College of Pharmacy Department of Pharmacy Practice & Pharmacotherapeutics Title: Obesity and its associated risk factors among school-aged children in Sharjah, UAE

Dear respected parents:

This project aims at investigation the prevalence of overweight and obesity among school children. Your voluntary participation in filling the questionnaire will help us in studying the problem of obesity and pinpointing the risk factors contributing to the problem. Our trained researchers with your permission will non-invasively measure some parameters of the children in school under the supervision of school teachers. Your identity is not revealed at any stage of the study and you are free to withdraw at any stage of the study. Your help and cooperation by willingly participating would be greatly appreciated.

SECTION 1: SOCIO-DEMOGRAPHIC AND CLINICAL CHARACTERISTICS

1. Gender:	Male		Female		
2.Age:					
3. Nationality:	🗌 Arab	🗌 No	n-Arab		
4. Weight:					
5. Height:					
6. BMI-P: Under	weight N	orma	Overweigh	Obese	
7. Family history of obesity: Yes 🔲 No					

SECTION 2: CHILD HABBITS AND LIFESTYLE

8. At school, you usually:
Bring your lunch from home.
Buy a meal from the cafeteria.
Just eat snacks.
I skip lunch.
9. How many meals do you eat during the day?

- 4
11

2-5

More than 5

10. How much time do you leave between your last meal (dinner) and bedtime?

- 0-30 minutes
- ☐ 30 minutes 1 hour
- 1 hour to 2 hours
- More than 2 hours
- 11. How often do you eat fast-food?

Always (Everyday or almost everyday)

Often (A few times a week)

☐ Sometimes (About once a week)

⊓ Rare

- 12. How often do you eat candy?
- Always (Everyday or almost everyday)
- Often (A few times a week)
- Sometimes (About once a week)
- Rare

13. How many of your meals include healthy food (Fruits/Vegetables/etc.)?

0	1	2	3	4 or more

30 minutes to 1 hour

- 1 hour to 2 hours
- More than 2 hours
- 15. How much time you spend on your (phone, tablet, computer):
- 30 minutes
- 30 minutes to 1 hour
- 1 hour to 2 hours
 - More than 2 hours
- 16. Do you suffer from any disease?
- 🗌 No
- Yes, mention please _____
- 17. Are you on any medication or supplements?
- 🗌 No

Υ	'es, mentio	n please	_
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- 18. How often do you workout or go on for outside activity?
- Always (everyday or almost everyday)
- ☐ Often (once a week)
- ☐ Sometimes (once a month)
- Rare