

RESEARCH ON NUTRITION AND HEALTH IN CHILDHOOD, SURVEY FORM

Dear Students,

This survey aiming to evaluate children's health is carried out by Hacettepe University Institute of Public Health. Children's health and services will be better planned thanks to the results which will be obtained from your answers. Therefore, it is remarkably important that you answer all the questions sincerely.

Joining the research is on voluntary basis. The information obtained with this form will be confidential and will be used for only scientific purposes. You may prefer not to join the study or end the questionnaire with whichever question you like.

Thank you for answering.

Prof. Dr. L. Hilal Ozcebe
H.U. Institute of Public Health, Director

You may contact to the person(s) below if you may have any questions about the study.

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Student's;

1. Row No. :
2. School :
3. Grade :
4. ID Number :
5. Gender : Male ☐ Female ☐
6. Date of Birth : / / (Day/Month/Year)

Part 1: Dear students, some questions on your eating habits are asked in this part. This is not an evaluation, questions do not have a true or false answer.

1. In the last 4 weeks, how often did you eat the foods below? How often did you drink the beverages?

	Never	A few days in a month	A few days in a week	Every day	More than once a day
1) Fruit					
2) Uncooked (Raw) vegetable (e.g. lettuce, carrot, tomato)					
3) Cooked vegetables					
4) Milk					
5) Yoghurt, buttermilk drink (ayran)					
6) Egg					

2. For the last 4 weeks, how often did you eat the foods below? How often did you drink the beverages?

	More than once a day	Every day	A few days a week	A few days a month	Never
1) Carbonated drink or drinks with sugar					
2) Potato chips, corn chips or other chips					
3) Muffin, cake, candy or other desserts					
4) Foods from fast food restaurants/markets such as hamburger, fried potatoes or fried chicken					

Part 2: Dear students, some questions on your eating habits are asked in this part. This is not an evaluation, questions don't have a true or false answer

9. In your opinion, how hard is it for you to do the following?

	Not at all hard	Somehow hard	Very hard
1) To eat fruits at the snack time after school			
2) To eat vegetables at the snack times			
3) To prefer drinking water instead of drinking carbonated drinks or fruit flavored unfizzy drinks, when you get thirsty			
4) To drink low-fat or non-fat milk instead of whole milk			
5) To choose small sized French fries instead of big sized fries			
6) To eat less from foods like fried potatoes, chips, cake, cookies or ice-cream that contain too much fat.			
7) To eat crackers which have less fat, instead of chips			
8) To make your family or other adults buy low-fat snacks like crackers			
9) To make your family or other adults buy low-fat or non-fat milk instead of whole milk			
10) To drink carbonated drinks less			
11) To drink fruit flavored unfizzy drinks less			

10. How often do you eat at the fast-food restaurants selling foods like hamburger, fried chicken?

- 1) Almost never
- 2) Almost once a month
- 3) Almost once a week
- 4) More than once a week

11. Please read the options below carefully and mark how often each option is true for you

	Almost never	Sometimes	Almost any time
1) There is fruit present at home to eat at the snack times.			
2) There are vegetables present at home to eat at the snack times			
3) There is low-fat dip present for myself in the fridge at home to eat with vegetables			
4) My family or other adults try to make me eat fruit at the snack-time.			
5) My family or other adults try to make me eat vegetables at the snack time.			
6) My family or other adults try to make me drink less carbonated drinks.			
7) My family or other adults try to make me drink water instead of carbonated drinks or fruit flavored unfizzy drinks, when I get thirsty.			
8) My family or other adults try to let me drink low-fat or non-fat milk instead of whole milk.			
9) I have to finish all the food put in my plate at home.			
10) I am allowed to eat as much as I want.			
11) I eat a second plate at the meals.			
12) I am allowed to eat snacks as much as I want.			
13) I prepare my own food for breakfast.			
14) I prepare my own food for the snack times.			
15) I eat breakfast at the school.			
16) My family has dinner all together.			
17) I prepare my own food for the dinner.			
18) I buy snacks after the school.			
19) I eat snacks while watching TV.			

Part 3: Dear students, we listed some situations related with your friends and nutrition in this part, please mark the appropriate option for you.

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
12. My friends think that eating healthy food is important					
13. When the issue is what I eat, I want to be like my friends.					
14. Most of my friends eat healthy foods every day.					

Part 4: Physical Activity is defined below.

Physical activity is all kinds of activity increasing heart rate and making you huff and puff. Physical activity may be done by participating in sports, playing with friends or walking to school. Running, speed walking, playing soccer or basketball, dancing, swimming, cycling are examples for physical activity.

Dear students, in this part we would like to know about your physical activities. Please answer the following questions excluding physical education class.

15. Generally, how many days in a week are you active for at least 60 minutes?

None	1 day	2	3	4	5	6	7 days

16. Generally, how many days a week you walk from home to school?

None	1 day	2	3	4	5 days

17. Generally, how many days a week you walk from school to home?

None	1 day	2	3	4	5 days

18. How many days in the last 7 days, did you participate in a team sport like soccer, basketball, volleyball at school or out of school?

None	1 day	2	3	4	5	6	7 days

19. How many days in the last 7 days, did you watch TV for more than 2 hours a day?

None	1 day	2	3	4	5	6	7 days

Part 5: Dear Students, in this part, we would like to learn about your thoughts and feelings about physical activity. This is not an evaluation and questions do not have a true or false answer.

20. How hard do you think doing the following activities ?

	Not at all hard	Somehow hard	Very hard
1) Being physically active instead of watching TV			
2) Being active after school in most of the days of the week			
3) Requesting my family or other adults to do the things requiring physical activity together with me			
4) Requesting my family or other adults to take me to do physical activity or participate in sports			
5) Requesting my friends to do physical activity with me			
6) Being active physically at the weekends (On Saturdays and Sundays)			
7) Playing in sports teams			
8) Being active physically at home			
9) Being active physically even when I am tired			

21. How true are the following situations for you?

	True for me	Partially true for me	Not true for me
1) Doing physical activity would be fun			
2) Doing physical activity would make me sweat a lot.			
3) Doing physical activity would make me feel that I am not as good as the other children in sports.			
4) It would be hard to do physical activity, since I am often the last one to be selected in the team.			
5) Doing physical activity with friends would be fun.			
6) Doing physical activity would ruin my hair.			
7) Doing physical activity would make me feel incompetent.			
8) Doing physical activity would make me feel stronger.			
9) Doing physical activity would make be better in sports.			
10) Doing physical activity would prevent me from gaining too much weight.			
11) Doing physical activity would make others to make fun of me.			
12) Doing physical activity would make me feel very tired.			
13) Doing physical activity would teach me many things about health and being in good shape.			
14) Doing physical activity would take so much time.			
15) Doing physical activity would make me look better.			
16) Doing physical activity would bodily harm me.			
17) Doing physical activity would make me have more energy.			

22. There are playgorunds, parks and sports centers close to my home.

1. Yes
2. No

23. The situations given below are related with playing outside and being physically active at home.
Please mark the one best fits you .

	Almost never	Sometimes	Almost all the time
1) It is safe to play outside close to my house.			
2) My mother/father or other adults try to make me play outside when the weather is good.			
3) My mother/father or other adults try to make me physically active instead of watching TV.			
4) My father/mother or other adults take a walk with me.			
5) My father/mother or other adults allow me to watch TV as much as I want.			
6) My father/mother or other adults allow me to play video and computer games as much as I want.			
7) My family is usually physically active.			

Part 6: Dear Students, some situations related with your friends and physical activities are listed in this part. Please mark the option you find most appropriate.

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
24. My friends think that exercising and being physically active is important.					
25. When the issue is exercising, I want to be like my friends.					
26. Most of my friends exercise every day.					

Part 7: Dear Students, some situations are listed in this part. Please mark the option you find most appropriate.

27. Specify how much you agree with the situations listed below. Please mark the option that best fits you.

	Never	Rare	Sometimes	Often	Always
1) I like my appearance in the pictures.					
2) Other people think that I look good.					
3) I am proud of my body.					
4) Trying to change my body weight occupies my mind.					
5) I think that my appearance is going to help me to find a job.					
6) I like what I see on the mirror.					
7) If I could, there are too many things I want to change in my appearance.					
8) I am happy with my weight.					
9) I wish I looked better.					
10) I am really happy with my weight.					
11) I would love to look like someone else.					
12) My peers like my appearance.					
13) My appearance upsets me.					
14) I look as good as many other people.					
15) I am very happy with my look.					
16) I feel that I have the right weight for my height.					
17) I am embarrassed of my appearance.					
18) I get upset when I get on the scale.					
19) I am not happy with my weight.					
20) I am anxious about my appearance.					
21) I think I have a good body.					
22) I look as good as I want.					

Part 8: Dear Students, some situations related with the neighborhood you live are listed in this part.

28. Specify how much you agree with the situations listed below. Please mark the option that best fits you.

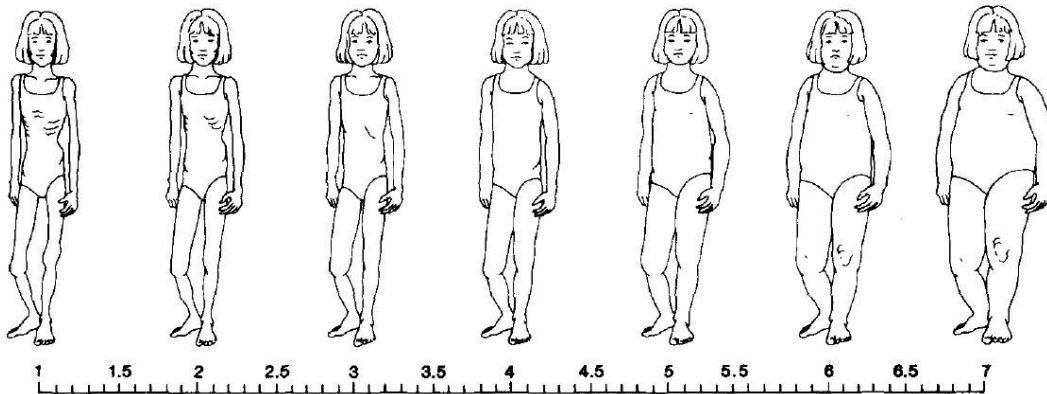
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1) Jogging or running are safe in my neighborhood.					
2) Riding a bike is safe in my neighborhood.					
3) Joggers or riders can be seen from the inside of the houses in my neighborhood.					
4) There is so much traffic in my neighborhood that jogging is hard.					
5) Many crimes are committed in my neighborhood.					
6) I often see girls and boys playing outside in my neighborhood.					
7) There are many stray dogs in my neighborhood.					
8) Streets of my neighborhood are well-lighted at nights.					
9) There are trees all along the streets and avenues in my neighborhood.					
10) There are interesting things that I may look at while taking a walk in my neighborhood.					
11) I am often exposed to exhaust gases or catch other bad smells while walking in my neighborhood.					
12) Generally there are not any trash bins in my neighborhood.					
13) At home, we have enough sports equipment to use in physical activity.					
14) There are pedestrian ways in many streets of my neighborhood.					
15) There are jogging or biking paths in my neighborhood.					

Part 9: This part will be filled out under the guidance of the person who is going to measure your size.

Dear Students, we will ask you some questions with picture in this part.

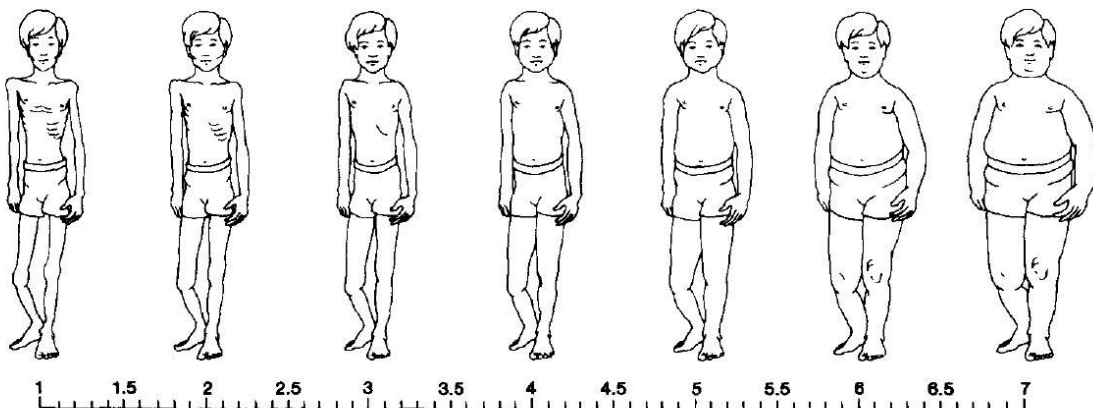
29. Which one of the following pictures best describes you?

Girls



Please mark the number under the picture which you think fits best.

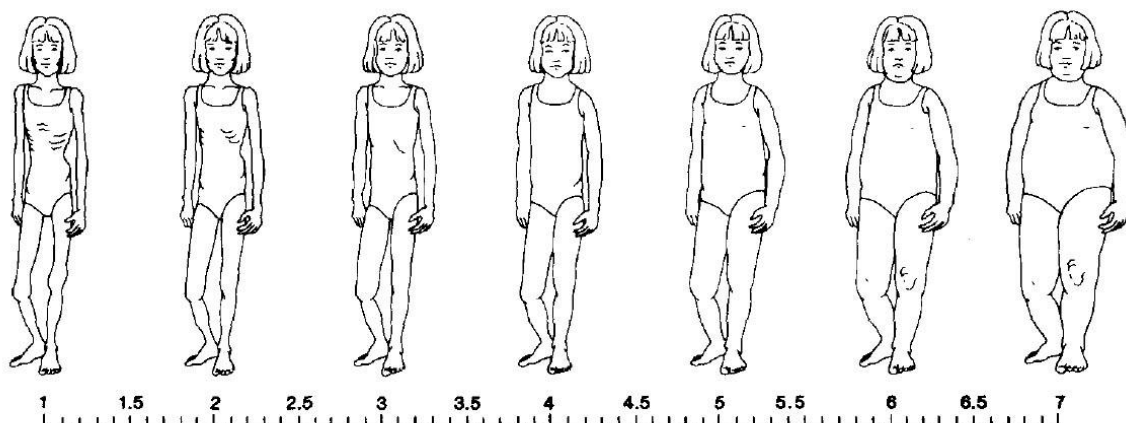
Boys



Please mark the number under the picture which you think fits best.

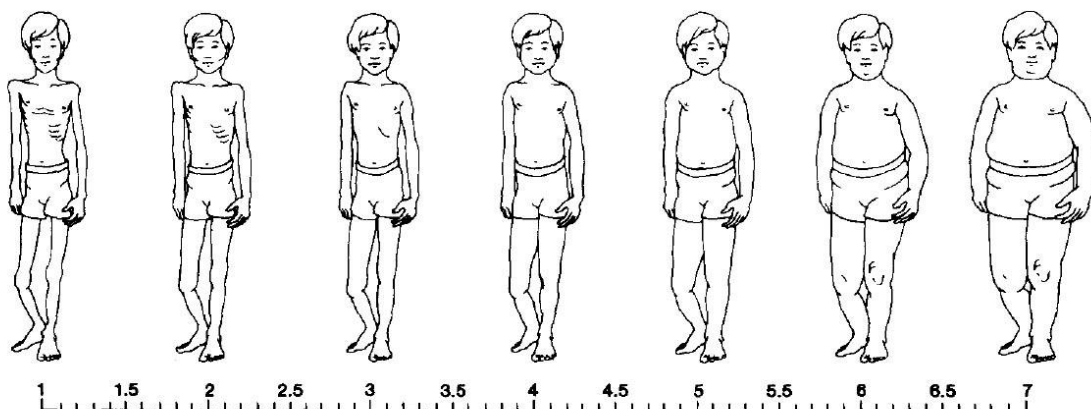
30. How would you like to be?

Girls



Please mark the number under the picture which you think fits best.

Boys



Please mark the number under the picture which you think fits best.

Part 10: Dear students, we would like to take some measurements of you in this part.

31. We would like to measure your weight and height. We will explain you how we are going to do this.
Can we take the measurements?

1. Yes
2. No

32. Why didn't you want to be measured?

1. I don't feel good / I have a pain.
2. I am anxious/ nervous.
3. I have a physical disability.
4. Other, please specify:

We are now going to measure your weight, height, waist and hip circumference. You will need to take off your shoes and heavy objects (hair clip, cell phone, wallet, belt, etc.)

1. Please mark the clothing on the child during measurement.

1. Physical Education class clothes (only shorts and t-shirt)
2. Light clothes (t-shirt, cotton trousers or shirt)
3. Thick clothes (sweater and jeans)
4. Other, please specify:

2. Measurements taken on:

3. Time of the measurements:

1. Before lunch
2. After lunch

4. Body weight (kg) :.....

5. Height (cm) :.....

6. Waist circumference (cm) :.....

7. Hip circumference (cm) :.....