# **QUESTIONNAIRE**

This is a Questionnaire for Physical Activity, Dietary Habits, and Nutritional Status of Adolescents in Secondary Schools in Sabon-Gari LGA, Kaduna.

Dear respondents, I am **BAKARE TAOFEEK O**. A final year medical student of Ahmadu Bello University, Zaria researching on the topic “Physical Activity, Dietary Habits, and Nutritional Status of Adolescents in Secondary Schools in Sabon-Gari LGA, Kaduna.” I assure you of privacy and confidentiality as all information obtained will be used for this study only. Your name is not required, meanwhile, your consent will be required before proceeding with filling out the questionnaire.

Do you consent to participate in this research? ○ Yes or ○ No

INSTRUCTIONS:

1. Do not tick more than one option per question except when stated.
2. Answer based on your knowledge.

## SECTION A: SOCIODEMOGRAPHIC INFORMATION

1. What is your age as at last Birthday (in years)?
2. Gender: ○ Male ○ Female
3. Tribe: ○ Yoruba ○ Hausa ○ Igbo ○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Religion: ○ Islam ○ Christianity ○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
5. School Type: ○ Public ○ Private
6. What class are you in? ○ JSS1 ○ JSS2 ○ JSS3 ○ SSS1 ○ SSS2 ○ SSS3
7. Father’s Occupation

○ Civil Servant

○ Business/Artisan

○ Farmer

○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Mother’s Occupation

○ Civil Servant

○ Business/Artisan

○ Farmer

○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which vehicle do your parents/guardians own?

○ None

○ Bicycle/motorcycle

○ One car

○ More than one vehicle

1. Which of the following home appliances do your parent(s)/guardians have at home? You can choose more than one answer.

☐ Radio

☐ Computer

☐ Television

☐ Fridge/Freezer

☐ Electric Fan

1. Is the house you live in owned by your parents or guardian? ○ Yes ○ No
2. Do you have electricity or generator in your house? ○ Yes ○ No
3. How many people do you sleep with in the same room? \_\_\_\_\_\_\_\_\_\_
4. Which of the following best describes the house where you live?

○ Mud/bamboo/wood house with thatch roofing

○ Mud/bamboo/wood house with sheet roofing

○ Uncemented block house

○ Block house cemented and painted

1. Where do you get water?

○ Distant surface water (stream/river)

○ Community well/borehole

○ Private well

○ Piped water in house

## SECTION B: PHYSICAL ACTIVITY

The following questions are about physical activity. Think about the past week (seven days). Please indicate how many days in this week you performed the following activities per day.

1. **COMMUTING ACTIVITIES (TO AND FROM SCHOOL)**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Did you do this activity? | If yes, how many days? | If yes, average time per day |
| 1. Walking to/from school | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Bicycling to/from school | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Public transport, car or motorcycle, school bus to/from and school | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |

1. **ACTIVITIES AT SCHOOL**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Did you do this activity? | If yes, how many days? | If yes, average time per day |
| 1. Light work   E.g. sitting/standing with some walking, writing/copying notes during classes | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Moderate work   E.g. work with regular walking (the stairs), carrying light objects, sweeping/cleaning. | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Intense work   E.g. walking (the stairs) carrying heavy objects like a heavy schoolbag, cutting grass. | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. I haven't engaged in any physical activity at school in the past 7 days | ○ Yes ○ No |  |  |

1. **HOUSEHOLD ACTIVITIES (IN AND AROUND THE HOUSE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Did you do this activity? | If yes, how many days? | If yes, average time per day |
| 1. Light household work   E.g. cooking, washing dishes, making the bed, tidying the room. | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Moderate household **work**   E.g. cleaning, walking/carrying light objects, sweeping | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Intense household work   E.g. Fetching water and walking/carrying heavy loads, going to farm | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. I haven't engaged in any physical activity at school in the past 7 days | ○ Yes ○ No |  |  |

1. **LEISURE TIME ACTIVITIES (EXCLUDING PREVIOUSLYMENTIONED ACTIVITIES)**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Did you do this activity? | If yes, how many days? | If yes, average time per day |
| 1. Walking   E.g. to/from the market, errands, church, mosque cinema | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Bicycling   E.g. to/from the market, errands, sports club, cinema | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Watching Television | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Using Computer   E.g. surfing the internet, using a tablet or smartphone, playing computer games | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |
| 1. Reading/Doing homework | ○ Yes ○ No | [1-7] days | [\_] hours, [\_] minutes |

1. **ACTIVE SPORTS**

Please list up to 3 sports you performed in the last week, starting with the most active. Do not include activities already mentioned.

|  |  |
| --- | --- |
| 1. Did you perform any active sports in the last 7 days | ○ Yes ○ No |

If yes, please provide details:

|  |  |  |
| --- | --- | --- |
| Sport | Days per week | Average time per day |
| 1. Sport 1: [\_\_\_\_\_\_] | [1-7] days | [\_] hours, [\_] minutes |
| 1. Sport 1: [\_\_\_\_\_\_] | [1-7] days | [\_] hours, [\_] minutes |
| 1. Sport 1: [\_\_\_\_\_\_] | [1-7] days | [\_] hours, [\_] minutes |

## SECTION C: DIETARY HABITS

The following questions are about dietary habits. Think about the past week (seven days). Please indicate how many days in this week you ate foods in each of this group. Never (0 days)

1. Eating Breakfast:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

1. Cereals, Roots, and Tubers:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

1. Vegetables, Legumes, and Fruits:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

1. Meat, Poultry, Fish, and Organ Meat:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

1. Eggs:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

1. Fats and Oils:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

1. Snacks, Soft Drinks, and Sweets:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

1. Beverages and Dairy Products:

○ Never (0 days)

○ Rarely (1-2 days)

○ Often (3-6 days)

○ Daily (7 days)

**DAILY FOOD FREQUENCY (SKIP LOGIC)**

1. For food groups consumed at least once per week, on days when you consume this food group, how many times do you typically consume it?

[Food Group Name]:

○ Once per day

○ Twice per day

○ Three or more times per day

## SECTION D: ANTHROPOMETRY

1. Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Height: \_\_\_\_\_\_\_\_\_\_\_\_\_