, Bhogun M, Gupta A. Practice of physical activity among future doctors A cross sectional

- analysis. International Journal of preventive medicine.
- 7- Sajwani R, Shoukat S, Raza R, Sheikh M, Rashid Q, Siddique M et al. Knowledge and practices of healthy lifestyle and dietary habits in medical and non medical students of Karachi, Pakistan. Journal of Pakistan medical association: 59(9), 650-5.
  - 8- Ignarro LJ, Balestrieri ML, Napoli C. Nutrition, physical activity and CV diseases, an update. Cardiovascular research 2007;326-40.
  - 9- Silliman K, Rodas KF, Neyman M. A survey of dietary and exercise habits and perceived barriers to following a healthy life style in a college population. Californian journal of health promotion 2004. vol 2: 10-19.
  - 10- Motoko A, Kayoko S, Keiko E, Keiko K, Naomi Y, Yoko K. The relationship among eating habits, lifestyle and oral health status of students. Kokubyo Gakkai Zasshi 2002;290-5
  - 11- Carter AO, Elzubeir M, AbdulRazaq YM, Revel AD, Townsend A. Health and life style needs assessment of medical students in UAE. Med Teac 2003;492-6
  - 12- Shaikh BT, Kahloon A, Kazmi M, Khalid H, Nawaz K, Khan N et al. Students, stress and coping strategies- a case of Pakistan medical school. Education Health Journal 2004;346-53.
  - 13- Agha SA, Agha MA, Usman G, Agha Z. Assessment of the perception of health among medical students. Gomal Journal of medical sciences 2011 July-Dec ;vol 9: 219-22.
  - 14- Sakata K, Matsumura Y, Yoshimura N, Tamaki J, Hashimoto T, Oguri S et al. Relationship between skipping breakfast and CV diseases risk factors in national nutrition survey data. Nippon Koshu Eisei Zasshi 2001;837-41
  - 15- Watanabe Y, Saito I, Henmi I, Yoshimura K, Maruyama K, Yamauchi K et al. Skipping breakfast is correlated with obesity. Journal of rural medicine 2014 Jun; 51-58.
  - 16- Orbeta RI, Overpeck MD, Ramcharan D, Kojan MD, Ledsky R. High caffeine intake in adolescents associating with difficulty sleeping and feeling tired in morning. Journal of adolesc health 2006;451-3
  - 17- Naseem Z, Khalid R. Daily stressors of university teachers of Pakistan. Journal of research and reflections in education 2012(6) : 1-15
  - 18- Yoon S, Kim S, Yom Y. Relation bw teaching experience, exercise habit, health related fitness, bone density and arterial stiffness of Korean female teachers. Indian Journal of science and technology; vol 8, 332-338
  - 19- <http://sciencedirect.com/science/article/pii/S089990070800213X>
  - 20- Din N, Moore DF, Murphy S, Wilkinson C, Williams NH. Health professionals, perspectives on exercise referral and physical activity promotion in primary care. Health education journal 2015(6);743-757
  - 21- Lobelo F, Duperly J, Frank E. Physical activity habits of doctors and medical students influence their counselling practices. British journal of sports medicine. 2009 Feb 1;43(2),89-92.
  - 22- Golding JF, Cornish Ann M. Personality and lifestyle of medical student; psychopharmacological aspects. Psychology and health( 1): 287-301.
  - 23- Kumar CA, Rexanasiddarah N, Gopi A, Halevoor V, Nanjundappa H. A cross sectional study on dietary factors and their association with body mass index among undergraduate medical student in a medical college. International journal of research in health science 2014 (2): 591-8.
  - 24- Ortega RM, Redonelo MR, Lopez Sobaler AM, Quinyas ME, Zamora MJ, Andres P. Association to obesity, breakfast time, food habits and intake of energy and nutrients in a group of elderly Madrid residents. Journal of American college of nutrition 1996;15;65-72.
  - 25- Hyson D. The health benefits of fruits and vegetables. A scientific overview for health professionals for better health foundation 2002.
  - 26- Van Duyn M, Pivonka E. Overview of health benefits of fruits and vegetables consumption for professionals. Journal of American dietetic association 2000;1511-21
  - 27- Goto T, Hira A, Matgushima E, Nakashima Y, Akaho R, Kido M, Hosaki T. Life style habits among physicians working at hospital in Japan. JMAJ 54(5);318-324,2011.
  - 28- Article by Amanda MacMillan. 4 out of 5 doctors don't get enough exercise. Last update Dec 2, 2008.
  - 29- Frank E, Tong E, Lobelo F, Carrera J, Duperly J. Physical activity levels and counselling practices of US medical students. Nutrition, medicine and science inputs and exercise :140(3), 413-421.

## APPENDIX (QUESTIONNAIRE)

**DIETARY HABITS AND PHYSICAL ACTIVITY IN TEACHING STAFF OF AYUB MEDICAL COLLEGE ABBOTTABAD QUESTIONNAIRE**

Name \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI (calculated) \_\_\_\_\_

Designation \_\_\_\_\_ Department (faculty) \_\_\_\_\_

Informed consent taken a) Yes \_\_\_\_\_ b) No \_\_\_\_\_ Please answer the following questions and check the appropriate boxes that most closely describe your dietary patterns and physical activity levels.

**Dietary Habits****1. What is your preference while choosing your meal?**

a) Health \_\_\_\_\_ b) Taste \_\_\_\_\_ c) Cost \_\_\_\_\_

**2. Do you follow a special diet?**

a) No \_\_\_\_\_ b) Low Fat \_\_\_\_\_ c) Low carbohydrate \_\_\_\_\_

d) Low sodium \_\_\_\_\_ e) Vegetarian \_\_\_\_\_ f) Other \_\_\_\_\_

**3. Do you dine out regularly?**

a) Yes \_\_\_\_\_ b) No \_\_\_\_\_

**If yes: then how many times/week?**

a) Once \_\_\_\_\_ b) 3-4 times \_\_\_\_\_ c) More than 5 times \_\_\_\_\_

d) Everyday \_\_\_\_\_

**4. Do you miss any meal in a day?**

a) Yes \_\_\_\_\_ b) No \_\_\_\_\_

**If yes, specify** \_\_\_\_\_**5. In your opinion your portion of meal size is;**

a) Small \_\_\_\_\_ b) Medium \_\_\_\_\_ c) Large \_\_\_\_\_

**6. How many meals do you regularly take?**

a) 3 meals \_\_\_\_\_ b) 2 meals \_\_\_\_\_ c) More than 3 meals \_\_\_\_\_

**7. Do you take small amount of food in between the meals (snack)?**

a) Yes \_\_\_\_\_ b) No \_\_\_\_\_

If yes, then which among these;

- a) Bakery products \_\_\_\_\_ b) Nuts and seeds \_\_\_\_\_  
c) Other \_\_\_\_\_

8. Do you use sweetened beverages with your meals?

- a) Yes \_\_\_\_\_ b) No \_\_\_\_\_

If yes how often?

- a) Once a day \_\_\_\_\_ b) with every meal \_\_\_\_\_  
c) 4 or more times a week \_\_\_\_\_ e) Occasionally \_\_\_\_\_

9. How is your food usually prepared? Check all that apply.

Baked \_\_\_\_\_ Broiled \_\_\_\_\_ Boiled \_\_\_\_\_ Fried \_\_\_\_\_ Steamed \_\_\_\_\_ Other \_\_\_\_\_

10. How many times each day do you have the following food items?

a. Starch (bread, bagel, roll, cereal, pasta, noodles, rice, Potato)

Never \_\_\_\_\_ Less than 1 \_\_\_\_\_ 1-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8  
11 \_\_\_\_\_

b. Fruit

Never \_\_\_\_\_ Less than 1 \_\_\_\_\_ 1-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-  
11 \_\_\_\_\_

c. Vegetables

Never \_\_\_\_\_ Less than 1 \_\_\_\_\_ 1-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-  
11 \_\_\_\_\_

d. Dairy (milk, yogurt, cheese)

Never \_\_\_\_\_ Less than 1 \_\_\_\_\_ 1-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-  
11 \_\_\_\_\_

e. Meat, fish, poultry, eggs,

Never \_\_\_\_\_ Less than 1 \_\_\_\_\_ 1-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-  
11 \_\_\_\_\_

f. Fat (butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese) Never \_\_\_\_\_ Less than 1  
\_\_\_\_\_ 1-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-11 \_\_\_\_\_

g. Sweets (candy, cake, regular soda, juice)

Never \_\_\_\_\_ Less than 1 \_\_\_\_\_ 1-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-11 \_\_\_\_\_

**11. What beverages do you drink daily and how much?**

- a) Water \_\_\_\_\_ times or glasses per day (8oz)\_\_\_\_\_
- b) Coffee \_\_\_\_\_ times or cups per day\_\_\_\_\_
- c) Tea \_\_\_\_\_ times or cups per day\_\_\_\_\_
- d) Fizzy Drinks \_\_\_\_\_ times or cups per day (12oz)\_\_\_\_\_

**12. Do you currently take any dietary supplements?**

- a) Yes \_\_\_\_\_ b) No \_\_\_\_\_

**Physical Activity****13. Do you exercise?**

- a) Yes \_\_\_\_\_ b) No \_\_\_\_\_

**14. If yes: How often do you exercise?**

- a) Daily \_\_\_\_\_ b) once a week \_\_\_\_\_ c) 2-3 times a week \_\_\_\_\_
- d) Irregularly \_\_\_\_\_

**15. What type of exercise you usually do?**

- a) Sports activity \_\_\_\_\_ b) Jogging \_\_\_\_\_ c) Gym \_\_\_\_\_
- d) Yoga \_\_\_\_\_ e) Other \_\_\_\_\_

**16. How do you come for duty?**

- a) By car \_\_\_\_\_ b) As pedestrian \_\_\_\_\_ c) By cycle \_\_\_\_\_

**17. Do you use pedometer/step counter/gadget to measure your daily physical activities?**

- a) Yes \_\_\_\_\_ b) No \_\_\_\_\_

**18. What is the reason for your exercise?**

- a) To lose weight \_\_\_\_\_ b) Medical issue \_\_\_\_\_ c) Stress relieving \_\_\_\_\_
- d) Physical fitness \_\_\_\_\_

**19). Due to a disease I have limitation with physical activities:**

- a) Yes \_\_\_\_\_ b) No \_\_\_\_\_