Annexure 1

Questionnaire for Children and Adolescents:

Subjective Data:

DATE:
NAME:
GENDER:
AGE:
LANGUAGE:
PHONE NUMBER:
AGE:
BLOOD GROUP:

Objective Data:

Anthropometry:

HEIGHT:
WEIGHT:
MUAC:
BMI:

Clinical Assessment:

Sleeping pattern	Good	Fair	Poor
General Appearance			
Loss of Subcutaneous fat	Present	Absent	
Sunken or Hollow Cheeks	Present	Absent	
Hair			
Easily Plucked Hair	Present	Absent	
Dry and Brittle	Present	Absent	
Skin			
Hyperpigmentation	Present	Absent	
Easy Bruising	Present	Absent	
Eyes			
Night Blindness	Present	Absent	
Photophobia	Present	Absent	
Xerosis	Present	Absent	
Conjunctival Inflammation	Present	Absent	
Retinal Field Defect	Present	Absent	
Mouth			
Glossitis	Present	Absent	
Bleeding Gums	Present	Absent	
Decreased Taste or Smell	Present	Absent	
Loss of Teeth Enamel	Present	Absent	

Neck			
Goitre	Present	Absent	
Parotid Enlargement	Present	Absent	

Dietary Assessment

Food Allergy	Yes	No	If Yes Specify:
Food Intolerance	Yes	No	If Yes Specify:
Appetite	Good	Fair	Poor
Diet	Veg	Eggitarian	Non-Veg
Eating Disorder:	Yes	No	If Yes Specify:
Anorexia Nervosa			
Bulimia nervosa			
Overeating			
PICA			

Please choose an appropriate option for the below questions:

1. Some people are born to be fat and some thin; there is not much you can do to change this.
a. Strongly agree
b. Somewhat agree
c. Somewhat disagree
d. Strongly disagree

2. On an average day, how often do you eat vegetables?
a. 1time
b. times
c. Rarely
d. Never

3. How many times a week do you eat fast food (like McDonald's, Dominos, and KFC)
a. 1-2times
b. 2-3times
c. Rarely
d. Never

4. How many times a week do you eat Junk food (like cakes, chocolates, chats, etc.?)
a. 1-2times
b. 2-3times
c. Rarely
d. Never

5. How many times a week do you play (outdoors) or exercise
a. Everyday
b. 1-2days
c. 3-5days
d. Never

6. How many hours do you watch TV, Mobile a day
a. 1-2hours

b. 3-4hours
c. 5 hours
d. More than 5 hours
7. How important is the taste of food for you to consume
a. Very important
b. Somewhat important
c. Not too important
d. Not at all important

In your opinion, how important are the following things for your present and future health?

8. What you eat
a. Very important
b. Somewhat important
c. Not too important
d. Don't know

9. How much you eat
a. Very important
b. Somewhat important
c. Not too important
d. Don't know

10. How much exercise you do
a. Very important
b. Somewhat important
c. Not too important
d. Don't know

11. What you weight
a. Very important
b. Somewhat important
c. Not too important
d. Don't know

Food Frequency

Food Item	Daily	Weekly	Monthly	Rarely	Never
Cereals					
Rice					
Wheat					
Millets					
Ragi					
Jowar					
Pulses/Dal					
Green					
Leafy Veg					
Other Veg					
Roots& Tubers					
Fruits					

Milk & Mp				
Milk				
Curd				
Butter				
Ghee				
Other				
Salt				
Water				
Nuts&				
Oilseeds				
Non Veg				
Fish				
Egg				
Chicken				
Mutton				
Processed Foods				
Bakery				
Items				
Fried Foods				
Sweets				
Milk Sweet				
Ghee Sweet				
Chocolate				
Beverages				
Tea				
Coffee				
Milk				
Other				
Outside Food				
Fast Food				
Hotel Food				

24-Hour Dietary Recall

Type Of Meal	Menu	Weight / Quantity / Portion Size (Cup)
Early Morning		
Breakfast		
Mid – Morning		
Lunch		
Evening Snacks		
Dinner		
Bedtime		

QUIZ – (Food, Nutrition, and Malnutrition: Childhood Obesity)

1. Food is needed for
a. Growth and development
b. Energy and maintenance
c. Fulfilling emotional and social needs
d. All of the above

2. Complete the classification of Nutrients
a. Minerals, 2- Proteins, 3-Micronutrients, 4- Macronutrients
b. 1-Micronutrients, 2-Macronutrients, 3-Minerals, 4-Proteins
c. 1-Macronutrients, 2-Micronutrients, 3-Proteins, 4-Minerals
d. Proteins, 2- Macronutrients, 3-Minerals, 4-Micronutrients.

3. Give examples of Body building foods.
a. Rice and Wheat
b. Milk, Egg, Pulses, Nuts
c. Fruits and Vegetables
d. Oil, butter, and ghee

4. What is Malnutrition?
a. Under Nutrition
b. Over Nutrition
c. Neither a nor b
d. Both a and b

5. Define Wasting and Stunting
a. Thinner and Shorter than Normal
b. Thinner than Normal
c. Shorter than Normal
d. Normal weight and height

6. How to prevent Childhood Obesity?
a. Healthy and balanced diet
b. Exercise
c. Junk food and Unhealthy foods
d. Both a and b

7. What are some of the causes of Malnutrition?
a. Poor dietary habits and Poor hygiene
b. Chronic Diseases and Mental Conditions
c. Poverty
d. All of the above

8. What are the types of Over Nutrition?
a. Overweight
b. Obesity
c. Neither a nor b
d. Both a and b

9. Overweight and Obesity is causes due to
a. Insufficient food
b. Excess unhealthy food
c. Reduced weight
d. None of the above

10. Childhood Obesity is defined as
a. Excessive fat accumulation in children
b. Low fat in children
c. Loss of weight in children
d. Both a and b

11. Childhood Obesity is caused due to
a. Improper diet
b. Lack of exercise
c. Psychological factors
d. All of the above

12. Childhood Obese should avoid
a. Whole grains, Fruits and Vegetables
b. Cakes, fruit juices, and sweet
c. Fried and oily foods
d. Both b and c.