

Health promotion for healthy diet and physical activity and its impact on cardiovascular health: A community-based trial among young mothers in a semi-urban community of Nepal

Questionnaire (baseline survey)

I. Basic information

SN	Question	Answer	Code
1	Serial Number of the respondent		
2	Village	1. Duwakot 2. Jhaukhel	
3	Ward no.		
4	Street/Tole		
5	House no		
6	Phone number		
7	Name of the head of household		
8	Husband's name		
9	How many persons (adults and children) live permanently (6 months or more) in your household?	_ _ persons	
10	How many children aged less than 15 years (including responding child live permanently in your household?)	_ _ children	

II. Demographic information

A. Respondent's (mother's) information

Now I am going to ask you some information about yourself.

SN	Question	Answer	Code
11	Name of the respondent		
12	What is your year of birth?		
13	Relation to the head of household	1. Head 2. Wife <input type="checkbox"/> 3. Mother-in-law 4. Mother 5. Daughter-in-law 6. Other (specify) _____	
14	What is your religion?	1. Hindu 2. Buddhism <input type="checkbox"/> 3. Christian 4. Islam 5. Others (Specify) _____	
15	What is your ethnicity?	1. Newar 2. Hill Brahmin 3. Chhetri 4. Tamang <input type="checkbox"/> 5. Dalit 6. Thakuri 7. Magar 8. Rai 9. Others(Specify)_____	
16	What is the highest level of education you have completed?	1. Cannot read and write 2. No formal schooling but can read and write 3. Less than primary school (<1 class) <input type="checkbox"/> 4. Primary school (class 3) completed 5. Secondary school (class 10) completed 6. High school (certificate /+2) completed 7. Graduation(bachelor) completed 8. Post graduate (masters) degree 9. PhD level	
17	What is your main occupation?	1. Agriculture 2. Government employee 3. Labor <input type="checkbox"/> 4. Student 5. Own business/sale 6. Housewife	

		7. Private company Others (specify)_____	
18	Do you work now?	1. Yes i. How long you are stay outside home every day(except weekend)?_____ hours 2. No	
19	What is your marital status?	1. Married 2. Separated <input type="checkbox"/> 3. Divorced 4. Widow 5. Unmarried	
20	What type of family do you have?	1. Nuclear <input type="checkbox"/> 2. Joint	
21	During the previous year, what was the household's average month income?	_____ NRs	
22	What is your husband's main occupation?	1. Agriculture 2. Government employee 3. Labor <input type="checkbox"/> 4. Student 5. Own business/sale 6. Private company 7. Retired 8. Others (specify)_____	

B. Children's information

Now I am going to ask you some information about your children.

SN	Question	Answer	Code
23	How many children aged 1 to 7 do you have? (Write number in the square)	<input type="text"/>	
24	Children information		

	(aged 1-7 yr)	1. 1.1.Name _____ 1.2. Year and month of birth _____ 1.3. Sex _____ 1.4. Class completed _____ 2. 2.1. Name _____ 2.2. Year and month of birth _____ 2.3. Sex _____ 2.4. Class completed _____ 3. 3.1. Name _____ 3.2. Year and month of birth _____ 3.3. Sex _____ 3.4. Class completed _____	
25	Who does take care of your child most of the time? <i>(Do not read all options to the respondent. Ask question and wait for an answer. Put number in the bracket accordingly)</i>	1. Mother and father 2. Mother 3. Father 4. Grandparents 5. Other relatives 6. Caretaker 7. Others(specify) _____	<input type="checkbox"/>

III. Knowledge of the mother

A. Diet

I am going to ask you now some questions regarding food and your dietary habits.

SN	Question	Answer	Code
26	What do you consider to be a healthy dietary habit for you? (yes/ no response for each) <i>(Read each option to the</i>	1. Large quantity of food 2. Lot of fresh food 3. Large variety of food 4. Eating hygienic food	Answer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	<p><i>respondent and ask her to answer yes/no. Put “Y” and “N” according answer in the box)</i></p>	<p>irrespective of the content</p> <ol style="list-style-type: none"> 5. Eating main meals regularly and not snacking in between 6. Less sugar/sugary foods 7. Lot of vegetables 8. Eating smaller portions 9. Using less fat in cooking 10. Lot of fruit/ fresh juice 	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
27	<p>I will give you some examples of food. What do you think is healthy food and what is not?</p> <p>(yes/ no response for each)</p> <p><i>(Read each option to the respondent and ask her to answer yes/no. Put “Y” and “N” according answer in the box)</i></p>	<p>Answer</p> <ol style="list-style-type: none"> 1. Salad 2. All food which is available 3. Deep fried vegetables 4. Sausage, hamburgers, pizza 5. Sweetened soft drinks (Fanta, coca-cola, pepsi etc) 6. Fruits 7. Doughnuts, cookies, candies 8. Jam, Desserts 9. Chips, kurkure 10. Rice, vegetables, dal 11. Meat thukpa 12. Wai-wai soup 13. Roti, vegetables 14. <i>Chiura</i> 15. Traditional sweets (Sel, malpwa, jerry, etc) 	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
28	<p>I will mention some disease now. Do you think developing of these conditions is associated with</p>	<p>Answer</p> <ol style="list-style-type: none"> 1. Bad teeth 2. Injuries 3. Diabetes 	<p>Score</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

	<p>unhealthy diet? Answer “Yes” or “No” for each condition.</p> <p>Do you know health risk associated with unhealthy food?</p> <p>(Yes/No response for each)</p> <p><i>(Read each option to the respondent and ask her to answer yes/no. Put “Y” and “N” according answer in the box)</i></p>	<p>4. Leprosy</p> <p>5. Heart diseases</p> <p>6. High blood pressure</p> <p>7. Rabies</p> <p>8. Malaria</p> <p>9. HIV/AIDS</p> <p>10. Cancer</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
29	<p>Do you think that food we eat affect our heart?</p> <p><i>(Ask question and wait for answer. If it is difficult for respondent to respond read the given options)</i></p>	<p>1. Yes</p> <p>2. No</p> <p>3. Have not thought about it</p> <p>4. I don’t care</p> <p>5. I don’t know</p> <p>6. Others (specify)_____</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div>	
30	<p>What is junk food?</p> <p><i>(Ask respondent to give any 3 statements regarding junk food. It maybe food examples or some characteristic)</i></p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>_____</p>	
31	<p>Do you think your family consumes healthy food at home?</p>	<p>1. Very healthy</p> <p>2. Quite healthy</p> <p>3. Not very healthy</p> <p>4. Very unhealthy</p> <p>5. Don’t know</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div>	

32. Healthy diet should contain:

I am going to ask your opinion regarding role of different food components for health. What amount (high or low) of each component should be present in healthy diet?

Items	A. High content	B. Low content	C. Amount is not important for health	D. Don't know	Code
32.1 Salt					
32.2 Sugar					
32.3 Grain foods					
32.4 Fruits					
32.5 Vegetables					
32.6 Fat					

B. Physical activity

Now I am going to ask you what you know about physical activity.

SN	Question	Answer	Code
33	<p>What is the role of physical activity for health?</p> <p><i>Ask respondent to give any for statements according her understanding.</i></p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	
34	<p>What are the effects of physical activity on our health?</p> <p>(Yes/No response for each)</p> <p><i>(Read each option to the respondent and ask her to answer yes/no. Put "Y" and "N" according answer in the box)</i></p>	<p>Answer</p> <p>1. Improve physical health</p> <p>2. Deteriorate our physical health</p> <p>3. Improve mental health</p> <p>4. Help fight with diseases</p> <p>5. Cause injuries</p> <p>6. Cause depression and frustration</p> <p>7. Bad for the heart</p> <p>8. Help us to look better</p>	

	9. Help avoid injuries	
	10. Nothing/none/no effect <i>(If answer is Yes, go to Q.35)</i>	<input type="checkbox"/>

35. What is the role of physical activity in the developing of the following diseases?

I will now give you examples of some diseases. Please tell me do you think physical activity is important in developing those diseases or not.

Put tick (√) in the appropriate box.

Condition	A. Important	B. Not important	C. Don't know	Code
35.1 Diabetes				
35.2 Cancer				
35.3 HIV/AIDS				
35.4 Gastritis				
35.5 Obesity				
35.6 Cataract				
35.7 High blood pressure				
35.8 Brain tumor				
35.9 Appendicitis				

IV. Attitude of mothers

A. Diet

36. I will read you some statements. Please, give your opinion regarding those statements. You are “strongly agree,” “agree,” “disagree”, “strongly disagree” or “neutral”.

Give your opinion regarding statements given below:

Put tick (√) in the appropriate box. The answer can be only one for each statement.

Statements	A. Strongly Agree	B. Agree	C. Disagree	D. Strongly disagree	E. Neutral	Code
36.1 Healthy food is important						
36.2 Healthy foods are enjoyable						

36.3	I really care about what I eat					
36.4	Healthy food is not tasty					
36.5	Healthy food is for sick people					
36.6	If you do enough exercise you can eat whatever you like					
36.7	If you don't have any symptoms you can eat whatever you like					
36.8	Tastiest foods are the ones that are bad for you					
36.9	I should do a lot more about me and my children's health					
36.10	I wouldn't let my children eat junk food					
36.11	I always think of the calories in what I eat					
36.12	Soft drinks are good in the summer					
36.13	I buy soft drinks for my child because they are good for health					
36.14	When I become ill it's a matter of fate.					
36.15	I can stay healthy by taking good care of myself.					

SN	Question	Answer	Code
37	<p>I will tell you different types of food one by one. Which food items out of them you consider to be tasty for you?</p> <p>(Yes/No response for each)</p> <p><i>(Read each option to the respondent and ask her to answer yes/no. Put "Y" and "N" according answer in the</i></p>	<p>Answer</p> <ol style="list-style-type: none"> 1. Deep fried vegetables 2. Sausage, pizza 3. Sweetened soft drinks (Fanta, coca-cola, pepsi) 4. Fruits 5. Doughnuts, cookies, candies 6. Jam, Deserts 7. Chips, kurkure 	

	<p>box)</p>	<p>8. Rice, vegetables, dal</p> <p>9. Meat thukpa <input type="checkbox"/></p> <p>10. Wai-wai <input type="checkbox"/></p> <p>11. Roti, vegetables <input type="checkbox"/></p> <p>12. Salad <input type="checkbox"/></p>	
38	<p>Where do you get your nutrition information?</p> <p>(Multiple answer question)</p> <p><i>(Ask question and wait for answer. If it is difficult for respondent to respond read the given options)</i></p>	<p>1. Own mother, mother in law, other relatives</p> <p>2. Friends, neighbors <input type="checkbox"/></p> <p>3. TV, newspapers</p> <p>4. Books</p> <p>5. Internet</p> <p>6. Others (specify)_____</p> <p>7. I don't have nutrition information</p> <p>8. Don't know</p>	
39	<p>If you feel you have inadequate knowledge regarding which food is good or bad for health would you try to find such information yourself?</p> <p><i>(Ask question and wait for answer. If it is difficult for respondent to respond read the given options)</i></p>	<p>1. Yes, I will ask someone who knows</p> <p>2. I will try to read it somewhere</p> <p>3. If the doctor hasn't told me anything it means it's not important <input type="checkbox"/></p> <p>4. No, I don't know where to search and whom to ask</p> <p>5. No, I can manage my food style without those knowledge</p> <p>6. Never thought about it before</p> <p>7. Others(specify)_____</p> <p>8. Don't know</p>	
40	<p>Do you want to improve your family's food pattern?</p> <p><i>(Circle the answer)</i></p>	<p>1. Yes</p> <p>i. If yes, why? _____</p> <p>_____</p> <p>ii. What changes would you like to make?</p> <p>_____</p> <p>_____</p> <p>2. No</p> <p>i. If no, why? _____</p>	

		3. Don't know	
41	<p>What difficulties might you have with eating more healthy food?</p> <p>(Multiple answer question)</p> <p><i>(Ask question and wait for answer. If it is difficult for respondent to respond read the given options)</i></p>	<ol style="list-style-type: none"> 1. No difficulty trying to eat healthier 2. Cooking skills 3. Don't know enough about healthy eating 4. Busy lifestyle <input type="checkbox"/> 5. Taste preferences of household members <input type="checkbox"/> 6. I don't want to give up foods that I like 7. Price of healthy foods 8. Lack of will power 9. Others (specify)_____ 10. Don't know 	
42	<p>Which factors could support you to eat more healthy food?</p> <p>(Multiple answer question)</p> <p><i>(Ask question and wait for answer. If it is difficult for respondent to respond read the given options)</i></p>	<ol style="list-style-type: none"> 1. Own ill health 2. Advice from a doctor or nurse 3. Disease or death of a close relative 4. More money/ healthier food being less expensive <input type="checkbox"/> 5. Better shops in the local area 6. Family members eating healthier food 7. Better information about food/ healthy eating 8. Nothing 9. Something else (specify)_____ 10. Don't know 	
43	<p>Do you want to change your child food pattern?</p> <p><i>(Circle the answer)</i></p>	<ol style="list-style-type: none"> 1. Yes i. If yes, why?_____ _____ iii. What changes would you like to make? _____ _____ 	

		2. No ii. If no, why? _____ _____	
44	Do you think that when children feel upset/bad mood, a favorite food will make them feel better?	1. Yes 2. No 3. Don't know	<input type="checkbox"/>
45	Do you think that if you love your child you should please him/her by buying favorite sweets?	1. Agree 2. Do not agree 3. Don't know	<input type="checkbox"/>
46	What do you think affects child's food choice? (Multiple answer question) <i>(Ask question and wait for answer. If it is difficult for respondent to respond read the given options)</i>	1. Family's food preferences 2. Mother's food preferences 3. Teaching in the school 4. Advertisement 5. Child's friends 6. Neighbors 7. Nothing is affecting 8. Others (specify) _____ 9. Don't know	<input type="checkbox"/>

47. Comment following statements:

I will read you some statements. Please, give your opinion regarding those statements. You are "agree," "moderately agree," moderately disagree", "disagree" or "neutral".

Put tick (√) in the appropriate box. The answer can be only one for each statement.

Statements	A. Agree	B Moderately agree	B. Moderately disagree	D- Disagree	E- Neutr al	Code
47.1 . Media food advertising assists parents in their efforts to feed their child a healthy and balanced diet.						

47.2. Media food advertising leads children and their parents to spend their money on unnecessary and sometimes even harmful food products.						
47.3. Media food advertising is largely responsible for the weight problems and bad teeth of many children.						

B. Physical activity

I am going to ask your opinion regarding physical activity.

48. Give your opinion regarding statements given below:

I will read you some statements. Please, give your opinion regarding those statements. You are “strongly agree”, “agree”, “disagree”, “strongly disagree” or “neutral”.

Put tick (✓) in the appropriate box. The answer can be only one for each statement.

Statements	A. Strongly Agree	B.- Agree	C Disagree	D Strongly disagree	E Neutral	Code
48.1 Physical activity is important for children’s health						
48.2 Overweight children are more attractive						
48.3 Overweight children are healthier						
48.4 I am enjoying physical activity						
48.5 Physical activity is not important for adults						
48.6 Low physical activity is linked to overweight and						

obesity						
48.7 I eat less hence I don't need to be physically active						
48.8 I don't want to do more physical activity because it increases my appetite and increase my weight						
48.9 After been diagnosed with heart disease one should restrict his/her physical activity						
48.10 Overweight people are more attractive						
48.11 The school has a responsibility for making sure my child gets enough exercise						
48.12. I restrict my child playing outside for safety reasons						
48.13. Parents have the main responsibility for making sure their child gets enough exercise						
48.14. Children's TV, electronic games and computer use should be restricted by their parents						

SN	Question	Answer	Code
49	<p>If you need to reach some place which is more than 20-30 min walking distance what would you prefer?</p> <p><i>(Ask question and wait for answer. If it is difficult for respondent to respond read the given options)</i></p>	<ol style="list-style-type: none"> 1. Cycling 2. Motorbike 3. Walking 4. Local bus 5. I will not go because it is too far 6. Others (Specify) _____ 7. Don't know 	<input type="checkbox"/>
50	How would you rate your physical activity status?	<ol style="list-style-type: none"> 1. Very physically active 2. Fairly physically active 3. Not very physically active 4. Not at all physically active 	<input type="checkbox"/>

		5. Don't know	
51	Why did you choose to be physically active?	1. To maintain good health 2. My regular duty 3. To get or feel fit 4. Others (specify) _____ 5. Nor physically active 6. Don't know	<input type="checkbox"/>
52	Do you want to change your physical activity?	1. Yes i. If yes, why? _____ _____ ii. What changes would you like to make? _____ _____ 2. No iii. If no, why? _____ _____ 3. Don't know	
53	What are barriers for you to participate in physical activity? (Multiple answer questions)	1. Lack of leisure time 2. Caring for children or older people 3. Lack of parks or other places for physical activity 4. Not feel the need to do more physical activity 5. Having other things to do 6. Own ill health 7. Feeling lazy 8. Feeling embarrassed in front of others 9. Others (specify) _____ 10. Don't know	<input type="checkbox"/>
54	What are the factors facilitating you to be physically active? (Multiple answer questions)	1. Own ill health 2. Advice from a doctor or nurse 3. Disease or death of a close relative 4. Support by friends, relatives 5. Better information regarding importance of physical activity 6. Availability of special places (parks, playgrounds etc.) 7. Nothing	<input type="checkbox"/>

		8. Something else (specify) _____ _____ 9. Don't know	
55	How would you rate your child's physical activity status?	1. Very physically active 2. Fairly physically active 3. Not very physically active 4. Not at all physically active 5. Don't know	<input type="checkbox"/>
56	Do you want to change your child's physical activity?	1. Yes i. If yes, why? _____ _____ ii. What changes would you like to make? _____ _____ 2. No i. If no, why? _____ _____ 3. Don't know	
57	What are barriers for your child to be physically active? (Multiple answer question)	1. Too much homework 2. Lack of place to play outside the house 3. No friends to play with 4. Too dangerous to let child to play outside 5. My child has no barriers 6. Others(specify) _____ 7. Don't know	<input type="checkbox"/>
58	What are the factors facilitating your child to be physically active? (Multiple answer question)	1. Physical activity is encouraged by parents 2. Availability of playgrounds outside 3. Parents and child spend time playing together 4. More free time 5. Friends 6. Load-shedding of electricity 7. Others (Specify) _____ 8. Don't know	<input type="checkbox"/>
59	Do you think you can influence	1. Yes	<input type="checkbox"/>

	your child's physical activity?	2. No 3. Don't know	
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III. Behavior of mothers and children

A. Family dietary pattern

SN	Question	Answer	Code
60	Who is usually cooking in your family?	1. Yourself 2. Husband <input type="checkbox"/> 3. Father in law 4. Mother in law 5. Servant 6. Others (specify) _____	
61	Who is making decision regarding way of cooking and what to cook?	1. Yourself 2. Husband 3. Father in law 4. Mother in law <input type="checkbox"/> 5. Servant 6. Children 7. Others (specify) _____	
62	How often is your family eating out together?	1. Every day 2. Every alternate day 3. Once a week 4. Once a month 5. Never 6. Others (specify) _____ 7. Don't know	
63	Do you eat differently during the weekend compared to the week?	1. Same food as on others days 2. Cooking something special <input type="checkbox"/> 3. Going eating to relative's, friend's house 4. Going out (café, pasal, restaurant) 5. Others (specify) _____ 6. Don't know	

64	Do you give your child the same food which you eat usually at home?	1. Yes 2. No <input type="checkbox"/> i.If No, why? _____ 3. Others (specify) _____ 4. Don't know	
65	Are sweetened soft drinks available at home during meals?	1. Yes, often or always 2. Sometimes <input type="checkbox"/> 3. No or seldom 4. Don't know	
66	Do you limit the amount of junk food at your home?	1. Don't know what junk food is 2. Try to keep healthy food at home but still have some unhealthy food <input type="checkbox"/> 3. Don't care which food to give to the family 4. Having only healthy food at home 5. Others (specify) _____ 6. Don't know	

B.Child's dietary pattern

SN	Question	Answer	Code
67	What does your child eat during school time?	1. Taking tiffin from home every day 2. Sometimes eat at school sometimes take tiffin from home <input type="checkbox"/> 3. Eat only school food 4. Buying food from nearby shops 5. Others (specify) _____ 6. Doesn't attend school 7. Don't know	
68	Where does your child eat healthiest food?	1. At home 2. At school <input type="checkbox"/> 3. Out	

		4. Other (specify) _____ 5. Don't know	
69	How often does your child get pocket money?	1. Every day 2. Two-three times a week 3. Once a week 4. Never 5. Others (specify) _____ 6. Don't know	<input type="checkbox"/>
70	How does your child usually spend them? (Multiple answer question)	1. Buying some food 2. Buying chocolates 3. Buying drinks (coke, fanta etc) 4. Buying toys 5. Playing games in the internet cafe 6. Saving 7. Others (specify) _____ 8. I don't care 9. I don't give pocket money to my child 10. Don't know	<input type="checkbox"/>

71. What types of foods does your child usually eat as a snack?

Items	A. Often	B. Sometimes	C. Seldom	Code
71.1. Chaomin				
71.2. Wai-wai				
71.3. Homemade vegetables and roti				
71.4. Chura, meat or vegetables				
71.5. Biscuits, bread				
71.6. Sweets				
71.7. Chaatpate, samosa, pani puri				
71.8. Momo				
71.9. Egg				
71.10. Milk				

71.11. Dahi				
71.12. Fresh salad (carrot, cucumber, mulla)				
71.13. Others (specify)				

SN	Question	Answer	Code
72	Name 3 most favorite food items of your child.	1. _____ 2. _____ 3. _____ 4. Don't know	
73	What are your child's favorite drinks? (Multiple answer question)	1. Water 2. Milk 3. Tea <input data-bbox="1052 842 1247 919" type="text"/> 4. Real juice, Slice 5. Soft drinks (coca cola, fanta, dew, sprite) 6. Fresh juice 7. Horlicks, Complan 8. Tang 9. Others (specify) _____ 10. Don't know	
74	How often does your child consume soft drinks?	1. Every day 2. Twice a day 3. Twice a week <input data-bbox="1144 1245 1247 1339" type="text"/> 4. Once a week 5. Never 6. Others (specify) _____ 7. Don't know	
75	Does your child eat while watching TV?	1. Yes i. If yes, how often? _____ days/week 2. No (go to Q. 77) 3. Don't know	
76	If yes, which food/drinks does he/she prefer to eat while watching TV, playing computer	1. Fruits 2. Cookies <input data-bbox="1089 1770 1284 1850" type="text"/> 3. Chips, kurkure, wai-wai	

	games? (Multiple answer question)	4. Candy, chocolates 5. Nuts, dry fruits 6. Soft drinks 7. Others (specify)_____	
77	Does your child ask you to buy food items he/she saw on TV?	1. Never 2. Sometimes <input type="checkbox"/> 3. Often 4. My child hardly watches TV 5. Don't know	
78	Suppose you are in a market/shop, and your child asks for a specific food item that you did not think of buying initially, do you buy it?	1. Usually not 2. Sometimes <input type="checkbox"/> 3. Often 4. Only if I have the money 5. Only if it is something healthy 6. Don't know	
79	Where does your child usually have breakfast?	1. Home 2. School <input type="checkbox"/> 3. On the way to school (shops, café, street vendors) 4. Others (specify)_____	
80	What does your child usually eat at breakfast?	1. _____ 2. _____ 3. _____	
81	What does your child usually eat at dinner?	1. _____ 2. _____	

C. *Physical activity*

82. Mother's vigorous activities (for at least 10 minutes at time)

82.1 Work (heavy lifting , digging or construction)	Code	82.2 Leisure time (running or strenuous sports, weight lifting)	Code
<p style="text-align: center;">Yes No</p> <p style="text-align: center;"> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="NA"/> </p> <p style="text-align: center;"> Number of days/week <i>go to 82.2</i> </p> <p style="text-align: center;">↓</p> <p>Hours <input style="width: 50px; height: 20px;" type="text"/></p> <p>min <input style="width: 50px; height: 20px;" type="text"/></p> <p>How much time</p>	<p>82.1a</p> <p>82.1b</p> <p>82.1c</p> <p>82.1d</p>	<p style="text-align: center;">Yes No</p> <p style="text-align: center;"> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="NA"/> </p> <p style="text-align: center;"> Number of days/week <i>go to 83.1</i> </p> <p style="text-align: center;">↓</p> <p>Hours <input style="width: 50px; height: 20px;" type="text"/></p> <p>min <input style="width: 50px; height: 20px;" type="text"/></p> <p>How much time</p>	<p>82.2.a</p> <p>82.2b</p> <p>82.2c</p> <p>82.2d</p>

83. Mother's moderate intensity activities (for at least 10 minutes at time)

83.1 Work (brisk walking or carrying light loads, housework)	Code	83.2 Leisure time (brisk walking, cycling)	Code
<p style="text-align: center;">Yes No</p> <p style="text-align: center;"> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="NA"/> </p> <p style="text-align: center;"> Number of days/week <i>go to 82.2</i> </p> <p style="text-align: center;">↓</p> <p>Hours <input style="width: 50px; height: 20px;" type="text"/></p> <p>min <input style="width: 50px; height: 20px;" type="text"/></p> <p>How much time</p>	<p>83.1a</p> <p>83.1b</p> <p>83.1c</p> <p>83.1d</p>	<p style="text-align: center;">Yes No</p> <p style="text-align: center;"> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="NA"/> </p> <p style="text-align: center;"> Number of days/week <i>go to 83.1</i> </p> <p style="text-align: center;">↓</p> <p>Hours <input style="width: 50px; height: 20px;" type="text"/></p> <p>min <input style="width: 50px; height: 20px;" type="text"/></p> <p>How much time</p>	<p>83.2.a</p> <p>83.2b</p> <p>83.2c</p> <p>83.2d</p>

SN	Question	Answer	Code
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84	How much time you usually spend sitting or reclining on typical day?	_____ hours/day	
85	Does your child attend school?	1. Yes 2. No (<i>go to Q. 88</i>)	
86	How does your child usually get to school?	1. Walking 2. School bus 3. Car, motorbike 4. Cycling 5. Others (specify) _____ 6. Don't know	<input type="checkbox"/>
87	How long does your child walk (including walking to and from the bus stop) for going to and coming back from the school?	_____ min/day	
88	How does your child like to spend spare time (after homework is done or on the vacation)? (Multiple answer question)	1. Read books 2. Playing alone at home 3. Playing with friends at home 4. Playing outside 5. Watching TV, computer or mobile games 6. Others (specify) _____ 7. Don't know	<input type="checkbox"/>
89	How much time does your child usually spend per day doing homework?	_____ min/day	
90	How much time does your child usually spend per day playing in the yard or street around your house (or the house of a friend, neighbour or relative) on the typical weekdays?	_____ min/day	

91	How much time does your child usually spend per day playing in the yard or street around your house (or the house of a friend, neighbour or relative) on the weekends or holidays?	_____ min/day	
92	How much time does your child spend using computers, mobile games, TV per day on weekdays?	_____ min/day	
93	How much time does your child spend using computers, mobile games, TV on weekends or holidays?	_____ min/day	

THANK YOU