

Supplementary material: Questionnaire to be completed by parents/ guardians

- How do you assess your child's overall state of health?
 - a. Very good
 - b. Good
 - c. Average
 - d. Poor
 - e. I find it difficult to assess

- Does your child have any chronic diseases?

NO YES

Mark which ones (several answers possible)

- a. asthma
- b. hypothyroidism
- c. intestinal inflammation
- d. allergies (contact, food)
- e. heart and circulatory system diseases
- f. respiratory system diseases
- g. digestive system diseases
- h. endocrine diseases
- i. neurological diseases
- j. other diseases

- Does your child remain under the care of a specialist doctor?

NO YES

Mark applicable answers (several answers possible)

- a. allergologist
- b. pulmonologist
- c. endocrinologist
- d. cardiologist
- e. nephrologist
- f. gastrologist
- g. neurologist h. other specialist

Reason(s)

- How would you rate your child's body weight?
 - significant underweight slight underweight
 - correct weight
 - slight overweight significant overweight

- In your opinion, does your child eat well?

NO YES I DO NOT KNOW

- In your opinion, does your child get enough exercise during the day?

NO YES I DO NOT KNOW

- How often does your child eat sweets and salty snacks?
 - A few times a day Not more often than once a day
 - A few times a week
 - Once a week or less often
 - He/she does not eat sweets
 - I don't know

- How many times a week does your child have breakfast (at home)?

- Min. 5 times a week
- 3-5 times a week
- 1-3 times a week
- Child does not have breakfast
- I do not know

- The child usually gets... (min. 3 days a week)

- Packed lunch
- Money to buy lunch
- My child does not have lunch at school
- I don't know

- How many hours per day does your child watch television and/or use the computer? (average during the week)

- More than 3 hours
- Between 1 and 3 hours
- Less than 1 hour

- How often does your child eat fast-food (e.g. hot dog, hamburger, fries, kebab, pizza) per week?

- Min. 5 times a week 3-5 times a week
- 1-3 times a week
- The child does not eat fast-food
- I do not know

- How often does your child drink sweetened drinks per week (carbonated drinks, uncarbonated sweetened soft drinks)?

- Min. 5 times a week
- 3-5 times a week
- 1-3 times a week
- The child doesn't drink such drinks I don't know

- How often does your child drink water (bottled water, boiled water, tap water) during the week?

- Min. 5 times a week
- 3-5 times a week
- 1-3 times a week
- The child doesn't drink water
- I don't know

- How many hours physical activity per week does your child have - actively playing, doing sport (excluding PE classes)?

- Min. 5 hours per week
- between 3 and 5 hours
- between 1 and 3 hours
- less than 1 hour per week

- Does your child have difficulty falling asleep?

- No, never
- Very rarely
- Yes, once per month
- Yes, 1-2 times per week
- 3-4 times per week
- More often than 5 times per week

- How often does your child tell you that he/she is tired or sleep-deprived?

- Never
- Very rarely
- Less often than 1 time per month
- 1-2 times per week
- 3-4 times per week
- More often than 5 times per week

- Are there any overweight or obese people in your child's immediate family?

- NO YES

If YES, please specify who:

- Mother Father Sibling

Were any members of the immediate family affected by the following diseases?

heart disease (heart attack, cardiovascular disease)?

- NO YES (Mother Father Sibling)

stroke?

- NO YES (Mother Father Sibling)

diabetes?

- NO YES (Mother Father Sibling)

lipid disorders (so-called “high cholesterol”)

- NO YES (Mother Father Sibling)

- Please state (estimate)

Mother’s weight kg ; Mother’s height cm ;
 Father’s weight kg; Father’s height cm
 week of pregnancy at birth wk;
 Child’s body weight at birth kg or g

- Mother's education:

- elementary vocational secondary higher

- Father's education:

- elementary vocational secondary higher

- Has your child been vaccinated according to the vaccination calendar?

- NO YES

- Has your child been vaccinated against other diseases (apart from the obligatory vaccinations according to the vaccination calendar, e.g. flu, pneumococcal etc.)

- NO YES

(tu będzie link do pełnego artykułu EJTCM)