

## APPENDIX 4

## Dietary Information Form

ID

--	--	--	--	--	--	--	--

Category (to be filled in by the investigator)	Normal / Overweight / Obese
--	-----------------------------

Date of Interview :

Name of the school :

Name of the child : Std. : Div. : Roll No.

- 1) Type of food consumed : vegetarian / non-vegetarian / ovo- vegetarian
- 2) If ovo- vegetarian, frequency of consuming eggs : Daily / 3-5 times a week /  
< 3 times a week
- 3) If non-vegetarian, frequency of consuming non-veg foods.

Sr. No.	Foods	Daily	3-5 times a week	Twice a week	Once a week or less
1	Beef / Mutton				
2	Chicken				
3	Fish / Sea Foods				
4	Pork				
5	Eggs				

4) Daily pattern of eating on school days

Sr. No.	Meal Pattern	Time	Items
1	Early Morning		
2	Breakfast		
3	Midmorning		
4	Lunch		
5	Midafternoon		
6	Dinner		
7	Bed time		
8	Any other (specify)		

5) Daily pattern of eating on holidays

Sr. No.	Meal Pattern	Time	Items
1	Early Morning		
2	Breakfast		
3	Midmorning		
4	Lunch		
5	Midafternoon		
6	Dinner		
7	Bed time		
8	Any other (specify)		

6) Does the child skip breakfast on school days / holidays ? Yes/No If yes, why ?

7) Dietary recall by 24 hour by dietary recall method

Time	Food Item	Cooked Amount	Raw Ingredients	Amount	Subject's Intake Amount
Early Morning					
Breakfast					
Midmorning					
Lunch					
Midafternoon					
Dinner					
Bed time					
Any other (specify)					