

Table S1. SEMI QUANTITATIVE FOOD FREQUENCY (SQFF) FORM

Guideline:

- Write down the frequency of consumption of each type of food / food ingredients in days, weeks, 1 month, 3 months or never consume
- Household portion: plate, spoon, slice, glass, bowl, etc.

A. Junk Food

No.	Brand name	Amount of consumption (each time)		Frequency of consumption				Energy (Kcal)	Saturated fat (grams)	Carb (grams)	Natrium (grams)
		Household portion	Grams	Day	Week	1 month	3 month				
A.	Sweet cereals										
	Instant cereal (Energen®)										
	Instant cereal (Koko Crunch®)										
	Others, specify....										
B.	Instant rice / noodle products										
	Instant noodles (Migelas®)										
	Fried noodles ready to eat (Spix Mie®)										
	Instant noodles (Indomie®)										
	Instant porridge (Super Bubur®)										
	Others, specify....										
C.	Sweet snacks										
	Richeese® wafer										
	Tango® wafer										
	Tango® waffle										
	Goriorio® biscuit										
	Gery Toya-toya® biscuit										
	Bimbim® biscuit										
	Selamat® biscuit										
	Oreo® biscuit										
	Others, specify....										
D.	Processed Meat										
	Chicken sausage (So Nice®)										
	Fish Sausage										
	Beef sausage										
	Goat Sausage										
	Others, specify....										
E.	Salty Snacks										
	Potato chips (Chitato®)										
	Potato chips (Leo®)										
	Pilus Garuda										
	cheese wafer (Zuper®)										
	Pop Corn										
	Cracker										
	Salted Beans										
	Others, specify....										
F.	Commercial Juices/ Fruit Drinks										
	Buavita®										
	Minute Maid Pulpy Orange®										
	Tipco Kalbe®										
	Others, specify....										
G.	Milk and milk products										
	ULTRA milk®										
	Frisian Flag®										
	Dancow®										
	MILO®										
	Sweetened condensed milk										
	Cheese (KRAFT®)										
	Yoghurt										
	Others, specify....										

	Mango (Kweni)										
	Pometia pinnata										
	Passion fruit										
	Mangosteen										
	Melon										
	Dragon fruit										
	Jackfruit Cook										
	Pineapple										
	Papaya (mature)										
	Banana (Ambon)										
	Banana (Plantain)										
	Banana (Pisang susu)										
	Banana (Pisang kapok)										
	Pear										
	Rambutan										
	Sapodilla (Sawo)										
	Watermelon										
	Snakefruit (Salak)										
	Soursop										
	Sugar-apple										
	Strawberry										
	Kiwi										
	Others, specify....										
6.	Oil-fat										
	Palm oil										
	Corn oil										
	Chicken Fat										
	Others, specify....										
7.	Beverages										
	a. Tea										
	- Sweet tea										
	- Non sugary tea										
	Others, specify....										
	b. Fruit Juice										
	- Guava juice										
	- Mango juice										
	- Avocado juice										
	Others, specify....										

Table S2. MODIFIED CHILDREN PHYSICAL ACTIVITY QUESTIONNAIRE (M-CPAQ)

Note:

- Column 1 shows period information
- Column 2 shows specific activities
- Column 3 shows what time the specific activities done
- Column 4 indicates whether the specific activities done or not
- Column 5 shows frequency of specific activities
- Column 6 shows duration (in minute/hour) of specific activities done
- Column 7 shows what TV program watched. Only for **screen-based activities**

1 Period	2 Specific activities	A. Monday – Friday					B. Saturday				
		3A Time	4A Yes / No	5A How many times?	6A Duration (minute/ hour)	7A TV program	3A Time	4A Yes / No	5A How many times?	6A Duration (minute/ hour)	7A TV program
Wake up to go to school	What time do you wake up in the morning? am										
	Screen-based activity										
	Watching TV		Yes No					Yes No			
	Playing (PlayStation, Gameboy, etc.)		Yes No					Yes No			
	Using computer/laptop/tablet		Yes No					Yes No			
	Others, specify _____		Yes No					Yes No			
	Physical activity										
	Cleaning up the rooms / house (e.g. sweeping)		Yes No					Yes No			
	Washing (clothes, plates)		Yes No					Yes No			
	Clean yourself (showering, clothes)		Yes No					Yes No			
	Breakfast		Yes No					Yes No			
	Others, specify _____		Yes No					Yes No			
What time do you go to school? am											
At school	Study		Yes No					Yes No			
	Study physical activity education (PE) Specify _____		Yes No					Yes No			
	Study computer		Yes No					Yes No			
	Commute to school using car (round trip)		Yes No					Yes No			
	Commute to school using bike (round trip)		Yes No					Yes No			
	Commute to school by walk (round trip)		Yes No					Yes No			
	During recess										
	- Sit and chat		Yes No					Yes No			
	- Study/ do assignment		Yes No					Yes No			
	- Play _____		Yes No					Yes No			
Eat/ snack		Yes No					Yes No				
Extracurricular											
- Scout		Yes No					Yes No				
- Computer		Yes No					Yes No				
- Dance		Yes No					Yes No				

INDONESIAN SCHOOL CHILDREN OBESITY RESEARCH

1 Period	2 Specific activities	A. Monday – Friday					B. Saturday				
		3A Time	4A Yes / No	5A How many times?	6A Duration (minute/ hour)	7A TV program	3A Time	4A Yes / No	5A How many times?	6A Duration (minute/ hour)	7A TV program
	- Marching band		Yes No					Yes No			
	Others, specify _____		Yes No					Yes No			
	Additional lessons		Yes No					Yes No			
	Others, specify _____		Yes No					Yes No			
After school until sunset	Screen-based activity										
	Watching TV		Yes No					Yes No			
	Playing (PlayStation, Gameboy, etc.)		Yes No					Yes No			
	Using computer/laptop/tablet		Yes No					Yes No			
	Others, specify _____		Yes No					Yes No			
	Physical activity										
	Lunch		Yes No					Yes No			
	Cleaning up the rooms / house (e.g. sweeping)		Yes No					Yes No			
	Washing (clothes, plates)		Yes No					Yes No			
	Clean yourself (showering, clothes)		Yes No					Yes No			
	Siestas		Yes No					Yes No			
	Qur'an class/ course		Yes No					Yes No			
	Play										
	- Football		Yes No						Yes No		
	- Bike		Yes No						Yes No		
- Badminton		Yes No						Yes No			
- Skip rope		Yes No						Yes No			
- Playing cards		Yes No						Yes No			
- Board game (chees, monopoly, etc.)		Yes No						Yes No			
Others _____		Yes No						Yes No			
Others, specify _____		Yes No						Yes No			
At bedtime	Screen-based activity										
	Watching TV		Yes No					Yes No			
	Playing (PlayStation, Gameboy, etc.)		Yes No					Yes No			
	Using computer/laptop/tablet		Yes No					Yes No			
	Others, specify _____		Yes No					Yes No			
	Physical activity										
	Study/ do assignment		Yes No					Yes No			
	Dinner		Yes No					Yes No			
	Read (novel, magazine, comic, etc.)		Yes No					Yes No			
	Others, specify _____		Yes No					Yes No			
What time do you sleep at night? pm											

INDONESIAN SCHOOL CHILDREN OBESITY RESEARCH

SUNDAY

1. Period	2. Time	3. Specific activities	4. Yes No	5. How many times	6. Duration (minute/ hour)	7. TV Program	
Morning to afternoon		What time do you wake up in the morning? am					
		Screen-based activity					
		Watching TV	Yes No				
		Playing (PlayStation, Gameboy, etc.)	Yes No				
		Using computer/laptop/tablet	Yes No				
		Others, specify _____	Yes No				
		Physical activity					
		Cleaning up the rooms / house (e.g. sweeping)	Yes No				
		Washing (clothes, plates)	Yes No				
		Clean yourself (showering, clothes)	Yes No				
		Breakfast	Yes No				
		Qur'an class/ course	Yes No				
		Play - Football - Bike - Badminton - Rope skip - Playing card - Board game (chees, monopoly, etc.) Others _____	Yes No Yes No Yes No Yes No Yes No Yes No Yes No				
		Others, specify _____	Yes No				
After school until sunset		Screen-based activity					
		Watching TV	Yes No				
		Playing (PlayStation, Gameboy, etc.)	Yes No				
		Using computer/laptop/tablet	Yes No				
		Others, specify _____	Yes No				
		Physical activity					
		Siesta	Yes No				
		Traveling with family	Yes No				
		Qur'an class/ course	Yes No				
		Play - Football - Bike - Badminton - Rope skip - Playing card - Board game (chees, monopoly, etc.) Others _____	Yes No Yes No Yes No Yes No Yes No Yes No Yes No				
		Afternoon bath	Yes No				
		Others, specify _____	Yes No				
	At bedtime		Screen-based activity				
			Watching TV	Yes No			
		Playing (PlayStation, Gameboy, etc.)	Yes No				
		Using computer/laptop/tablet	Yes No				
		Others, specify _____	Yes No				
		Physical activity					
		Study/ do assignment	Yes No				
		Dinner	Yes No				
		Read (novel, magazine, comic)	Yes No				
		Others, specify _____	Yes No				
		What time do you sleep in the night?pm					