

OVERWEIGHT AND ITS ASSOCIATED RISK FACTORS AMONG URBAN SCHOOL ADOLESCENTS IN NEPAL

Instruction:

Please

- read each question carefully and respond appropriately
- feel free to ask if you don't understand/confuse about any question
- tick (✓) or write answer in the box accordingly

Form No.		Date of data collection	
Weight of the student Kg		

Q. No.	Questions	Response and Code
1	What is your name? (Optional)	
2	What is your school's name?	
3	What is the type of your school?	<input type="checkbox"/> 1. Government <input type="checkbox"/> 2. Private
4	What is your date of birth?	Day Month Year (AD)
5	Are you a male or female?	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. female
6	What is your ethnicity?	<input type="checkbox"/> 1. Dalits <input type="checkbox"/> 2. Disadvantaged Janajatis <input type="checkbox"/> 3. Disadvantaged Non Dalit Terai People <input type="checkbox"/> 4. Religious Minorities <input type="checkbox"/> 5. Advantaged Janajatis <input type="checkbox"/> 6. Upper Caste <input type="checkbox"/> 7. Others specify.....
7	What is the educational level of your mother?	<input type="checkbox"/> 1. Illiterate <input type="checkbox"/> 2. Literate <input type="checkbox"/> 3. Primary (1-5) <input type="checkbox"/> 4. Lower Secondary (6-8) <input type="checkbox"/> 5. Secondary (9-10) <input type="checkbox"/> 6. Higher Secondary (11-12) <input type="checkbox"/> 7. Bachelor and above <input type="checkbox"/> 8. Don't know
8	What is the major occupation of your mother?	<input type="checkbox"/> 1. Housewife <input type="checkbox"/> 2. Agriculture <input type="checkbox"/> 3. Labor <input type="checkbox"/> 4. Business <input type="checkbox"/> 5. Government service <input type="checkbox"/> 6. Non-government service <input type="checkbox"/> 7. Foreign employee <input type="checkbox"/> 8. Student <input type="checkbox"/> 9. Unemployed <input type="checkbox"/> 10. Others (specify) <input type="checkbox"/> 11. Don't know
9	How many brothers and sisters you have? Brothers Sisters
10	What is type of your family?	<input type="checkbox"/> 1. Nuclear <input type="checkbox"/> 2. Joint <input type="checkbox"/> 3. Extended <input type="checkbox"/> 4. Others specify.....
11	During last one week, how many hours you had watched TV per day?	<input type="checkbox"/> < 1hour/day <input type="checkbox"/> 1-2 hours/day

	<input type="checkbox"/> > 2hours
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12. How many numbers of times you had consumed the following fruits in last one week?

Fruits Name	Not consumed	Once per week	2-4 times per week	5-6 times per week	> 6 times per week
Apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guava	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pomegranate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, specify					

SOCIOECONOMIC STATUS

Q. No	Questions	Response and code
13	Do you have your own home?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No
14	Are you living in your own home or rented house?	<input type="checkbox"/> 1. Own <input type="checkbox"/> 2. Rented <input type="checkbox"/> 3. Others specify.....
15	Tick the items which you have at your home/house	<ul style="list-style-type: none"> • Electricity <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Radio <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Television <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Mobile phone <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Telephone <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Refrigerator <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Bed <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Sofa <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Cupboard <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Computer <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Table <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Chair <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Clock <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Fan <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No • Dhiki/Janto <input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No
21	What type of fuel is used mainly for cooking at your home/house?	<input type="checkbox"/> 1. Electricity <input type="checkbox"/> 2. LPG <input type="checkbox"/> 3. Biogas <input type="checkbox"/> 4. Kerosene <input type="checkbox"/> 5. Wood <input type="checkbox"/> 6. Animal dung <input type="checkbox"/> 7. Other (specify).....
22	What is your house's roof mainly made of?	<input type="checkbox"/> 1. Thatched roof <input type="checkbox"/> 2. Galvanized sheet <input type="checkbox"/> 3. Ceramic stiles <input type="checkbox"/> 4. Cement <input type="checkbox"/> 5. Others, specify
23	Does any member of the family own any agricultural land?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 0. No
24	How many bigha/katha of agricultural land your family own? Bigha Ropani <input type="checkbox"/> Don't know

25	Do you have any livestock, herds, other farm animals or poultry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	If yes, please specify which animal/s and how many.	Buffalo Milk cows or bulls Goats Chickens Ducks Pigs Others specify
27	Does anyone in the family own Bicycle/rickshaw, Motorcycle/ scooter, three-wheeler, Car, Bus or truck?	<ul style="list-style-type: none"> • Bicycle/rickshaw <input type="checkbox"/> Yes <input type="checkbox"/> No • Motorcycle/ scooter <input type="checkbox"/> Yes <input type="checkbox"/> No • Three wheeler <input type="checkbox"/> Yes <input type="checkbox"/> No • Car <input type="checkbox"/> Yes <input type="checkbox"/> No • Bus or truck <input type="checkbox"/> Yes <input type="checkbox"/> No

Your responses are greatly appreciated. If you have any other comments, please mention below.

Thank you!!!