

**Appendix 1: Socio-Demographic Information of Respondents**

1. Age in completed years .....
2. Sex a) Male b) Female
3. Class .....
4. Religion a) Islam b) Christianity c) Traditional d) Others (Please specify)
5. Ethnicity a) Yoruba b) Igbo c) Hausa d) Others (Please specify)
6. Father education a) No education b) Primary education c) Secondary education d) Tertiary education
7. Mother education a) No education b) Primary education c) Secondary education d) Tertiary education
8. Father Occupation a) Unemployed b) Artisans (e.g Tailor, Barber, etc) (c) Professionals (e.g, Doctor, Lawyer, Accountant etc)
9. Mother Occupation a) Unemployed b) Artisans (e.g Tailor, Barber, etc) (c) Professionals (e.g, Doctor, Lawyer, Accountant etc)
10. Monthly income of Parent a) less than 30,000 naira b) Above 30,000 naira
11. Presence of disability a) Yes b) No

**Appendix 2: Dietary Intake and Food Habits of Respondents**

1. Is your meal size affected by the presence of friends or family members? A. Yes B. No
2. Do you skip any meal? A. Yes B. No
3. If yes, which meal does you skip? A. Breakfast B. Lunch C. Dinner
4. How often do you skip this meal? A. 1-2 times a week B. 2-4 times a week  
C. 5 times and more a week
5. How many glasses (300 ml) of water do you drink/day? A. 1 B. 2-4  
C. 5-7 D. 8 or more
6. Do you receive daily pocket money? A, Yes B. No C. sometimes (\_\_\_\_) a week
7. Do you buy food from the canteen/vendor /food shops? A. Yes B. No
8. If yes, what do you usually buy?\_\_\_\_\_
9. How do you feel about your figure? A. Overweight B. Right weight C. Thin
10. Have you ever tried losing weight? A. Yes B. No
11. Have you ever tried gaining weight? A. Yes B. No
12. Do you watch your weight? A. Yes B. No

**13. Food Frequency Table**

Food	Daily	4-5 times a week	2-3 times a week	Once in a week	Once in 15 days or less	Never	Remark
Cereals							
Pulses and Legumes							

Milk & milk Products							
Green leafy Vegetables							
Other Vegetables							
Fruits							
Egg, Meat, Fishes							
Tea/Coffee							
Fast foods							

**14, Twenty-four (24) hours dietary recall**

<b>Timing</b>	<b>Description of food or drink</b>	<b>Serving</b>	<b>Amount</b>
<b>Breakfast (6 to 9 A.M)</b>			
<b>Lunch (9 to 11 A.M)</b>			
<b>Snacks (1 to 5 P.M)</b>			
<b>Dinner (9 to 11 P.M)</b>			

**Appendix 3: Physical Examination**

	Reading 1	Reading 2	Reading 3	Mean reading
Height (m)				
Weight (kg)				