**Diet questionnaire for children**

Serial No.:

Please let us know what your child eats on a regular basis. When filling out the questionnaire, consider the child's usual diet over the **past 3 months** (do not worry about what the child eats during special occasions). The questionnaire lists 60 foods and beverage items and the other 07 items to which caregivers commonly add sugar. Measurements for each food or drink are shown in the presentation, which describes a small portion to help you estimate how many portions your child usually eats at a time.

You will require about 40 - 45 minutes to complete this questionnaire.

Before filling out the questionnaire, ***please read the following instructions carefully.***

* At one time carefully focus only on one food/ beverage item in the list as we show it in the presentation.
* Ask yourself whether your child ate it during the past three months.
	+ If not, mark a “√” in the Column “Naver”
* If the child ate it, provide the average frequency of consumption as follows.
* If the child consumes the food or drink every day, indicate the number of times per day in the "times per day" column (1, 2, 3….)
* If not taken it daily, but several times per week, mark in the column "times per week," write how many times a week it is taken.
* If it is consumed fewer than four times a month, write it in "times per month" column as 1,2 or 3 times per month.
* Ignore any item that is not consumed at least once a month.
* There is no need to repeat the frequency of daily consumption of one food item on a weekly or monthly basis.
* Think about the amount of food your child typically eats at a time when answering questions about portion size. Based on the portion sizes shown in the presentation, estimate how many portions the child consumed at a time. (it can be ½, 1, 1 ½, 2….).
* Be sure not to miss any items on the list.
* On the second list are some food and beverage items, if you are not adding sugar to those foods, or if you are not giving them to your child, then mark the column "Never".
* If you are giving your child these items with sugar, indicate how many teaspoons of sugar you added and mark the frequency of intake as described previously.

Please feel free to clarify any doubts you have while filling out the questionnaire.

**Your kind cooperation is greatly appreciated.**

**List 1**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Times Child Have Eaten*** | ***Never*** | ***How many portions***  | ***Frequency of consumption*** |
| ***Per day*** | ***Per week*** | ***Per month*** |
| ***Biscuits*** |
| 1. Marie biscuit
 |  |  |  |  |  |
| 1. Chocolate cream biscuits
 |  |  |  |  |  |
| 1. Nice biscuit
 |  |  |  |  |  |
| 1. Ginger biscuit
 |  |  |  |  |  |
| 1. Milk short cake biscuit
 |  |  |  |  |  |
| 1. Wafers
 |  |  |  |  |  |
| 1. Lemon puff
 |  |  |  |  |  |
| 1. Chocolate puff
 |  |  |  |  |  |
| 1. Custard cream biscuit
 |  |  |  |  |  |
| 1. Hawaiian cookies biscuit
 |  |  |  |  |  |
| 1. Gem biscuit
 |  |  |  |  |  |
| ***Bakery products*** |  |  |  |  |
| 1. Tea Buns
 |  |  |  |  |  |
| 1. Cream buns
 |  |  |  |  |  |
| 1. Crocodile buns
 |  |  |  |  |  |
| 1. Jam buns
 |  |  |  |  |  |
| 1. Butter Cakes
 |  |  |  |  |  |
| 1. Icing cake (top only)
 |  |  |  |  |  |
| 1. Icing cake (layers)
 |  |  |  |  |  |
| 1. Cupcake (plane)
 |  |  |  |  |  |
| 1. Cupcake (with icing)
 |  |  |  |  |  |
| 1. Chocolate Doughnut
 |  |  |  |  |  |
| 1. Sugar Doughnut
 |  |  |  |  |  |
| 1. Chocolate Éclairs
 |  |  |  |  |  |
| ***Sugar Confectionary*** |  |  |  |  |
| 1. Toffee
 |  |  |  |  |  |
| 1. Chewing gum
 |  |  |  |  |  |
| 1. Smarties / Pebbles
 |  |  |  |  |  |
| 1. lollipop
 |  |  |  |  |  |
| 1. Jujubes
 |  |  |  |  |  |
| 1. kisses
 |  |  |  |  |  |
| 1. Marshmallows
 |  |  |  |  |  |
| 1. Milk toffee
 |  |  |  |  |  |
| 1. Coconut toffee
 |  |  |  |  |  |
| ***Chocolate Confectionary*** |
| 1. Chocolate (brown)
 |  |  |  |  |  |
| 1. White chocolate
 |  |  |  |  |  |
| 1. Nutella/ Chocolate spread
 |  |  |  |  |  |
| 1. Chocolate coated wafers/ biscuits
 |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Times Child Have Eaten*** | ***Never*** | ***How many portions***  | ***Frequency of consumption*** |
| ***Per day*** | ***Per week*** | ***Per month*** |
| ***Sugar sweetened beverages*** |
| 1. Cola drinks
 |  |  |  |  |  |
| 1. Other soft drinks
 |  |  |  |  |  |
| 1. Bottled fruit Juices (Smak)
 |  |  |  |  |  |
| 1. Cordial
 |  |  |  |  |  |
| 1. Liquid Milk packets
 |  |  |  |  |  |
| 1. Yoghurt Milk
 |  |  |  |  |  |
| 1. Milo drink (packets)
 |  |  |  |  |  |
| 1. Milo powder
 |  |  |  |  |  |
| 1. Nescafe ice coffee
 |  |  |  |  |  |
| ***Desserts*** |
| 1. Yoghurt
 |  |  |  |  |  |
| 1. Ice cream
 |  |  |  |  |  |
| 1. Jelly
 |  |  |  |  |  |
| 1. Small jelly packets
 |  |  |  |  |  |
| 1. Caramel pudding
 |  |  |  |  |  |
| 1. Biscuit pudding
 |  |  |  |  |  |
| 1. Popsicles
 |  |  |  |  |  |
| 1. Ice packets
 |  |  |  |  |  |
| 1. Honey/ Trickle
 |  |  |  |  |  |
| ***Miscellaneous sweets*** |  |  |  |  |
| 1. Jam
 |  |  |  |  |  |
| 1. Tipi tip
 |  |  |  |  |  |
| 1. Tomato Source
 |  |  |  |  |  |
| 1. Cone flakes
 |  |  |  |  |  |
| 1. Laddu
 |  |  |  |  |  |
| 1. Konda Kawum
 |  |  |  |  |  |

**List 2**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Times Child Have Eaten*** | ***Never***  | ***Amount of sugar added*** | ***Frequency of consumption***  |
| ***Per day*** | ***Per week*** | ***Per month*** |
| ***Table sugar (white/ brown)*** |
| 1. Milk/ Tea/ Plain tea
 |  |  |  |  |  |
| 1. Cut Fruits/ Fruit salad
 |  |  |  |  |  |
| 1. Fresh fruit Juices
 |  |  |  |  |  |
| 1. Cordial / Any other drinks
 |  |  |  |  |  |
| 1. Thriposha/ Samaposha
 |  |  |  |  |  |
| 1. Curd
 |  |  |  |  |  |
| 1. Main meals

Bread/ milk rice/ string hoppers |  |  |  |  |  |