

## *Appendices*

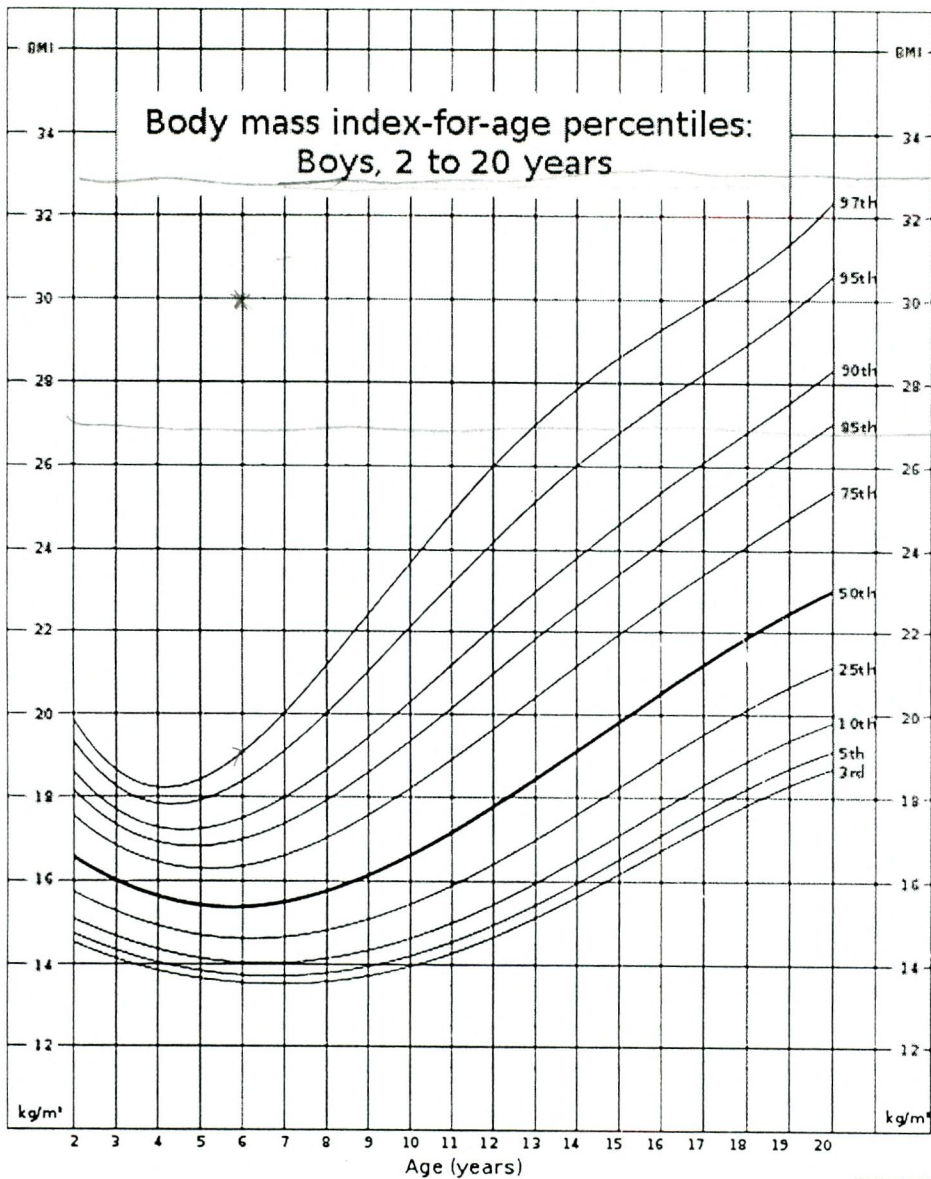
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# APPENDIX I

## BMI IN PERCENTILES FOR BOYS

CDC Growth Charts United States



Published May 30, 2000.

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

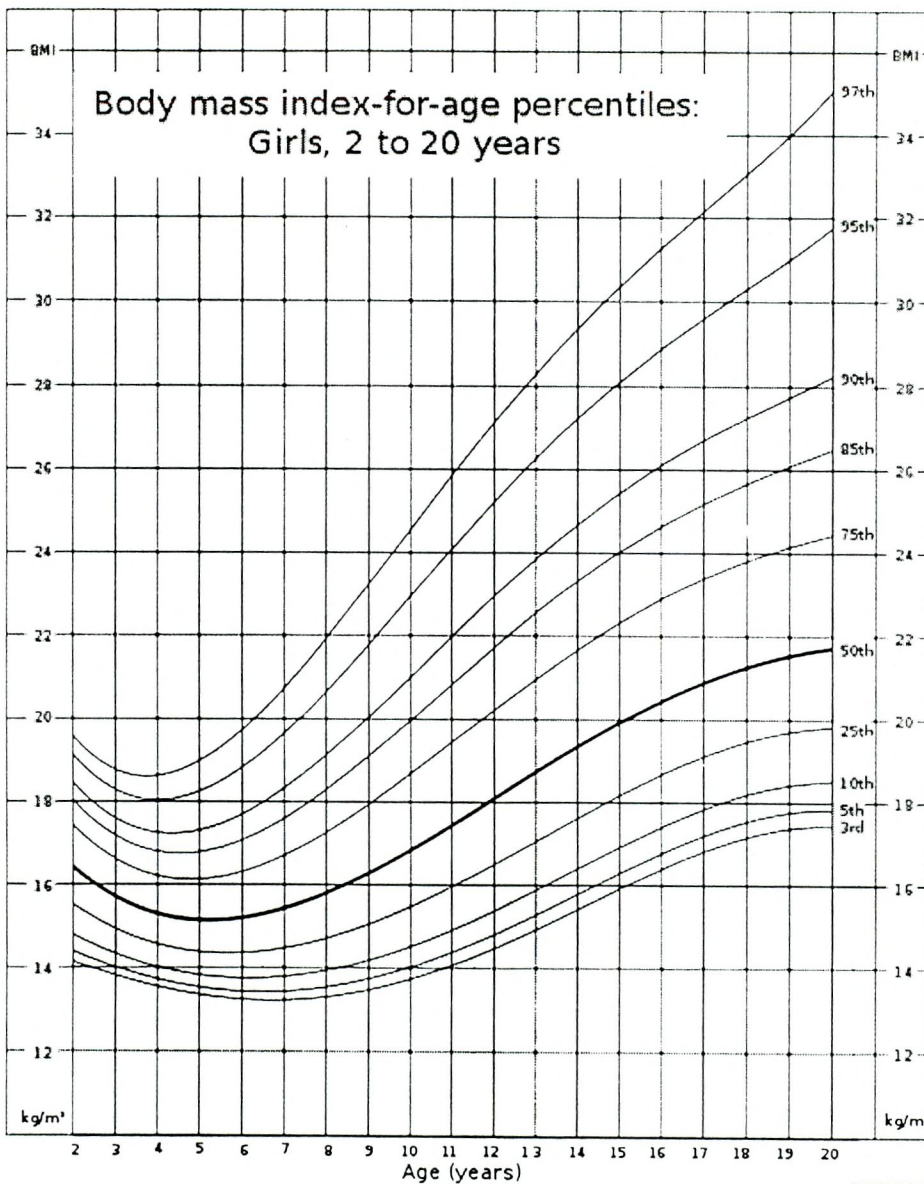


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## APPENDIX II

### BMI IN PERCENTILES FOR GIRLS

CDC Growth Charts United States



Published May 30, 2000.  
SOURCE: Developed by the National Center for Health Statistics in collaboration with  
the National Center for Chronic Disease Prevention and Health Promotion (2000).



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## APPENDIX III

### QUESTIONNAIRE TO ELICIT THE BACKGROUND INFORMATION OF SCHOOL GOING CHILDREN

#### SOCIOECONOMIC STATUS

1. Name of the student :
2. Roll number :
3. Class :
4. Section :
5. School :
6. Height (cm) :
7. Weight (kg) :
8. Inference :
9. Father's name :
10. Mother's name :
11. Address :
  
12. Religion :
13. Contact phone number :
14. E-mail :
15. Residence :  Urban  Sub-urban  Rural
16. Type of family :  Joint  Nuclear

17. Education qualification: (tick the suitable)

Parent	High school	Higher sec.	UG	PG	Illiterate	Office: Govt./ Private
Father						
Mother						

18. Occupation of the parents: (tick the suitable)

Parent	Business	Professional	Teacher	Labourer
Father				
Mother				

If any other job mention your designation:

19. Monthly income of the family:

20. Size of the family :  3  4  5  >5

21. Number of children :  1  2  3  >3

22. Birth order of your child:  First  Second  Third

## APPENDIX IV

### QUESTIONNAIRE TO ELICIT NUTRITIONAL KNOWLEDGE OF PARENTS

#### STATE TRUE OR FALSE

1. Protein facilitates growth

True  False

2. Water helps in removal of body wastes

True  False

3. Carbohydrates yields 9 kcals of energy

True  False

4. Fibre rich foods leads to obesity

True  False

5. Fat provides least energy

True  False

6. Iron helps to prevent anaemia

True  False

7. Vitamin A is needed for good eye sight

True  False

8. Calcium and vitamin D helps to strengthen bones

True  False

9. Apple is rich in iron

True  False

10. Animal food protein is having more biological value

True  False

11. Milk is the poorest source of calcium

True  False

12. Amla is rich in vitamin C

True  False

13. Rice is rich in fibre  
 True  False
14. Potatoes are rich source of energy  
 True  False
15. Behaviour modifications reduces obesity  
 True  False
16. Fatty children are healthier  
 True  False
17. Snacking leads to obesity  
 True  False
18. Skipping breakfast helps to reduce obesity  
 True  False
19. Fish oil is a good source of omega 3 fatty acids  
 True  False
20. Dietary fibre helps in weight reduction  
 True  False
21. Increased screen time is associated with obesity  
 True  False
22. Snacking is good for health  
 True  False
23. Gestational diabetes results in childhood obesity  
 True  False
24. Children should be overfed during infancy  
 True  False
25. Food has to be restricted for obese child  
 True  False

## APPENDIX V

### INTERVIEW SCHEDULE TO COLLECT DETAILS REGARDING NUTRITION DURING INFANCY OF THE SELECTED SUBJECTS

1. Mother's present height (in cm) :
2. Mother's present weight (in kg) :
3. Mother's weight before pregnancy :
4. Mother's weight during pregnancy :
5. Did you experience any complications during pregnancy?

Yes       No

6. If yes, tick complications you experienced:

Complications	Tick
Oedema	
Anemia	
Underweight	
Overweight	
Diabetes	
Hypertension	
High cholesterol	
Emotional stress	
Any other	

7. Birth weight of your child :
- <2.5 kg     2.5-3.5 kg     >3.5kg

8. Did you breastfeed your child? :
- Yes       No

9. Duration of breastfeeding :
- <6 months       6 months-1 year       >1 year

10. Initiation of weaning :

- Between 4<sup>th</sup> and 6<sup>th</sup> month       After 6<sup>th</sup> month

11. Duration of weaning :

- 1 to 1 and half years       till 2 years

12. Tick the type of weaning food fed to the child:

Type of weaning food	Tick
Commercial products : cerelac, lactogen etc	
Homemade cereal and pulse products	
Regular home diets	
Special feeds (If special feeds please indicate the feed)	

13. Did your child show a steady pattern of growth in his infancy?

- Yes       No

14. Did he or she lose weight in his infancy?

- Yes       No

15. If yes, indicate the reason:

Reasons for weight lose	Tick
Infections	
Measles	
Chicken pox	
Fever	
Any other:	

16. Was your child immunized regularly with booster doses for diseases like polio, measles, etc ?

- Yes       No

17. How often you visited your family paediatrician for your child during his first year?

- Once in a month       Once in 3 months       Only during illness

18. PLEASE FILL UP THIS TABLE REGARDING YOUR CHILD'S WEIGHT:

**IF YOU DO NOT REMEMBER PLEASE LEAVE IT BLANK.**

<b>AGE (YEARS)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Weight (kg)										

19. Does any of your family member is overweight or obese?

Yes       No

20. If yes tick against the relative who is obese:

<b>Relation</b>	<b>Tick</b>
Both parents	
Father	
Mother	
Grand parents	
Maternal relatives	
Paternal relatives	

21. How will you as a parent rate your child's present nutritional status?

Excellent     Good       Underweight     Overweight     No idea

22. As a parent will you parents be interested to attend a lecture session on importance of good nutrition, healthy dietary habits for better health of your child?

Yes       No

## APPENDIX VI

### INTERVIEW SCHEDULE TO ELICIT DETAILS REGARDING THE DIET AND LIFESTYLE PATTERN OF THE SELECTED SUBJECTS

#### DIETARY PATTERN

1. Do you have the same diet preferences (likes and dislikes) like your parents?

Yes       No

2. Do you eat more when you are happy or sad?

Yes       No

3. How many times does you drink milk every day?

Once a day       Twice a day       Thrice a day       Never

4. Do you like fruits and vegetables?

Yes       No

5. If yes

Favorite fruits:

Favorite vegetables:

6. How often you have meals together with your parents?

Two meals a day       Only dinner every day       On weekends       Never

7. Do you eat your breakfast every day?

Yes       No

8. Common breakfast items you eat:

9. Are you a

Vegetarian       Ova-vegetarian       Non-vegetarian

10. If non-vegetarian ; how often you consume non vegetarian foods?

- Everyday    Weekly once    Weekly twice

11. Form of fleshy foods preferred:

- Boiled    Shallow fried    Deep fried

12. Favorite non vegetarian food stuff:

- Egg    Chicken    Fish    Meat    All the above

13. How often do dine out?

- Everyday    Weekly once    Weekly twice    Rarely    Never

14. Favorite outside foods:

- Chat items    Noodles    Pizza    All fast foods

15. Favorite commercial drink:

- Cola    Pepsi    Maa    7 up    All the above

16. Frequency of consumption:

- Everyday    Weekly once  
 Weekly twice    Rarely    Never

17. Ready to eat foods you prefer to have?

Food	Duration of consumption

### LIFE STYLE PATTERN

18. Are you involved in any physical activity every day?

- Yes    No

19. If yes:

Walking       Swimming       Aerobics       Dance class       Karate

Any other.

20. Do you play every day?

Yes       No

21. If yes what game do you play?

22. Place of play :

School       Home       Both

23. Duration of play every day :

30 mints       30 mints - 1 hr       > 1 hr

24. Duration and frequency of P.T classes in your school:

25. Mode of transport to school every day:

Walk       Two wheeler       Auto/ Van       Cycling

26. Type of screen time at home:

TV       Video games       Computer

27. Duration of screen time at home:

30 mints       1 hr       > 1hr

28. Habit of snacking during screen time:

Yes       No

29. How often do your parents interact with you casually every day other than the study purpose and necessary talks?

15 - 30 mints       30 mints - 1 hr       > 1 hr

30. How many hours do you sleep per day?

7-8 hrs       8-9 hrs       6-7 hrs       <6 hrs