

Cardiovascular Diseases Risk Factors in School Children of urban and rural area of Bangladesh

Name of interviewer:

Date of interview:

Time of interview:

Respondent Identification

Name of Respondent:

ID no:

Address:

Contact number:

Demographic Information

S.No.	Questions	Response	Code
01	How old are you?	.....Years	
02	Gender of the respondent	<ul style="list-style-type: none"> • Male-1 • Female-2 	
03	What is your religion?	<ul style="list-style-type: none"> • Muslim-1 • Hindu-2 • Buddhist-3 • Christian-4 	
04	In which class you are studying?	<ul style="list-style-type: none"> • Class VIII-1 • Class IX-2 • Class X-3 	
05	What is your Parents education?		
A	Mothers	<ul style="list-style-type: none"> • Illiterate-1 • Primary-2 • SSC-3 • HSC-4 • Graduate-5 • Post graduate-6 	
B	Fathers	<ul style="list-style-type: none"> • Illiterate-1 • Primary-2 • SSC-3 • HSC-4 • Graduate-5 • Post graduate-6 	
06	What is the occupation of your parent?	<ul style="list-style-type: none"> • Service holder-1 	

		<ul style="list-style-type: none"> • Business-2 • Agriculture-3 • Housewife-4 • Others (specify)..... 	
07	What is your place of residence?	<ul style="list-style-type: none"> • Urban-1 • Rural-2 	
08	Kindly tell me the average monthly earnings of your household? (Parent will help)	.....BDT	
09	Do your parent (father/mother) have any chronic diseases? (Parent will help)	<ul style="list-style-type: none"> • Yes-1 • No-2 	
10	If yes, mention the name of the disease listed here. (Parent will help)	<ul style="list-style-type: none"> • Hypertension-1 • Heart Disease-2 • Diabetes Mellitus-3 • Cancer-4 • Chronic Respiratory Disease-5 • Others (specify)..... 	
11	Do your parent (father/mother) have smoking habit?	<ul style="list-style-type: none"> • Yes-1 • No-2 	
12	Do your parent (father/mother) have the habit of smokeless tobacco use?	<ul style="list-style-type: none"> • Yes-1 • No-2 	
13	If yes, what is the type?	<ul style="list-style-type: none"> • Zarda-1 • Sada pata-2 • Gul-3 • Others (specify)..... 	
14	Do your parent (father/mother) consume alcohol?	<ul style="list-style-type: none"> • Yes-1 • No-2 	

Part three: History of Behavioral Risk factors

S.No	Questions	Response	Code
15	Food Habit		
a.	How many days per week usually do you intake fruits?	Days:	
b.	How many servings of fruit do you intake a day? (USE SHOWCARD)	No of serving:	
c.	How many days per week usually do you intake vegetables?	Days:	
d.	How many servings of vegetables do you intake a day?	No of serving:	

e.	Do you take extra table salt in your meal?	<ul style="list-style-type: none"> • Yes-1 • No-2 	
f.	If yes, mention the frequency	<ul style="list-style-type: none"> • Regular-1 • Occasionally-2 • Never-3 	
g.	How many days in a usual week do you take fast-food? (Burger,Sandwich,Pizza etc.)	Days:	
h.	How many days in a usual week do you take fatty rich food? (Birani,Tahari etc.)	Days:	
i.	How many days in a usual week do you have empty caloric drink? (Coca Cola, Pepsi, Fanta, 7up, Energy drinks etc.)	Days:	
16	Smoking & Others Habit		
a.	Do you have smoking habit currently?	<ul style="list-style-type: none"> • Yes-1 • No-2 	
b.	If yes, Duration of smoking?	.....days/months/years	
c.	Number of stick per day?	..... stick	
d.	Do you consume smokeless tobacco?	<ul style="list-style-type: none"> • Yes-1 • No-2 	
e.	If yes, what is the type?	<ul style="list-style-type: none"> • Zarda-1 • Sada pata-2 • Gul-3 • Others (specify)..... 	
f.	Duration of consumption	.....days/months/years	
g.	Do you consume alcohol currently?	<ul style="list-style-type: none"> • Yes-1 • No-2 	
h.	If yes, Duration of consumption	.....days/months/years	
17	Physical inactivity		
a.	What is the distance between your home and school?	.....km	
b.	What is your way of going to school?	<ul style="list-style-type: none"> • Walking-1 • Rickshaw/Van-2 • Car-3 • Bus-4 	
c.	How much weight of your back pack?	.....kg	
d.	How much total time do you expend in school on an average day?	.....hours	

e.	What is the time expand you to watch TV?	.....hours
f.	How much time do you expand in playing outdoor games in a day?	.....hours
g.	How long do you expand in playing video game?	.....hours

Part four: Physical Measurements

S.No	Questions	Response
18	Anthropometric Measures	
a.	Height	.....cm
b.	Weight	.....kg
c.	Waist circumference	.....cm
d.	Hip circumference	.....cm

Signature of the interviewer