**S1 Questionnaire:** for pupils

|  |  |
| --- | --- |
| Date of the interview  | |\_\_|\_\_|/|\_\_|\_\_|/2015  |
| ID of respondent |  |
| Age of respondent |  |
| Sex of respondent |  |
| School name |  |

|  |  |
| --- | --- |
| Transportation to school | Walking: 0 Biking: 1 |
| Distance from home to school | Far: 0Near: 1 |
| After toilet visit is there a place to wash your hands? | No: 0Yes: 1  |
| From whom do you get health-related information? | Parent: 0Teacher: 1Other: 2 |
| Do you put on shoes to go to school?  | No: 0Yes: 1  |
| **Nutritional status** |
| Did you take breakfast **yesterday?**  | No: 0 Yes: 1  |
| What did you take for breakfast **yesterday?**  | Please specify ……………………………………… **(Please specify, interviewer decides type)** Carbohydrates Proteins Vegetables  |
| Were you still hungry after taking breakfast  | Yes: 0 No: 1  |
| Location of the breakfast you took  | School: 0 Home: 1  |
| Did you take Lunch **yesterday**  | No: 0 Yes: 1  |
| What did you take for lunch **yesterday?**  | Please specify ……………………………………….**(Please specify, interviewer decides type)** Carbohydrates Proteins Vegetables  |
| Were you still feeling hungry after taking lunch?  | Yes: 0 No: 1  |
| Location of the breakfast you took  | School: 0 Home: 1  |
| Did you take Dinner **yesterday**?  | No: 0 Yes: 1  |
| What did you take for dinner **yesterday**?  | Please specify ………………………………………(**Please specify, interviewer decides type**) Carbohydrates Proteins Vegetables  |
| Were you still feeling hungry after taking dinner?  | Yes: 0 No: 1  |