

Questionnaire

Date: __/__/__

Participant information

Participant No.:	Name:
Department:	Year:
Home district:	Upazila:

Section A: Socio-demographic information

No.	Questions/items	Response
A1	Type of residence (give tick)	1= Hall 2= Mess 3= Home
A2	Age (year)	
A3	Gender (give tick)	1= Male 2= Female 3= Others
A4	Father's occupation (write)	
A5	Mother's occupation (write)	
A6	Number of siblings	
A7	Number of family members	
A8	Type of area you grew up (give tick)	1= Divisional city 2= District level town 3= Upazila level town 4= Union and village level area
A9	Religion	1= Muslim 2= Non-muslim
A10	How do you manage your expenses? (Multiple responses possible)	1= support from family members

		2= self-income 3= study loan 4= scholarship
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Section B: Consumption of junk food and fast-food and related expenditure

No.	Questions/items	Response
B1	Did you eat any fast-food or street food in last 7 days?	1= yes 2= no
B2	If yeas, how many days did you eat any fast-food and street food in last 7 days?	_____ days
B3	Which of the following items do you eat most frequently?	1= fast foods in restaurants 2= street foods 3= foods from vendors
B4	Why do you like to eat these foods?	1= feels tasty to me 2= easily available 3= dissatisfied with regular meals 4= offered by the friends
B5	While eating these foods, whom are you usually accompanied by?	1= nobody/alone 2= friends 3= family members
B6	Usual time of fast-food consumption	1= morning/mid-morning 2= noon 3= afternoon 4= evening 5= night
B7	How much did you spend for these foods in last 7 days?	BDT_____

B8	On an average, how much do you pay for these foods per day?	BDT_____
B9	Does paying for fast-food or street food pose extra pressure on your other monthly expenditure?	1= yes 2= no

Section C: Health related information

No.	Questions/items	Response
C1	Body weight (Kg)	
C2	Height	___feet ___inches
C3	Did you suffer from any disease in last 1 month?	1= yes 2= no
C3.1	If yes, what kind of diseases? (Please write)	
C4	Do you have any problem with digestion (gastric related problem)?	1= yes 2= no
C5	Do you need to regularly take any medication for any purposes?	1= yes 2= no