

## RESEARCH ON NUTRITION AND HEALTH IN CHILDHOOD, SURVEY FORM

Distinguished Families,

We all want our children to be healthy. Balanced nutrition and adequate physical activity are so important to be healthy. This study aims to have appropriate policies developed for healthier generations to be developed by examining the attitude and approach of the children and the families on healthy nutrition. This survey evaluating the children's health is carried out by Hacettepe University Institute of Public Health. The results of the survey will be shared with the Ministry of Health and Ministry of National Education.

In this survey, we are planning to measure weight, height and waist and hip circumferences of your child and his/her classmates. We request you to give consent for taking those measurements of your child and ask some questions. This questionnaire has been approved by Hacettepe University Ethics Committee and permitted by Ankara Provincial Directorate for National Education.

Authorized health personnel will take the body measurements of the students. Considering the sensitivities of the students and the public, MAXIMUM and CAREFUL ATTENTION will be shown not to disturb the student and the environment. Body measurements of children will NEVER be taken before the class, and the results obtained will never be shared with anyone. During the measurements, students will NEVER BE ASKED to take off their clothes; measurements will be done with their normal daily clothes. The students will be asked to take off their shoes to properly measure the body weight and height.

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 participating in the study.

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

You may contact the persons below in you may have any questions about the study:  
Assoc. Prof. Sarp Uner, Asst. Prof. Mahmut Yardim, **Academic Member Dr. Umut Arslan**, Academic Member Dr. Hande Unlu

Contact address and phone:  
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Row Number : .....  
Questionnaire sent on : .....  
First and Last Name of the Person Answering the Questionnaire: .....  
Relationship with the Child : .....  
Name of the Child's School : .....  
The Child's student ID number :

**Part 1: This part contains questions about some demographic features.**

1. Please write the mother's date of birth. 19.....
2. Mark the mother's education status.
  - 1) Illiterate
  - 2) Literate only, she hasn't graduated from any school, dropped out primary education
  - 3) primary school graduate (completed fifth grade of primary school)
  - 4) Secondary school graduate
  - 5) High school or equivalent graduate
  - 6) College graduate
  - 7) University graduate
  - 8) Completed Master's degree or PhD

**If the child's mother is not alive, please go to the question 7**

3. Mark the mother's current work status in a paid job.
  - 1) Yes, working in a paid job
  - 2) No, but searching for a job (Please go to the Question 5).
  - 3) No, she doesn't work in a paid job (Please go to the Question 5).
4. Specify the mother's current job.
  - 1) Has a learned profession (physician, engineer etc.)/ technician
  - 2) Manager (director, department head, unit chief, etc.)/ Business owner
  - 3) Secretary/ office staff
  - 4) Sales representative, marketing staff
  - 5) Tradesperson, craftsperson
  - 6) Operator, receptionist
  - 7) Worker
  - 8) Working in service industry (waitress, postman, driver etc.)
  - 9) Retired
  - 10) Housewife
  - 11) Other (Please specify) .....
5. Specify the mother's body weight .....  
(in kilograms, for example 56 kg or 56,5 kg)
6. Specify the mother's height .....  
(in cm, for example 156 cm or 160 cm)
7. Write the father's date of birth. 19.....
8. Mark the father's education status.
  - 1) Illiterate
  - 2) Literate only, he hasn't graduated from any school, dropped out primary education
  - 3) primary school graduate (completed fifth grade of primary school)
  - 4) Secondary school graduate
  - 5) High school or equivalent graduate
  - 6) College graduate
  - 7) University graduate
  - 8) Completed Master's degree or PhD

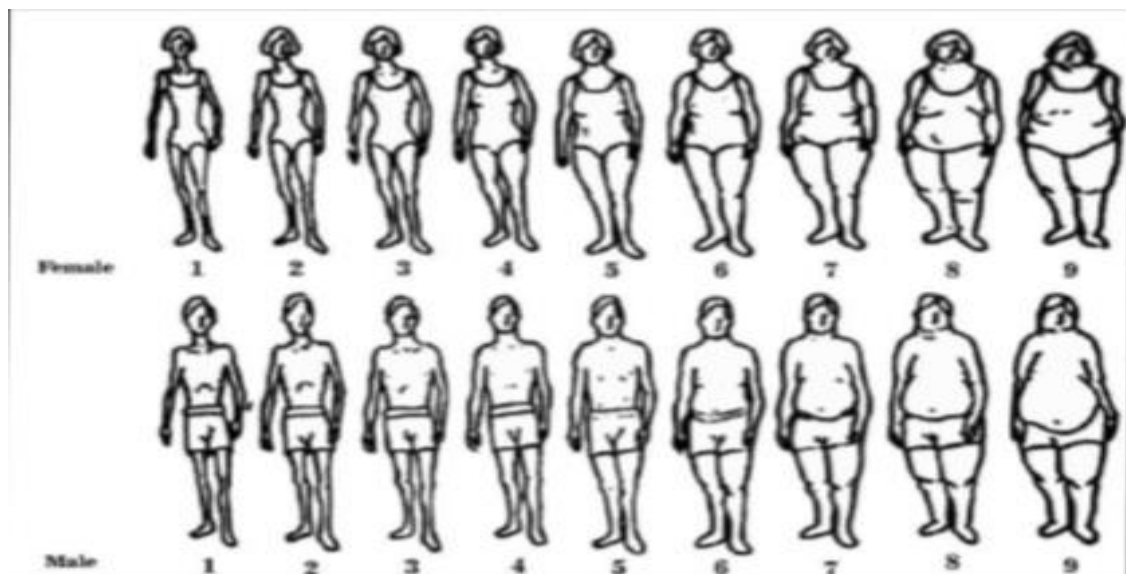
**If the child's father is not alive please go to the question 13**

9. Mark the father's work status in a paid job.
- 1) Yes, working in a paid job
  - 2) No, but searching for a job (Please go to Question 11).
  - 3) No, he doesn't work in a paid job (Please go to Question 11).
10. Specify the father's current job.
- 1) Has a learned profession (physician, engineer etc.)/ technician
  - 2) Manager (director, department head, unit chief, etc.)/ Business owner
  - 3) Secretary/ office staff
  - 4) Sales representative, marketing staff
  - 5) Tradesperson, craftsperson
  - 6) Operator, receptionist
  - 7) Worker
  - 8) Working in service industry (waitress, postman, driver etc.)
  - 9) Retired
  - 10) Other (Please specify) .....
11. Specify the father's body weight .....  
(in kilograms, for example 56 kg or 56,5 kg)
12. Specify the father's height .....  
(in cm, for example 156 cm or 160 cm)
13. Who lives in your household other than you? (You may select more than one option)
- 1) Mother
  - 2) Father
  - 3) Child(ren)
  - 4) Maternal grandfather, paternal grandfather, maternal grandmother, paternal grandmother
  - 5) Other (Please specify) .....
14. How many people are living in the household? .....
15. How many children are living in the household? .....
16. How much is your family's monthly income?
- 1) I don't have any income
  - 2) Below TL 1000
  - 3) TL 1000 - 1999
  - 4) TL 2000 - 2999
  - 5) TL 3000 - 4999
  - 6) TL 5000 - 6999
  - 7) TL 7000 - 9999
  - 8) TL 10000 and over

17. Which picture below looks like you most? Please mark the picture which you think best fits you.



18. Please mark the picture which you think is ideal for you.

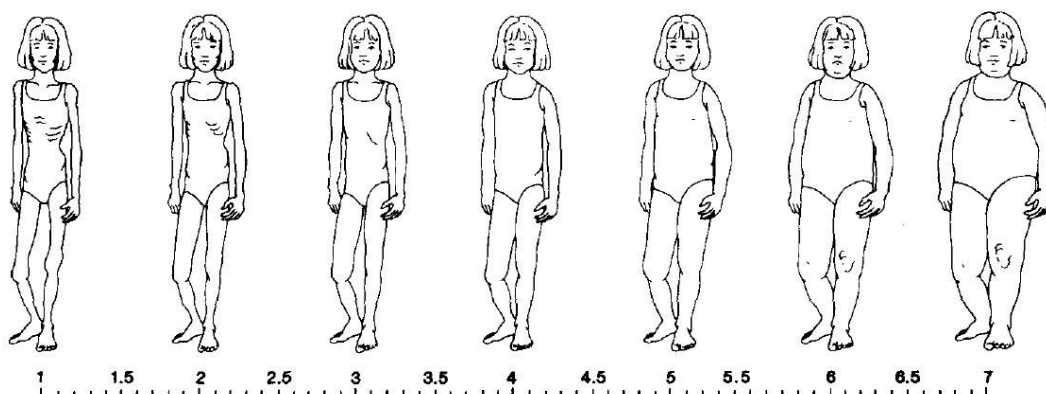


19. Your body figure in your life periods is asked below. Please mark the appropriate box for the specified period.

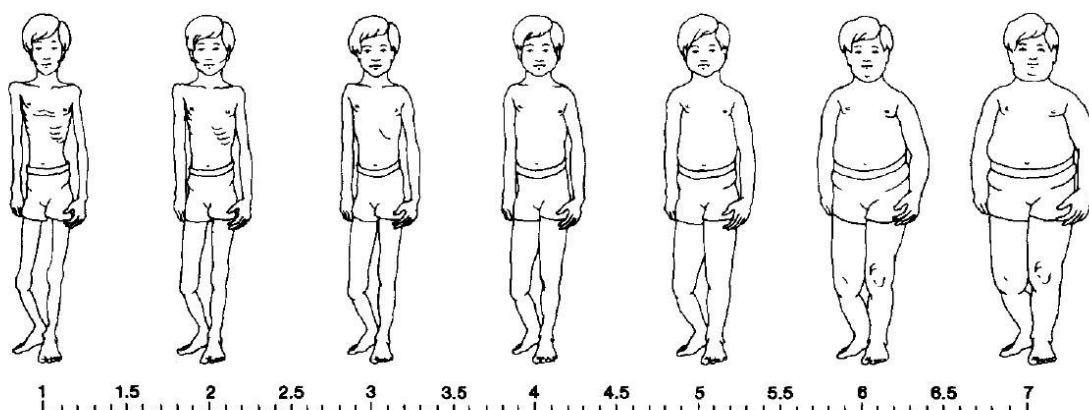
	Very thin	Thin	Normal	Slightly Overweight (Full-figured)	Obese
1) In your childhood (5-10 years old)					
2) In your teenage years					
3) In your 20's					
4) Now					

20. Which one of the following pictures do you think represent your child's body? Please mark the picture you think that fits best.

For girls



For boys



21. Your child's body figure in his/her life periods is asked below. Please mark the appropriate box for the specified period.

	Very thin	Thin	Normal	Slightly Overweight (Full-figured)	Obese
5) 0-1 years old					
6) When she/he started walking					
7) In her/his pre-school period					

22. Where do you mostly get the information about health? You may select more than one.

- 1) Television
- 2) Radio
- 3) Internet
- 4) Newspaper, magazine
- 5) Book
- 6) Friends/family
- 7) Physician
- 8) Other health personnel (Nurse, midwife, physiotherapist, etc.)
- 9) Schools
- 10) Other (specify ..... )

**Part 2: This part contains questions about the reasons of obesity in the childhood period.**

23. For the following question, “1” means unimportant while “7” means extremely important. Please mark the box which best fits your opinion.

	Unimportant (1)	(2)	(3)	(4)	(5)	(6)	Extremely Important (7)
In your opinion, how serious is the obesity observed on children?							

24. Please mark to what extent you agree with the options below.

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
1) Obesity is a big problem affecting the health and well-being of children.					
2) Obesity in childhood has been started to be observed more often.					
3) It is easier to eliminate the obesity in children than the obesity in adults.					
4) Being obese as a child is one of the most important reasons of being alienated by peers.					
5) Most of the obese children will not be obese adults in the future.					

25. What do you think about the effect of the following on childhood obesity?

	Strongly Disagree	Agree	Uncertain	Disagree	Strongly Agree
1) Caregiver/Parent					
2) Children/young people					
3) Physicians/health personnel					
4) Food and Beverage Industry/companies					
5) Schools					
6) Government					
7) TV and internet ads					

26. Please mark to what extent you agree with the situations below.

	Strongly Disagree	Agree	No idea	Disagree	Strongly Agree
1) There are too many unhealthy (super sugared, super fatty) foods in the stores and restaurants.					
2) Obesity is a condition inherited from parents.					
3) Many diets are not effective.					
4) Many people are not eager to have a regular diet or to exercise.					
5) Many people with overweight eat whatever they want and don't see their weight as a problem.					
6) Many people are overweight just because they are born overweight.					

**Part 3: In this part, it is asked how much you agree with some policies and intervention issues.**

27. Mark how much you agree with the "policy" and "intervention" issues given below.

	Strongly Disagree	Agree	Uncertain	Disagree	Strongly Agree
1) Food labeling in restaurants must be mandatory (Labeling: Writing the ingredients of the food)					
2) Food labeling at schools must be mandatory					
3) A law must be enacted to have pavements and safe walking paths included when constructing new residential areas and trade centers to support the physical activity					
4) Carbonated beverages and junk food ads targeting children must be banned					
5) Carbonated beverages and junk food marketing ads must be banned					
6) Carbonated beverages and junk food ads targeting children must be regulated/limited					
7) Carbonated beverages and junk food marketing ads must be regulated/limited					
8) Carbonated drinks must be banned from schools					
9) Vending machines (selling junk food) must be banned from schools					
10) Nutrition standards for lunches must be established and must be mandatory at schools					
11) Physical training course must be initiated and must be mandatory at schools					
12) Taxes must be applied to junk food					
13) Taxes must be applied to carbonated drinks					
14) Incentives must be provided to reduce the prices of fresh vegetables and fruits					



	Strongly Disagree	Agree	Uncertain	Disagree	Strongly Agree
15) Carbonated drinks must be kept away from workplaces					
16) Fast food must be kept away from workplaces					
17) Food calories must be labeled on the front face of the packs					
18) Public transportation must be extended / improved					
19) Bike lanes must be extended / improved to encourage people for using bicycles.					

**Part 4: This part contains questions about your attitudes and behaviors on how you feed your child. This is not an evaluation, questions do not have a true or false answer**

28. Please read the following questions carefully and then mark the answer that best fits you.

	Never	Rarely	half-and-half	Usually	Always
1) When your child is at home, how often do you feel yourself responsible for feeding him/her?					
2) While deciding the portion size of what your child eats, how often do you see yourself responsible?					
3) While deciding whether your child consumes healthy food or not, how often do you feel yourself responsible?					

29. Please read the questions below carefully and then mark the answer best fits you.

	Not concerned	Not very concerned	Concerned	Somewhat concerned	Very concerned
1) When your child is not with you, how much are you concerned of his/her over-eating?					
2) How much are you concerned about your child's diet to make him/her keep his/her ideal weight?					
3) How much are you concerned about your child's gaining weight?					

30. Please read the following options carefully and then mark the box that best fits your opinion for each option.

	Strongly disagree	Partially disagree	Neutral	Partially agree	Strongly agree
1) I have to make sure that my child doesn't eat too much sweets (candy, ice cream, cake, etc.).					
2) I have to make sure that my child doesn't eat super-fatty foods.					
3) I have to make sure that my child doesn't over-eat the foods that he/she likes the most.					
4) I intentionally keep some foods out of the reach of my child.					

	Strongly disagree	Partially disagree	Uncertain	Partially agree	Strongly agree
5) I give sweets (candy, ice cream, cake, etc.) as a reward to my child when he/she shows a good behavior.					
6) I offer my child her favorite foods when she/he shows a good behavior.					
7) If I don't organize my child's diet or direct him/her, my child would eat a lot of junk food.					
8) If I don't organize my child's diet or direct him/her, my child would over-eat his/her favorite foods.					
9) My child always has to finish all the food in his/her plate.					
10) I particularly have to be careful to make sure that my child eats enough.					
11) I insist my child to eat even when he/she says she/he is not hungry.					
12) If I don't organize my child's diet or direct him/her, my child would eat less than he/she needs.					

31. Please read the following questions carefully and then mark the answer that best fits you.

	Never	Rarely	Sometimes	Usually	Always
1) How often do you follow up the sweets (candy, ice cream, cake, etc.) your child consumes?					
2) How often do you follow up the snacks (chips etc.) your child consumes?					
3) How often do you follow up the super-fatty foods your child consumes?					

**Part 5: This part asks questions about your attitudes and behaviors on your diet. This is not an evaluation, questions do not have a true or false answer.**

32. How much you trust yourself that you can encourage yourself to do the following conditions insistently for at least 6 months? Please rank yourself.

	I can't do (1)	(2)	Maybe, I can do (3)	(4)	I can absolutely do (5)	Not for me (0)
1) Not to give up eating low-fat and low-salty foods when you are depressed, under stress or nervous.						
2) Not to give up eating low-fat and low-salty foods when you are invited to an event having lots of super-fatty and super-salty foods.						
3) Not to give up eating low-fat and low-salty foods when you are having dinner with your friends or workmates.						
4) Not to give up eating low-fat and low-salty foods even when the only option for snack-time is the vending machine.						
5) Not to give up eating low-fat and low-salty foods when you are alone or no one is watching you.						
6) I eat little at nights.						
7) I cook less for not having leftover food.						
8) I have the main course at lunch instead of dinner.						
9) I eat smaller portions at an event.						
10) I eat salad at lunch.						
11) I add less salt than what it writes in the recipes.						
12) I eat unsalted chips, crackers and dried nuts.						
13) I avoid bringing salt to the table.						
14) I don't keep a salt cellar on the kitchen table.						
15) I eat unsalted and non-fat pop corn.						
16) I start the dinner with vegetable (no meat) meals.						
17) I replace the whole milk with low-fat or non-fat milk.						
18) I give up creamy sauces and dressings.						

	I can't do (1)	(2)	Maybe, I can do (3)	(4)	I can absolutely do (5)	Not for me (0)
19) I prefer chicken and fish instead of red meat for dinner.						
20) I don't order red meat at a restaurant.						
21) Not to give up eating low-fat and low-salty foods even when you feel too lazy to prepare something healthy.						
22) Not to give up eating low-fat and low-salty foods even when you have guests staying in your house						
23) Not to give up eating low-fat and low-salty foods even when you are offered super-fatty and super-salty foods at an event.						
24) Not to give up eating low-fat and low-salty foods even when someone eats super-fatty and super-salty foods in front of you.						
25) Not to give up eating low-fat and low-salty foods when you have to eat in a hurry.						
26) To eat fruits instead of cookies, candy, cake or ice cream as dessert.						

**Part 6: Some conditions that may prevent you from eating healthy are listed in this part.**

33. Please specify whether you believe in the trueness of the following conditions. Mark the box that that best fits you.

	Not true	Partially true	True
1) If I served the meals with low-fat sauces, no one in my family would eat them.			
2) Low-fat margarine or similar products aren't consumed in my house.			
3) If I served the salads with low-fat dressings, no one in my family would eat them.			
4) Low-fat cheese isn't consumed in my house.			
5) If I served low-fat desserts, no one in my family would eat them.			
6) Low-fat snacks like crackers or baked chips aren't consumed in my house.			
7) No one in my family drinks low-fat milk.			
8) If I served boiled potatoes instead of fried potatoes, no one in my family would eat them.			
9) No one in my family drinks non-fat milk.			
10) When I serve vegetable and fruits, my family makes waste a lot.			
11) It seems that nothing that I do makes my children eat more <b>vegetable</b> .			
12) It seems that nothing that I do makes my children eat more <b>fruits</b> .			
13) None of the meals my family likes includes fruit and vegetable.			
14) If I put more vegetable and fruit in meals, no one in my family would eat them.			
15) If I served fruit desserts, no one in my family would eat them.			
16) No one in my family eats fresh fruits.			
17) I have no time to prepare vegetable meals.			
18) If I served water instead of carbonated drinks, no one in my family would drink it.			

**Part 7: In this part, it is asked questions about the attitudes and behaviors on physical activities. This is not an evaluation, questions do not have a true or false answer**

34. How much you trust yourself that you can encourage yourself to do the following conditions insistently for at least 6 months? Please rank yourself.

	I can't do (1)	(2)	Maybe, I can do (3)	(4)	I can absolutely do (5)	Not for me (0)
1) Not to give up exercise program even when your family asks you to spend more time with them						
2) Not to give up exercise program even when you have errands to run						
3) Not to give up exercise program even when you have too much work at your job.						
4) Not to give up exercise program even when you have social responsibilities taking so much time						
5) To read or work less for exercising more						
6) To get up early for exercising even at the weekends						
7) To get up earlier for exercising						
8) Not to give up exercise program even after a long and tiring work day						
9) To exercise even if your mood is down.						
10) To spare time for the physical activity program; which means walking, running, swimming, cycling or doing other continuous activities at least 30 minutes three days a week						
11) Not to give up exercising even if others are too fast or too slow compared to you						
12) Not giving up exercise program when a stressful life event occurs (for example: divorce, death)						

**Part 8: Some conditions that may prevent you from doing physical activity are listed in this part**

35. Please rank the articles below on how much they prevent you from performing physical activity.  
Mark the box near each condition which best fits you.

	Not preventing (1)	(2)	Partially preventing (3)	(4)	Preventing too much (5)
1) Cost					
2) Weather condition					
3) Safety					
4) Environmental pollution					
5) Failure to access facilities/ resources					
6) No walking trails					
7) Age					
8) Injury or disability					
9) Tiredness					
10) No time to spare					
11) Work-related reasons					
12) Family-related reasons					
13) Other priorities					



**9th Part: Some beliefs are listed in this part. Please mark the option that best fits you.**

36. My physician believes that being overweight/obesity is a serious health problem.
1. Strongly disagree
  2. Disagree
  3. Uncertain
  4. Agree
  5. Strongly agree
37. I care about my physician's recommendations when the issue is health.
1. Strongly disagree
  2. Disagree
  3. Uncertain
  4. Agree
  5. Strongly agree
38. Most of my physicians are overweight/obese.
1. Very untrue
  2. Untrue
  3. I am uncertain
  4. True
  5. Very true
39. When the issue is health, how important is it for you to be like your physicians?
1. Not important
  2. Merely important
  3. I am uncertain
  4. Partially important
  5. Very important
40. My friends believe that being overweight/obesity is a serious health problem.
1. Strongly disagree
  2. Disagree
  3. I am uncertain
  4. Agree
  5. Strongly agree
41. I care about my friends' recommendations when the issue is health.
1. Strongly disagree
  2. Disagree
  3. I am uncertain
  4. Agree
  5. Strongly agree
42. Most of my friends are overweight/obese.
1. Very untrue
  2. untrue
  3. I am uncertain
  4. True
  5. Very true

43. When the issue is health, how important is it for you to be like your friends?
1. Not important
  2. Merely important
  3. I am uncertain
  4. Partially important
  5. Very important
44. My family believes that being overweight/obesity is a serious health problem.
1. Strongly disagree
  2. Disagree
  3. I am uncertain
  4. Agree
  5. Strongly agree
45. I care about my family's recommendations when the issue is health.
1. Strongly disagree
  2. Disagree
  3. I am uncertain
  4. Agree
  5. Strongly agree
46. Most of my family members are overweight/obese.
1. Very untrue
  2. Untrue
  3. I am uncertain
  4. True
  5. Very true
47. When the issue is health, how important is it for you as to be your family?
1. Not important
  2. Merely important
  3. I am uncertain
  4. Partially important
  5. Very important

**Part 10: Some conditions are listed in this part. Please mark the option that best fits you.**

48. Specify how often you agree with the following conditions. Please mark the option that best fits you for each condition.

	Never	Rarely	Sometimes	Often	Always
1) I like my appearance in the photos.					
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 would help me in finding 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 look.					
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 quite happy with my appearance.					
16) I feel that I have the appropriate weight for my length.					
17) I am embarrassed of my appearance.					
18) Getting on scale upsets me.					
19) My weight makes me unhappy.					
20) My appearance makes me anxious.					
21) I think I have a good body.					
22) I look as good as I want.					

**Part 11: This part contains some questions about your child. Mark the option that best fits you.**

49. How does your child **GENERALLY** go to school?

- 1) By school bus.
- 2) By bus (public transportation)
- 3) By car
- 4) By bike.
- 5) On foot.
- 6) Other (Please Specify): .....

50. How does your child **GENERALLY** come home from school?

- 1) By school bus.
- 2) By bus (public transportation)
- 3) By car
- 4) By bike.
- 5) On foot.
- 6) Other (Please Specify): .....

51. Do you think the roads are safe for your child to walk or ride a bike to the school?

- 1) Yes, safe
- 2) No, not safe

52. What is the APPROXIMATE distance from your child's school to your house?

- 1) Less than 1 kilometer
- 2) 1-2 kilometers
- 3) 3-4 kilometers
- 4) 5-6 kilometers
- 5) More than 6 kilometers

53. Is your child a member of any sports or dance club (for example; football, basketball, tennis, swimming, gymnastics, ballet, folk dances, fitness, ice skating, skiing, jogging, etc.)?

- 1) Yes (please go to next question.)
- 2) No (please go to Question 55).

54. How many times **A WEEK** does your child **GENERALLY** go to a sports or dance club?

- 1) Never
- 2) Once a week
- 3) 2 times a week
- 4) 3 times a week
- 5) 4 times a week
- 6) 5 times a week
- 7) 6 times a week
- 8) 7 times a week (every day)

55. How many hours does your child generally sleep a day? (Write the hour and minute of his/her sleep amount for the whole day in the space given below. For example: If he/she sleeps 7,5 hours, write 07 in hour space and 30 in minute space)

Hour:..... Minute: .....

56. **GENERALLY**, how many hours a day does your child play games in his/her free times **DURING WEEKDAYS**? (Outside, at home or somewhere else)
- 1) Never
  - 2) Less than 1 hour every day
  - 3) About 1 hour every day
  - 4) About 2 hours every day
  - 5) About 3 hours or more every day
57. How many hours does your child play games in his/her free times **AT THE WEEKENDS**? (Outside, at home or somewhere else)
- 1) Never
  - 2) Less than 1 hour every day
  - 3) About 1 hour every day
  - 4) About 2 hour every day
  - 5) About 3 hours or more every day
58. How many hours does your child spend to do his/her homework and/or read a book in his/her free times **DURING WEEKDAYS**?
- 1) Never
  - 2) Less than 1 hour every day
  - 3) About 1 hour every day
  - 4) About 2 hour every day
  - 5) About 3 hours or more every day
59. How many hours does your child spend to do his/her homework or read a book in his/her free times **AT THE WEEKENDS**?
- 1) Never
  - 2) Less than 1 hour every day
  - 3) About 1 hour every day
  - 4) About 2 hour every day
  - 5) About 3 hours every day or more
60. Do you have a computer/tablet at home?
- 1) Yes, we have
  - 2) No, we don't
61. How many hours does your child spend playing games on the computer/tablet at home or out of home in his/her free times **ON WEEKDAYS**?
- 1) Never
  - 2) Less than 1 hour every day
  - 3) About 1 hour every day
  - 4) About 2 hour every day
  - 5) About 3 hours or more every day
62. How many hours does your child spend playing games on the computer/tablet at home or out of home in his/her free times **ON WEEKENDS**?
- 1) Never
  - 2) Less than 1 hour every day
  - 3) About 1 hour every day
  - 4) About 2 hour every day
  - 5) About 3 hours every day or more

**Part 12: This part contains questions about the general life style you have with your family.**

63. Does your family have a car, van or truck?

- 1) No
- 2) Yes, one
- 3) Yes, two or more

64. Do you have your own bedroom?

- 1) Yes
- 2) No

65. Does your child have his/her own bedroom?

- 1) Yes
- 2) No

66. How many times did you travel or go to vacation with your family in the last one year?

- 1) Never
- 2) Once
- 3) Twice
- 4) More than twice

67. Do you have internet connection in your house?

- 1) Yes
- 2) No

68. How many computers (including game console, PC and laptop) does your family have?

- 1) None
- 2) One
- 3) Two
- 4) More than two

69. What type of heating you have in your house?

- 1) Central heating, boiler
- 2) Other fixed heating (for example: stove, fireplace)
- 3) Portable heating (for example: fan or electrical heating, etc.)

70. Do you have one or more of the following in your house? Please mark the section that best fits.

	Yes	No
Flowing water (piped)		
Hot water (piped)		
Air conditioning		
Double glass on the windows		
Theft alarm		

71. Do you have bathroom or shower in your house?

- 1) Yes, for the private use of our family
- 2) Yes, shared with other families
- 3) No

72. Do you have toilet inside your house?

- 1) Yes, for the private use of our family
- 2) Yes, shared with other families
- 3) No

***Thank you for answering...***