



Primary Caregiver's Questionnaire

Country code	Preschool number	Class number	Code number
□□	□□□	□□□	□□□□

Today's date

□□	□□	□□□□
Day	Month	Year

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Dear Parents/Caregivers,

You and your child are participating in a large European study that investigates dietary and physical activity patterns of around 5000 children from Belgium, Bulgaria, Germany, Greece, Spain and Poland. We very much hope that you are willing to fill in this questionnaire. Your participation is voluntary. All answers will be treated in strict confidence in accordance with the regulations regarding data protection, and the information will only be used for research purposes. No one will be given access to your answers except for the researchers.



You do not need to put your name on the questionnaire. When you have answered the questionnaire put it in the envelope provided, and give it back to your child in order to take it back to preschool or hand it in yourself to the teacher. If you have any other queries or want further information please contact <name of contact person country specific> at <Institute name country specific> on <Phone number country specific> or visit the ToyBox website: <http://www.toybox-study.eu/> add country-specific ext

Yours sincerely,

Name & Signature of Professor in charge of the ToyBox intervention in each country

Ⓜ How to complete the questionnaire Ⓜ

- In sections **B, C, D AND E** we ask firstly questions about **YOU** and then for **YOUR** child.

When you see , this refers to **YOU** and when you see , this refers to **YOUR** child

- Please complete the questionnaire using a **blue or black pen**.
- Most of the questions can be answered by placing a clear **X** in the answer box. Mark only one box per question unless multiple answers can be given. This will be indicated next to the question.
- In some questions we ask you to write your own answer.

EXAMPLES:

How far is your child's preschool located from your home?

- ₁ Up to 500 metres
₂ From 500 metres to <1 kilometre
₃ From 1 kilometre to <2 kilometres
₄ From 2 kilometres to <3 kilometres
₅ From 3 kilometres to <4 kilometres
₆ 4 kilometres or more

How much time does your child spend doing sports in a sports club per week?

|_0_|_2_| hours |_3_|_5_| minutes

If you wish to change an answer, leave the incorrect answer box marked 'X' and make the correct answer box completely black:

How far is your child's preschool located from your home?

- ₁ Up to 500 metres
₂ From 500 metres to <1 kilometre
₃ From 1 kilometre to <2 kilometres
₄ From 2 kilometres to <3 kilometres
₅ From 3 kilometres to <4 kilometres
₆ 4 kilometres or more

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A. Socio-demographic Questions

The following questions are for the person who is answering this questionnaire. Ideally this person must be the child's primary caregiver. Please answer all questions and fill in what applies to you or your situation. It is important to remember that there are no right or wrong answers.

This questionnaire is filled in by...

- ₁ The mother
- ₂ The stepmother
- ₃ The father
- ₄ The stepfather
- ₅ Other (please state by whom

A1. Was your child born in <insert country> ?

- ₁ Yes ₂ No, he/she was born in:

A2. Was the biological mother of your child born in <insert country> ?

- ₁ Yes ₂ No, she was born in: ₃ I don't know

A3. Was the biological father of your child born in <insert country> ?

- ₁ Yes ₂ No, he was born in: ₃ I don't know

A4. In what language(s) do you usually/mainly speak with your child at home?

- ₁ <insert national language>
- ₂ Other language, please specify:

A5. Which adults does your child live with? (You can mark more than one box)

- ₁ With both his/her mother and father
- ₂ Only with his/her mother
- ₃ Only with his/her father
- ₄ With his/her mother and her new partner
- ₅ With his/her father and his new partner
- ₆ With his/her grandparents
- ₇ Other adults (please specify).....

How many persons live permanently in the household where your child usually lives?

A6. Number of persons 18 years or above: person(s).

A7. Number of persons below 18 years: person(s).

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How many years of school education did you and your spouse/partner complete? Please mark one option for you and one option for your spouse/partner (do not count years in preschool and start from age 6)

	A8. Me	A9. Spouse/partner	A10. I do not have a spouse/partner
Less than 7 years	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
7-12 years	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	
13-14 years	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	
15-16 years	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	
More than 16 years	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	

What is the main occupation of you and your spouse/ partner over the last 6 months?

	A11. Me	A12. Spouse/partner	A13. I do not have a spouse/partner
Full time housework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Work full-time	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	
Work part-time	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	
Unemployed	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	
Full-time education	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	
Sick/disabled	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	
Something else	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	

A14. What is the gender of your child?

₁ Male ₂ Female

A15. On which day/month/year your child was born?

____|____| Day ____|____| Month ____|____|____|____| Year

A16. How many days per week does your child usually attend childcare?

____| Days

A17. How many hours per day does your child usually attend childcare?

____|____| Hours

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A18. What do you think about your child's weight?

- ₁ My child's weight is very low
₂ My child's weight is low
₃ My child's weight is not too low/ not too high
₄ My child's weight is high
₅ My child's weigh is very high

How many hours of sleep does your child usually have during the night? (Please mark one box for weekdays and one box for weekend days)

A19. Weekdays (average per night)	A20. Weekend days (average per night)
<input type="checkbox"/> ₁ Less than 6 hours	<input type="checkbox"/> ₁ Less than 6 hours
<input type="checkbox"/> ₂ 6-7 hours	<input type="checkbox"/> ₂ 6-7 hours
<input type="checkbox"/> ₃ 8-9 hours	<input type="checkbox"/> ₃ 8-9 hours
<input type="checkbox"/> ₄ 10-11 hours	<input type="checkbox"/> ₄ 10-11 hours
<input type="checkbox"/> ₅ 12-13 hours	<input type="checkbox"/> ₅ 12-13 hours
<input type="checkbox"/> ₆ 14 hours	<input type="checkbox"/> ₆ 14 hours
<input type="checkbox"/> ₇ More than 14 hours	<input type="checkbox"/> ₇ More than 14 hours
<input type="checkbox"/> ₈ I don't know	<input type="checkbox"/> ₈ I don't know

Thinking on the number of times and the duration of naps your child usually takes; Please indicate the TOTAL TIME SPEND TAKING NAPS PER DAY. (Please mark one box for weekdays and one box for weekend days)

A21. Weekdays (average per week day)	A22. Weekend days (average per weekend day)
<input type="checkbox"/> ₁ My child does not take naps on weekdays	<input type="checkbox"/> ₁ My child does not take naps on weekend days
<input type="checkbox"/> ₂ Less than 1 hour	<input type="checkbox"/> ₂ Less than 1 hour
<input type="checkbox"/> ₃ 1-2 hours	<input type="checkbox"/> ₃ 1-2 hours
<input type="checkbox"/> ₄ 3-4 hours	<input type="checkbox"/> ₄ 3-4 hours
<input type="checkbox"/> ₅ 5-6 hours	<input type="checkbox"/> ₅ 5-6 hours
<input type="checkbox"/> ₆ 7-8 hours	<input type="checkbox"/> ₆ 7-8 hours
<input type="checkbox"/> ₇ 9 or more hours	<input type="checkbox"/> ₇ 9 or more hours
<input type="checkbox"/> ₈ I don't know	<input type="checkbox"/> ₈ I don't know

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Which member of the family is usually in charge of the following tasks?

	Me	Spouse/partner	Grandparents	Others
A23. Prepare your child for preschool	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A24. Drop your child at preschool	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A25. Picks your child up after preschool	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A26. Cooks for your child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A27. Supervises/Feeds your child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
A28. Supervises outdoor activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

What is the age, height and weight of parents/caregivers with whom your child lives with?

	Me	Spouse/partner
A29. Age	____ ____ years	____ ____ years
A30. Height	____ ____ (cm)	____ ____ (cm)
A31. Weight	____ ____ .____ (kg)	____ ____ .____ (kg)

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B. Drinking behaviour

The following part of the questionnaire aims to assess the drinking behaviour of you and your child. Please answer all questions. It is important to remember that there are no right or wrong answers. Fill in what applies to you or your situation.

When we say:

- **Water:** we mean tap water, mineral water, natural sparkling or still water
- **Soft drinks:** we mean all sugared or sweet-flavored beverages, carbonated or not, plain or light e.g. Cola and Cola light/zero, Ice Tea, 7-up, Pepsi, Fanta, Fanta non-carbonated, Sprite, Orangina etc
- **Pre-packed juices:** we mean all fruit juice-based products including 100% fresh juice bottled or in paper-pack, 30% fruit-juice with added sugared (nectar), sports drinks, smoothies, canned juices e.g. Life, Tropicana, Lemonade, Lucozade

➤ QUESTIONS ABOUT YOU



How many portions of the following drinks do YOU usually consume? 'please note that portions per week is the same as times per week'

Beverage	Portion Size	Never	1 portion or less per week	2-4 portions per week	5-6 portions per week	1-2 portions per day	3-4 portions per day	5 or more portions per day
B1. Water (includes tap water, still and sparkling mineral water)	1 cup = 250 ml 1 small plastic bottle = 500ml 1 glass water = 250 ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B2. Fruit juice, home-made, freshly squeezed	1 glass fruit juice = 250ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B3. Fruit juice, pre-packed/ bottled (100%, nectar etc.)	1 small plastic bottle = 500ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

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Beverage	Portion Size	Never	1 portion or less per week	2-4 portions per week	5-6 portions per week	1-2 portions per day	3-4 portions per day	5 or more portions per day
B4. Light beverages (<i>light soda drinks, light Cola, ...</i>)	1 cup = 250 ml 1 can = 330ml 1 small plastic bottle = 500ml 1 glass lemonade = 250 ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
B5. Sugared beverages (<i>soda drinks like Cola, limonade, Ice Tea, ...</i>)	1 cup = 250 ml 1 can = 330ml 1 small plastic bottle = 500ml 1 glass lemonade = 250 ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

➤ **QUESTIONS ABOUT YOUR CHILD**



Please read the following statements and tick the boxes most appropriate to your situation:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
B6. My child is allowed to drink soft drinks or pre-packed juices whenever he/she asks for	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B7. I make water always available for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B8. It is bad for my child to drink soft drinks everyday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B9. It is bad for my child to drink pre-packed juices everyday	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B10. I encourage my child to drink water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B11. If I would like to drink soft drinks or pre-packed juices, I would try to restrain myself because of the presence of my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B12. I am pleased with my child's water consumption	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B13. My child prefers to drink soft drinks or pre-packed juices instead of water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B14. During meals, water is always available on the table	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
B15. I find it difficult to give my child water if he/she wants soft drinks or pre-packed juices	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B16. My child does not enjoy drinking water	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B17. I make soft drinks or pre-packed juices always available for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B18. My child's water consumption is within the appropriate recommendations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B19. My child can drink soft drinks or pre-packed juices as much as he/she likes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B20. I give soft drinks or pre-packed juices to my child as a reward or to comfort him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B21. During meals, soft drinks or pre-packed juices are always available on the table	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B22. My child drinks soft drinks or pre-packed juices only on certain occasions e.g., birthdays	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B23. How often do you think your child should drink soft drinks and pre-packed juices? 'please note that portions per week is the same as times per week'

- ₁ Never
- ₂ On certain occasions e.g., birthdays
- ₃ 1 glass or less per week
- ₄ 2-4 glasses per week
- ₅ 5-6 glasses per week
- ₆ 1-2 glasses per day
- ₇ 3-4 glasses per day
- ₈ 5 or more glasses per day
- ₉ I don't know

B24. How many glasses of water do you think your child should drink daily?

- ₁ None or scarce
- ₂ 1 glass per day
- ₃ 2 glasses per day
- ₄ 3 glasses per day
- ₅ 4 glasses per day
- ₆ 5 glasses per day
- ₇ 6 glasses per day
- ₈ 7 glasses per day
- ₈ 8 or more glasses per day
- ₉ I don't know

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C. Snacking behaviour

The following part of the questionnaire aims to assess the snacking behaviour of you and of your child. Please answer all questions. It is important to remember that there are no right or wrong answers.

When we say **SNACKING**, we mean all food items consumed as snacks in between the main meals of the day i.e. between breakfast and lunch (morning snack), between lunch and dinner (afternoon snack) and before going to bed (evening snack).

Examples of snacks include:

- pieces of fruits or vegetables, biscuits, yogurt (plain and flavored), cereal bar, bread, packet of crisps, bar of chocolate etc

➤ QUESTIONS ABOUT YOU



How often do you usually have something to eat as snack between the meals during weekdays?

On weekdays	Never	On 1 day	On 2 days	On 3 days	On 4 days	On 5 days
C1. Breakfast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
C2. Morning Snack (between Breakfast and Lunch)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
C3. Afternoon Snack (between Lunch and Dinner)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
C4. An evening snack (after dinner)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

How often do you usually have something to eat as snack between the meals during weekends?

On weekends	Never	On 1 day	On 2 days
C5. Breakfast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C6. Morning Snack (between Breakfast and Lunch)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C7. Afternoon Snack (between Lunch and Dinner)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C8. An evening snack (after dinner)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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How often do you consume the following items as a snack (in between your main meals)?

	Never	1 or less times per week	2-4 times per week	5-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day
C9. Nuts/peanuts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C10. Cakes/muffins	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C11. Wholemeal Bread	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C12. Biscuits/cookies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C13. Crisps and other similar salty snacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C14. Crackers, breadsticks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C15. Chocolate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C16. Sweets/candies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C17. Cheese	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C18. Cheese pies/ meat pies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C19. Yogurt/Fresh cheeses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C20. Pizza	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C21. Fresh Fruits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
C22. Vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

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➤ QUESTIONS ABOUT YOUR CHILD

Please read the following statements and tick the boxes most appropriate to your situation for morning, afternoon and evening snacks

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
C23. My child likes to eat fruits or vegetables as a snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C24. My child likes to eat dairy as a snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C25. My child likes to eat cereals/bread as a snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C26. I often give fruits or vegetables as snacks to my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C27. I often give dairy as snacks to my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C28. I often give cereals/bread as snacks to my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C29. I make fruit or vegetables snacks regularly available for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C30. I make dairy snacks regularly available for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C31. I make cereals/bread snacks regularly available for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C32. My child chooses sweet or salty snacks, when fruit or vegetables snacks are available	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C33. My child chooses sweet or salty snacks when other children eat fruit or vegetables snacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C34. I think eating sweet or salty snacks is not bad for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C35. I make sweet or salty snacks regularly available for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C36. My child is not allowed to snack while watching TV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C37. My child is allowed to eat fruits or vegetables as snacks without asking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
C38. My child is allowed to eat dairy or cereals/bread as snacks without asking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C39. My child is allowed to eat sweet or salty snacks only at certain occasions i.e., birthdays	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C40. I give sweet or salty snacks to my child as a reward or to comfort him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C41. If I prohibit my child to eat a sweet or salty snack, I find it difficult to stick to my rules if he/she starts nagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C42. I find it difficult to restrain myself from eating sweet or salty snacks because of the presence of my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C43. I am pleased with my child's snacking behaviour	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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When we say:

- Fruits or Vegetables: we mean pieces of fruits or vegetables (do not include juices)
- Bread or Cereals: we mean any kind of bread or breakfast cereals or cereal products
- Dairy products: we mean any kind of milk (plain and flavored), yogurt (plain and flavored) or cheese.
- Sweet or salty snacks: we mean any kind of chocolate, biscuits, candy, crisps, croissants, pizza or ice cream etc

What do you think is an acceptable consumption of the following food items for 4-6 year old children?

	Never	On certain occasions i.e. birthdays	1 or less times per week	2-4 times per week	5-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day
C44. Sweets/candies/ chocolate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C45. Biscuits/cookies/ cakes/muffins	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C46. Crisps and other similar salty snacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C47. Fruit and vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C48. Pizza, cheese pies/ meat pies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C49. Milk (plain)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C50. Yogurt (plain)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C51. Milk (flavored)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C52. Yogurt (flavored)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
C53. Cheese	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

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D. Physical Activity

The following part of the questionnaire is to assess the physical activity behaviour of you and of your child. Please answer all questions. It is important to remember that there are no right or wrong answers. Fill in what applies to you or your situation.

In the following questions, when we say **PHYSICAL ACTIVITY** we mean:
Activities that you do including practicing a sport or exercising

➤ QUESTIONS ABOUT YOU



Think about the time you spent walking in the last 7 days. This includes walking at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

D1. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

Yes ₁ |___| days per week

No walking ₂ ➔➔ **continue with question D3**

D2. How much time did you usually spend walking on one of those days?

|___|_|___| hours per day

and

|___|_|___| minutes per day

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

D3. During the **last 7 days**, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis?

Yes ₁ |___| days per week

No moderate physical activities ₂ ➔➔ **continue with question D5**

D4. How much time did you usually spend doing moderate physical activities on one of those days?

|___|_|___| hours per day

and

|___|_|___| minutes per day

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Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

D5. During the **last 7 days**, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Yes ₁ |___| days per week

No vigorous physical activities ₂ →→
continue with question D7

D6. How much time did you usually spend doing vigorous physical activities on one of those days?

|___|___| hours per day

and

|___|___| minutes per day

Think about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

D7. During the last 7 days, how much time did you spend sitting on a **week day**?

|___|___| hours per day and |___|___| minutes per day

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In the following questions, when we say **PHYSICAL ACTIVITY including practicing a sport or exercising** we mean:

Activities that YOUR CHILD does before and after school and that make him/her breathe harder or sweat

Examples of physical activities are: walking, cycling, playing in the playground, team sports like football and organized activities such as swimming or dance lessons

➤ QUESTIONS ABOUT YOUR CHILD



D8. Is your child member in a sports club?

₁ Yes

₂ No →→→ Please continue with question D11

D9. How much time does your child spend doing sport in a sports club per week?

____|____| hours ____|____| minutes

D10. What kind of sport does your child do in a sports club?

Please tick all appropriate.

₁ <country-specific categories>

₂ <country-specific categories>

₃ <country-specific categories>

₄ <country-specific categories>

₅ Other, please specify: _____

D11. How does your child usually get to/from preschool and how long does it take him/her?

	D12. Travel forth	D12a.Time (minutes)	D13. Travel home	D13a.Time (minutes)
Walking	<input type="checkbox"/> ₁		<input type="checkbox"/> ₁	
Cycling (himself/herself)	<input type="checkbox"/> ₂		<input type="checkbox"/> ₂	
By guardians bicycle	<input type="checkbox"/> ₃		<input type="checkbox"/> ₃	
By school bus and/or public transport	<input type="checkbox"/> ₄		<input type="checkbox"/> ₄	
By car/motorbike	<input type="checkbox"/> ₅		<input type="checkbox"/> ₅	
Other, please specify:	<input type="checkbox"/> ₆		<input type="checkbox"/> ₆	

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Think about where your child spent his/her time *YESTERDAY*.
Note: If yesterday was a Saturday or Sunday, then this question refers to the *last WEEK DAY* (i.e. Friday)

D14. What was the weather like *YESTERDAY*? (please tick *one* response)

- ₁ Fine to play outdoors
₂ Too wet to play outdoors
₃ Too hot or humid to play outdoors
₄ Too cold to play outdoors

D15. How much time did your child spend outdoors in active play (skipping, cycling) *YESTERDAY*?
 (record “0” if your child did not spend time playing outside)

|_|_| hours |_|_| minutes

Think about where your child spent his/her time *on the last WEEKEND DAY*
(Saturday or Sunday)

D16. What was the weather like on that *WEEKEND-DAY*? (please tick *one* response)

- ₁ Fine to play outdoors
₂ Too wet to play outdoors
₃ Too hot or humid to play outdoors
₄ Too cold to play outdoors

D17. How much time did your child spend outdoors in active play *IN THE LAST WEEKEND DAY*?
 (record “0” if your child did not spend time playing outside)

|_|_| hours |_|_| minutes

D18. How far is your child’s preschool located from your home?

- ₁ Up to 500 metres
₂ From 500 metres to <1 kilometre
₃ From 1 kilometre to <2 kilometres
₄ From 2 kilometres to <3 kilometres
₅ From 3 kilometres to <4 kilometres
₆ 4 kilometres or more

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3. González-Gil EM, Mouratidou T, Cardon G et al. Reliability of primary caregivers reports on lifestyle behaviours of European preschool children. The ToyBox-study. *Obes Rev*. 2014 Aug;15 Suppl S3:61-66. doi: 10.1111/obr.12184.

D19. I think that the recommendations on PHYSICAL ACTIVITY for 4-6 year old children are

- ₁ To be physically active one day a week
- ₂ To be physically active 2-3 days a week
- ₃ To be physically active every day for 30 minutes to 1 hour
- ₄ To be physically active every day for 1-2 hours
- ₅ To be physically active every day for 3-4 hours
- ₆ To be physically active every day for 5-6 hours
- ₇ To be physically active every day for 7-8 hours
- ₈ To be physically active every day for more than 8 hours
- ₉ I don't know

Please read the following statements and tick the boxes most appropriate to your situation:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
D20. My child likes to be physically active	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D21. My child enjoys taking part in sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D22. My child prefers doing passive activities (like playing with cars, dolls, drawing,..) rather than physical activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D23. If my child has the choice, he/she rather chooses to go somewhere in a passive (e.g. by car) rather than an active (walking, cycling) way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D24. Being physically active is good for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D25. I plan physical activity for my child on a regular basis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D26. I find it difficult to organize our family so that we have enough time for active transport.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D27. Toys or equipment/material (ball, rope, bike, swing, ...) are available for my child to play actively outside or inside	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
D28. I find it difficult to let my child be physically active if I want my child to be quiet so that I can do my household or work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D29. I find it difficult to let my child be physically active if the weather conditions are bad or it is very cold/hot outside.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D30. I find it difficult to let my child be physically active outside as I always have to be there to supervise him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D31. I encourage my child to be physically active	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D32. I like doing physical activities together with my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D33. I reward my child or comfort him/her by being physically active together with him/her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D34. I find it difficult to insist that my child is physically active if he/she does not want to and starts nagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D35. I try to be physically active together with my child regularly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D36. My child is allowed to run around and be physically active inside our house	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D37. I am pleased with my child's physical activity level	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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E. Sedentary activities

The following part of the questionnaire aims to assess the sedentary behaviour of you and of your child. Please answer all questions. It is important to remember that there are no right or wrong answers. Fill in what applies to you or your situation.

When we say **SEDENTARY** activities, we mean all sitting and lying activities, such as watching television and/or DVD, using the computer, drawing and looking into books.

➤ QUESTIONS ABOUT YOU



About how many hours a day do **YOU** usually watch television (including DVDs and videos) in your free time? (Please mark one box for weekdays and one box for weekend days)

E1. Weekdays (average all weekdays)	E2. Weekend days (average per weekend days)
<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₁ Never
<input type="checkbox"/> ₂ Less than 30 minutes/day	<input type="checkbox"/> ₂ Less than 30 minutes/day
<input type="checkbox"/> ₃ 30 minutes to <1 hr/day	<input type="checkbox"/> ₃ 30 minutes to <1 hr/day
<input type="checkbox"/> ₄ 1- 2 hrs/ day	<input type="checkbox"/> ₄ 1- 2 hrs/ day
<input type="checkbox"/> ₅ 3-4 hrs/ day	<input type="checkbox"/> ₅ 3-4 hrs/ day
<input type="checkbox"/> ₆ 5-6 hrs/ day	<input type="checkbox"/> ₆ 5-6 hrs/ day
<input type="checkbox"/> ₇ 7-8 hrs/ day	<input type="checkbox"/> ₇ 7-8 hrs/ day
<input type="checkbox"/> ₈ 8 hrs/ day	<input type="checkbox"/> ₈ 8 hrs/ day
<input type="checkbox"/> ₉ More than 8 hrs/ day	<input type="checkbox"/> ₉ More than 8 hrs/ day
<input type="checkbox"/> ₁₀ I don't know	<input type="checkbox"/> ₁₀ I don't know

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About how many hours a day do **YOU** usually use your computer for activities like chatting online, internet, emailing, playing games and/or do you play game consoles (e.g. Playstation, Xbox, GameCube) during leisure time? **Please do not count hours of computer use for work-related issues even when it is done at home**

E3. Weekdays (average all weekdays)	E4. Weekend days (average per weekend days)
<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₁ Never
<input type="checkbox"/> ₂ Less than 30 minutes/day	<input type="checkbox"/> ₂ Less than 30 minutes/day
<input type="checkbox"/> ₃ 30 minutes to <1 hr/day	<input type="checkbox"/> ₃ 30 minutes to <1 hr/day
<input type="checkbox"/> ₄ 1- 2 hrs/ day	<input type="checkbox"/> ₄ 1- 2 hrs/ day
<input type="checkbox"/> ₅ 3-4 hrs/ day	<input type="checkbox"/> ₅ 3-4 hrs/ day
<input type="checkbox"/> ₆ 5-6 hrs/ day	<input type="checkbox"/> ₆ 5-6 hrs/ day
<input type="checkbox"/> ₇ 7-8 hrs/ day	<input type="checkbox"/> ₇ 7-8 hrs/ day
<input type="checkbox"/> ₈ 8 hrs/ day	<input type="checkbox"/> ₈ 8 hrs/ day
<input type="checkbox"/> ₉ More than 8 hrs/ day	<input type="checkbox"/> ₉ More than 8 hrs/ day
<input type="checkbox"/> ₁₀ I don't know	<input type="checkbox"/> ₁₀ I don't know

E5. How often do you or your spouse/partner watch television, DVD/video together with your child?

- ₁ Never
- ₂ Less than once a week
- ₃ Once a week
- ₄ 2-4 days a week
- ₅ 5-6 days a week
- ₆ Every day, once a day
- ₇ Every day, more than once a day

E6. Is there internet connection available in your household?

- ₁ Yes
- ₂ No

Are the following devices available in your child's room?

	Yes	No
E7. TV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E8. DVD player	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E9. Game consoles i.e., Play Station	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E10. Computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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➤ QUESTIONS ABOUT YOUR CHILD

In the following questions, when we say **SEDENTARY BEHAVIOUR** we mean:

All sitting and lying activities, such as television viewing, playing games on a computer, game consoles and quiet play (drawing, construction, dolls), looking into books

By screen viewing activities, we refer to the usual time spend in a range of activities including TV/DVD/Video, electronic games and recreational computer use per day.

About how many hours a day does your child usually watch television (including DVDs and videos) in his/her free time? (Please mark one box for weekdays and one box for weekend days)

E11. Weekdays (average all weekdays)	E12. Weekend days (average per weekend days)
<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₁ Never
<input type="checkbox"/> ₂ Less than 30 minutes/day	<input type="checkbox"/> ₂ Less than 30 minutes/day
<input type="checkbox"/> ₃ 30 minutes to <1 hr/day	<input type="checkbox"/> ₃ 30 minutes to <1 hr/day
<input type="checkbox"/> ₄ 1- 2 hrs/ day	<input type="checkbox"/> ₄ 1- 2 hrs/ day
<input type="checkbox"/> ₅ 3-4 hrs/ day	<input type="checkbox"/> ₅ 3-4 hrs/ day
<input type="checkbox"/> ₆ 5-6 hrs/ day	<input type="checkbox"/> ₆ 5-6 hrs/ day
<input type="checkbox"/> ₇ 7-8 hrs/ day	<input type="checkbox"/> ₇ 7-8 hrs/ day
<input type="checkbox"/> ₈ 8 hrs/ day	<input type="checkbox"/> ₈ 8 hrs/ day
<input type="checkbox"/> ₉ More than 8 hrs/ day	<input type="checkbox"/> ₉ More than 8 hrs/ day
<input type="checkbox"/> ₁₀ I don't know	<input type="checkbox"/> ₁₀ I don't know

About how many hours a day does your child use the computer for activities like playing games on a computer, game consoles (e.g.Playstation, Xbox, GameCube) during leisure time?

E13. Weekdays (average all weekdays)	E14. Weekend days (average per weekend days)
<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₁ Never
<input type="checkbox"/> ₂ Less than 30 minutes/day	<input type="checkbox"/> ₂ Less than 30 minutes/day
<input type="checkbox"/> ₃ 30 minutes to <1 hr/day	<input type="checkbox"/> ₃ 30 minutes to <1 hr/day
<input type="checkbox"/> ₄ 1- 2 hrs/ day	<input type="checkbox"/> ₄ 1- 2 hrs/ day
<input type="checkbox"/> ₅ 3-4 hrs/ day	<input type="checkbox"/> ₅ 3-4 hrs/ day
<input type="checkbox"/> ₆ 5-6 hrs/ day	<input type="checkbox"/> ₆ 5-6 hrs/ day
<input type="checkbox"/> ₇ 7-8 hrs/ day	<input type="checkbox"/> ₇ 7-8 hrs/ day
<input type="checkbox"/> ₈ 8 hrs/ day	<input type="checkbox"/> ₈ 8 hrs/ day
<input type="checkbox"/> ₉ More than 8 hrs/ day	<input type="checkbox"/> ₉ More than 8 hrs/ day
<input type="checkbox"/> ₁₀ I don't know	<input type="checkbox"/> ₁₀ I don't know

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About how many hours a day does your child have quiet play (looking into books, playing with blocks, playing with dolls, drawing, construction) during leisure time?

E15. Weekdays (average all weekdays)	E16. Weekend days (average per weekend days)
<input type="checkbox"/> ₁ Never	<input type="checkbox"/> ₁ Never
<input type="checkbox"/> ₂ Less than 30 minutes/day	<input type="checkbox"/> ₂ Less than 30 minutes/day
<input type="checkbox"/> ₃ 30 minutes to <1 hr/day	<input type="checkbox"/> ₃ 30 minutes to <1 hr/day
<input type="checkbox"/> ₄ 1- 2 hrs/ day	<input type="checkbox"/> ₄ 1- 2 hrs/ day
<input type="checkbox"/> ₅ 3-4 hrs/ day	<input type="checkbox"/> ₅ 3-4 hrs/ day
<input type="checkbox"/> ₆ 5-6 hrs/ day	<input type="checkbox"/> ₆ 5-6 hrs/ day
<input type="checkbox"/> ₇ 7-8 hrs/ day	<input type="checkbox"/> ₇ 7-8 hrs/ day
<input type="checkbox"/> ₈ 8 hrs/ day	<input type="checkbox"/> ₈ 8 hrs/ day
<input type="checkbox"/> ₉ More than 8 hrs/ day	<input type="checkbox"/> ₉ More than 8 hrs/ day
<input type="checkbox"/> ₁₀ I don't know	<input type="checkbox"/> ₁₀ I don't know

Please read the following statements and tick the boxes most appropriate to your situation:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
E17. I think screen viewing activities are beneficial and educational for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E18. My child likes to watch TV/DVD/ Video	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E19. My child prefers to watch TV for a long time instead of doing other activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E20. I find it difficult to limit my child's screen viewing activities if he/she does not want to and starts nagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E21. I like watching TV/DVD/Video together with my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E22. I make sure that there are other activities available for my child to do instead of screen viewing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E23. My child does not like to do activities while standing up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E24. My child's TV viewing levels are within the appropriate recommendations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E25. I think it is necessary to limit the screen viewing activities for my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
E26. I encourage my child to do something else instead of watching TV/DVD/Video	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E27. It is a habit to organise my family so that we can see programs we like at TV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E28. I try to restrain myself from watching TV/DVD/Video while my child is present	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E29. My child is allowed to watch TV for as long as he/she wants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E30. I punish my child by forbidding him/her to watch TV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E31. I do not think it is necessary to limit TV viewing for my child if he/she look at the appropriate children programs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E32. I am pleased with my child's screen viewing activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

E33. I think that the recommendation for TV VIEWING for 4-6 year old children is:

- ₁ Not to watch television at all
- ₂ To watch television not more than a few times per week
- ₃ To watch television for maximum 1 hour per day
- ₄ To watch television for 1 to 2 hour per day
- ₅ To watch television for 3 to 4 hours per day
- ₆ To watch television for 5 to 6 hours per day
- ₇ To watch television for 7 to 8 hours per day
- ₈ To watch television for more than 8 hours per day
- ₉ To watch television as often as he/she likes
- ₁₀ I don't know

How often does your child watch television during the following meals?

	Never	Rarely	Sometimes	Often	Always
E34. Breakfast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E35. Morning snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E36. Lunch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E37. Afternoon snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E38. Dinner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E39. Evening snack	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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F. General questions about your child
Please answer the following questions only for your child who brought the questionnaire from school



F1. Pre-gestational maternal weight (2-3 months prior to conception)	Please specify _ _ _ _ . _ (kg)		
F2. How much weight (kg) did the mother gain during pregnancy?	Please specify _ _ _ _ . _ (kg)		
F3. Was the gestation multiparous?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, carrying _ children		
F4. Weeks of gestation (max 40 weeks)	Please specify _ _ _ weeks		
Smoking during gestation	F5. 1 st trimester	F6. 2 nd trimester	F7. 3 rd trimester
	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes F5.1. If yes, give number of cigarettes _ _ per day	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes F5.2. If yes, give number of cigarettes _ _ per day	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes F5.3. If yes, give number of cigarettes _ _ per day

Please record the weight and length of your child at birth and performed on the 6th, 7th, 11th and 12th month of your child’s life (please have a look at the recorded infant’s growth chart/medical record)



	Weight (kg)	Length (cm)
F8. At birth	_ . _ _ _ _ (kg)	_ _ _ (cm)
F9. Month 6	_ . _ _ _ _ (kg)	_ _ _ (cm)
F10. Month 7	_ . _ _ _ _ (kg)	_ _ _ (cm)
F11. Month 11	_ . _ _ _ _ (kg)	_ _ _ (cm)
F12. Month 12	_ . _ _ _ _ (kg)	_ _ _ (cm)

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1. Manios Y, Androutsos O, Katsarou C et al. Designing and implementing a kindergarten-based, family-involved intervention to prevent obesity in early childhood. The ToyBox-study. *Obes Rev* 2014 Aug;15 Suppl S3:5. doi: 10.1111/obr.12175.
2. Mouratidou T, Miguel ML, Androutsos O et al. Tools, harmonization and standardization procedures of the impact and outcome evaluation indices obtained during a kindergarten-based, family involved intervention to prevent obesity in early childhood. The ToyBox-study. *Obes Rev.* 2014 Aug;15 Suppl S3:53-60. doi: 10.1111/obr.12183.
3. González-Gil EM, Mouratidou T, Cardon G et al. Reliability of primary caregivers reports on lifestyle behaviours of European preschool children. The ToyBox-study. *Obes Rev.* 2014 Aug;15 Suppl S3:61-66. doi: 10.1111/obr.12184.

Breastfeeding and nutrition over the first 12 months of your child's life

Please tick <input checked="" type="checkbox"/> all the months during which the child systematically received breastfeeding:													
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	>12th
F13. Breastfeeding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₃

At which month did you introduce in your child's routine diet the following (Please tick <input checked="" type="checkbox"/> only the month of introduction):													
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	>12th
F14. Formula milk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₃
F15. Tea, chamomile (e.g. for baby colic)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₃
F16. Liquid food (e.g. diluted fruit juice)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₃
F17. Solid and semi-solid food (e.g. farin lactee, vanilla cream, biscuit cream, fruit cream, vegetable soup)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₃

THANK YOU VERY MUCH FOR FILLING IN THE QUESTIONNAIRE!

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