

APPENDIX -IX

Knowledge Attitude and Practices Questionnaire for children

Healthy eating and dietary habits

- [illegible]

15. During the past 7 days, how often did you eat breakfast before you left for school ?

- 1) Less than 2 days 2) 2-4 days 3) More than 4 days 4) 7 days

(If the option you have selected is "4", then do not attempt the next question)

16. If you skip your breakfast, mention the reason for it?

- 1) I do not have time for breakfast 2) I cannot eat early in the morning
3) There is not always food in my home 4) Some other reason

17. What do you usually consume for breakfast?

- 1) Pohe 2) Upma 3) Idli 4) Dosa
5) paratha 6) Bread 7) Cornflakes 8) Daliya
9) Egg 10) Milk 11) Fruits 12) Biscuits
13) Maggi 14) pasta 15) Any other (Please specify)

18. Do you generally eat after going home from school?

Yes / no

19. If yes, what do you generally eat?

- 1) Bread 2) pastries 3) biscuits 4) Chiwda
5) farsan 6) Milk 7) Soft drinks 8) pohe
9) upma 10) fruits 11) Lunch 12) Any other (please specify)

20. If lunch, what do you have?

- 1) Chapatti 2) Phulka 3) bhakri 4) paratha
5) Rice 6) Usals 7) Dals 8) Salads
9) Chicken 10) Meat 11) Fish 12) Sweets
13) vegetables 14) Any other (please specify)

21. When you are very hungry, what do you normally eat at home?

22. How many meals did you have yesterday?

Breakfast		Midmorning		Lunch	
Evening		Dinner		Bed time	

23. Since last year, were you taught in any of your classes the benefits of eating more fruits and vegetables?

- 1) Yes 2) No

24. If yes, how many times have you been taught in school about the benefits of eating more fruits and vegetables?

- 1) Never 2) Once 3) Twice 4) Three or more class lessons

5) Any other (specify) _____

25. What was taught about eating fruits and vegetables in school?

26. How many servings of fruits should you have in a day?

27. Define one serving of fruit?

28. In what form do you consume fruits?

1) Whole fruits peeled

2) Whole fruits unpeeled

3) Fruit juice

4) Do not consume

29. Reasons for not consuming fruits?

1. I do not have time

2. There is not always fruit in my home

3. I don't like fruits

4. Some other reason

30. Since yesterday at this time, how many glasses of water did you drink?

1 glass=200ml

31. If you were given a chance to choose your food, which ones from the following would you select? (please select one food from each group of foods)

Group A

Potato

Green leafy vegetables

Cauliflower

Group B

Chips

Pohe

Biscuits

Group C

Pastries

Ladoos

Fruit salad

32. Do you add extra salt to the food at the dining table?

1. Yes

2. No

33. What accessories do you consume with your meals?

1) Curd

2) Chutney

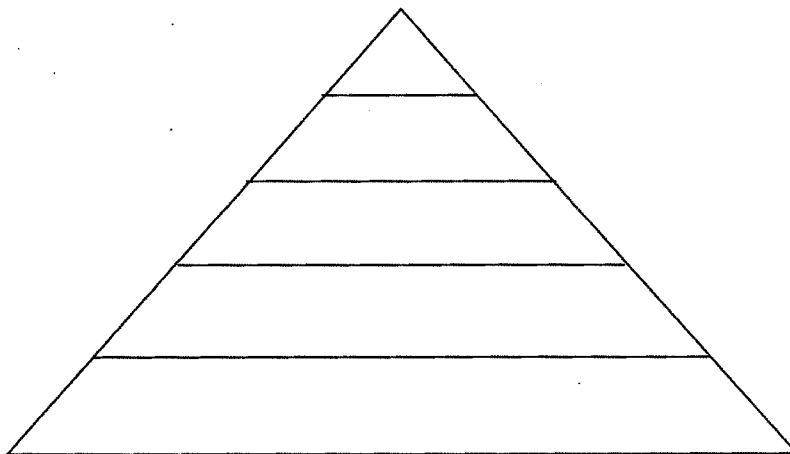
3) Papad

4) Pickles

5) Jams/ Murabbas

6) Any other

34. Fill in the food pyramid given below. The foods that you can consume in maximum amount should come at the bottom, and those to be had in the least amount should be at the top of the pyramid.



Fast-food and soft-drink intake

35. Do you think soft drinks can impart any health benefit to you? Explain

1. Yes 2.No

36. Do you think fast foods can impart any health benefit to you? Explain

1. Yes 2.No

37. How many times in a week do you eat out? Actual _____

- 1) Less than once a week 2) Once a week 3) 2-3 times a week or more

38. In the past 7 days how often have you eaten out (outside your home) with your Family/friends?

- 1) 0 days 2) 1 day 3) 2 days 4) 3 days
5) 4 days 6) 5 days 7) 6 days 8) 7 days

39. When you go out to eat, what are the foods that you like to have? (Name at least three foods)

40. Do you get any pocket money?

1. Yes 2.No

41. If yes, mention the average amount you get per week?

42. How much of it do you spend on food?

43. What kind of food do you purchase?

44. What do you purchase from street vendor/ shop outside the school?

- 1) Biscuits and confectionaries 2) Fried foods
3) Cold drink 4) Fruits
5) Bakery items (puff, biscuits, cream rolls etc. 6) wafers/ fryums
7) any other

Food consumption pattern in the school

45. Mention what you usually eat during your recess?

1. I get my own packed lunch from home
2. I consume MDM provided by school
3. I buy food from outside (street)
4. All of the above
5. I go home for having lunch 6. None

46. Do you carry your lunch to the school?

1. Yes 2. No

47. What do you usually carry for lunch?

48. During the past 7 days, how often did you bring your lunch to school?

- | | | | |
|-----------|-----------|-----------|-----------|
| 1) 0 days | 2) 1 day | 3) 2 days | 4) 3 days |
| 5) 4 days | 6) 5 days | 7) 6 days | 8) 7 days |

49. Mention the average amount of money you spend on food in school per week?

50. Does your teacher check or evaluate the Tiffin that you carry?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

Oral Health.

51. I brush my teeth (tick the appropriate answer)

- | | |
|---------------|----------------|
| 1. Once a day | 2. Twice a day |
|---------------|----------------|

52. Do you have cavities in your teeth?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

If yes how many cavities do you have? _____

Physical activity and T.V watching.

53. What time do you get up every day? _____

54. What time do you go to sleep? _____

55. Do you think it is important for you to be physically active?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

56. What is the minimum level of physical activity that you should undertake in your view?

- | | | |
|--------------------------------|----------------------|-----------|
| 1. Should not undertake at all | 2. ½ hour | 3. 1 hour |
| 4. 1-2 hours | 5. More than 2 hours | |

57. How much time on an average do you undertake physical activity in a week?

- | | |
|--------------|----------------------|
| 1. ½ hour | 2. 1 hour |
| 3. 1-2 hours | 4. More than 2 hours |

58. What type of physical activity do you undertake?

59. Do you get involved in any kind of physical activity / games during leisure or free time in school?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

60. Does prolonged T.V viewing can have an effect on your growth and development?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

If yes, what?

61. Since last year, how many times have you been taught in school to do physical activity or exercise at Home?

1. Never
2. Once
3. Twice
4. Three or more class lessons

62. Since yesterday at this time, how many minutes of physical activity did you do at home?

63. How do you pass your leisure time?

Sr. no.	Activity	Frequency				Duration
		Daily	Weekly	Sometimes	Never	
1	TV viewing					
2	Video games					
3	Computer games					
4	Listening to music					
5	Dance					
6	Karate					
7	Reading					
8	Swimming					
9	Conversing with friends on phone					
10	Cricket					
11	Others specify					

Physical education

64. According to you what is physical education?

65. According to you is physical education important?

1. Yes
2. No

66. Do teachers teach you about any physical education?

1. Yes
2. No

67. Since last year, on how many days did you go to physical education class each week?

1. 0 days
2. 1 day
3. 2 days
4. 3 days
5. 4 days
6. 5 or more days

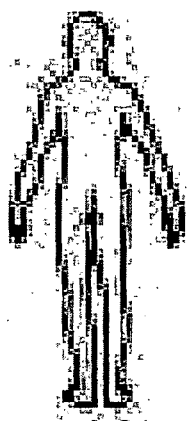
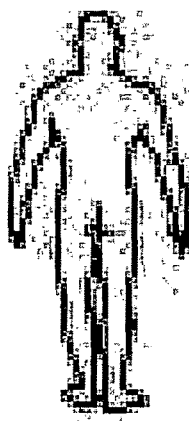
Physical activity and Behavioural pattern

68. How long does it take for you to reach school from your house?

1. < 5 mins 2. 5 – 15 mins 3. 15 – 30 mins 4. 30 mins & more
69. What is your mode of transportation to and from school?
1. Walking 2. Bicycle
3. Public transport / school transport 4. Own Automated vehicle
70. During the past 7 days, on how many days did you walk or ride a bicycle to and from school?
1. 0 days 2. 1 day 3. 2 days 4. 3 days
5. 4 days 6. 5 days 7. 6 days 8. 7 days
71. What according to you is appropriate weight?
72. How important is it for you to have appropriate weight?
1. Not At All Important 2. Slightly Important
3. Moderately Important 4. Very Important
5. Extremely Important
73. How long should you exercise daily in order to stay healthy? _____
74. Do you tire easily after playing for 5-10 minutes?
1. Yes 2. No
75. Do you avoid playing with your friends because you cannot keep up with them?
1. Yes 2. No
76. Do you feel tired after walking up the stairs?
1. Yes 2. No
77. I Fall ill
1. Often 2. Sometimes 3. Rarely

Self- Perception

78. What do you think you look like?


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