

Name of Interviewer:

Village of home village:

Name of school Village:

Sex of the respondent:

Identifier:

Weight

Height

IMC

Food Habits:

How many days a week do you eat at home?

How many meals a day do you have at home?

Is food being served at your school? No Yes F

Do you eat meals served at school? No Yes F

How many meals a day do you have at school?

How often do you eat snacks? Daily Weekly Never

Household Information:

How many people live in your household?

How many children aged 11 to 14 live in your household?

Who cooks at your household?

Do you cook for yourself or anyone else? No Yes

How many times a week?

Where do you get the ingredients from? Market Home Garden Family Farm

Do you have a farm? No Yes

How many products you grow?

Do you work in the farm? No Yes

During School Days During Breaks

Food Frequency Questionnaire

[illegible]

