



MODERATOR'S GUIDE: FOCUS GROUP WITH CHILDREN

Study: Cardiovascular disease risk factors in school-age children living in poor urban areas of Guatemala

School:	Date of FG:
No. of participants:	Start time / end time:
Moderator:	Assistant:
Observations: _____	

Welcome

"Good morning and welcome. Thanks for taking the time to join our discussion group. My name is Paola and I come from INCAP. I will be helped by _____ who is also from INCAP."

Overview of the topic

"At INCAP we are interested in knowing the opinions of children about some topics related to health, food and physical activity. This information will help us make a program that motivates healthy lifestyles in children and their families."

"You were invited because you are all students of this school. It is very important for us to have your opinions about these topics."

Rules

"There are no right or wrong answers. We expect that you will have differing points of view. Please, feel free to share your point of view even if it differs from what others have said."

"We're recording the session because we don't want to miss any of your comments. No names will be included in any reports. Your comments are confidential."

"We have our name in the name tag. They help me remember names, but they can also help you. Don't feel like you have to respond to me all the time. If you want to follow up on something that someone said, you want to agree, or disagree, or give an example, feel free to do that. Feel free to have a conversation with one another about these questions. I am here to ask questions, listen and make sure everyone has a chance to share. We're interested in hearing from each of you. So if you're talking a lot, I may ask you to give others a chance. And if you aren't saying much I may call on you. We just want to make sure all of you have a chance to share your ideas."

"The most important thing is for us to feel comfortable and have fun. Feel free to get up and get more refreshments if you would like."



Questions

1. Let's find out more about each other by going around de circle one at a time. Tell us your name and what do you like to do in your free time.

2. I am going to show you some pictures. We will look at them one by one. Be sure to answer the first thing that comes to mind.

Show:

- Picture 1 (jumping rope or similar)
- Picture 2 (sugar beverages)
- Picture 3 (snacks)
- Picture 4 (fruits and vegetables)
- Picture 5 (cigarette)
- Picture 6 (water bottle)

In each picture, ask:

- What do you observe?
- What do you think?
- What do you feel?

3. What do you think causes a child to be overweight or obese? Picture 7

Explore:

- Personal causes
- Interpersonal causes
- Environmental causes

4. What motivates them to be inactive? Picture 8

Explore:

- Personal causes
- Interpersonal causes
- Environmental causes

5. What causes them to eat small amounts of fruits and vegetables? Picture 9

Explore:

- Personal causes
- Interpersonal causes
- Environmental causes

6. What motivates them to eat unhealthy foods and drinks? Picture 10

Explore:

- Personal causes
- Interpersonal causes
- Environmental causes



7. **What causes kids to start smoking?** Picture 5

Explore:

- Personal causes
- Interpersonal causes
- Environmental causes

8. **Of all the situations we saw before (show pictures 5, 7, 8, 9, 10), which one do you think is the most common in kids your age?**

9. **If we wanted children your age to have a healthier live. What would you recommend us to do to motivate you to be:**

- More active and play more?
- Eat more fruits and vegetables?
- Eat less unhealthy snacks and sweet beverages?
- Not smoke?

10. **What do you need to achieve this?**

11. **Of all the needs you mentioned. Which is the most important? (ask each participant)**

Ending

Thank all the participants for their time and opinions given in the discussion group.



MODERATOR'S GUIDE: FOCUS GROUP WITH PARENTS

Study: Cardiovascular disease risk factors in school-age children living in poor urban areas of Guatemala

School:	Date of FG:
No. of participants:	Start time / end time:
Moderator:	Assistant:
Observations: _____	

Welcome

"Good morning and welcome. Thanks for taking the time to join our discussion group. My name is Paola Letona and I come from INCAP. I will be assisted by _____ who is also from INCAP."

Overview of the topic

"At INCAP they are interested in knowing your opinions about heart diseases, risk factors and the development of unhealthy habits. This information is needed for the creation of an effective program that will promote healthy lifestyles in schoolchildren and their families."

"You were invited because you are all parents of a child that is attending this school. It is very important for us to have your opinions and knowledge about these topics in order to develop a program that is tailored to the Guatemalan needs and reality."

Rules

"There are no right or wrong answers. We expect that you will have differing points of view. Please, feel free to share your point of view even if it differs from what others have said."

"We're recording the session because we don't want to miss any of your comments. No names will be included in any reports. Your comments are confidential."

"We have our name in the name tag. They help me remember names, but they can also help you. Don't feel like you have to respond to me all the time. If you want to follow up on something that someone said, you want to agree, or disagree, or give an example, feel free to do that. Feel free to have a conversation with one another about these questions. I am here to ask questions, listen and make sure everyone has a chance to share. We're interested in hearing from each of you. So if you're talking a lot, I may ask you to give others a chance. And if you aren't saying much I may call on you. We just want to make sure all of you have a chance to share your ideas."

"If you have a cell phone or a pager please put it on the quiet mode, and if you need to answer step out to do so. Feel free to get up and get more refreshments if you would like."



Questions

12. Let's find out more about each other by going around de circle one at a time. Tell us your name and how long have you had your children at this school.
13. What is the first thing that comes to mind when you hear the phrase "heart diseases"?
14. What puts us at risk for heart disease?
15. The doctors have found that what puts us at more risk for heart disease is being overweight or obese (show picture 1), lack of physical activity (picture 2), unhealthy diet (picture 3), eating small amounts of fruits and vegetables (picture 4) and tobacco use (picture 5). At what age do you think this habits start to develop?
16. Which of these habits or situations do you see more often in boys and girls between the ages of 9 and 12?
17. What do you think causes a child to be overweight or obese?
Explore:
 - Personal causes
 - Interpersonal causes
 - Environmental causes
18. What motivates them to be inactive?
Explore:
 - Personal causes
 - Interpersonal causes
 - Environmental causes
19. What causes them to eat small amounts of fruits and vegetables?
Explore:
 - Personal causes
 - Interpersonal causes
 - Environmental causes
20. What motivates them to eat unhealthy foods and drinks?
Explore:
 - Personal causes
 - Interpersonal causes
 - Environmental causes
21. What causes kids to start smoking?
Explore:
 - Personal causes
 - Interpersonal causes
 - Environmental causes



22. Thinking as parents, what habit or situation worries you the most and the least? Write your answers in the sheet of paper and in a moment we will share the answers.

23. To prevent heart disease it is necessary to lead a healthy lifestyle since childhood. What are the needs your community has in order to achieve this?

Explore:

- Kids
- Parents
- Families

24. Which persons or institutions could give the support that the community needs to promote a healthy lifestyle?

Explore:

- School
- Municipality
- Health center
- Religious leaders

25. Of all the needs that you mentioned, which is the most important for you? (*Ask each participant*)

Make a brief summary of the comments of the discussion group.

26. Have we missed anything? Is there anything that we should have talked about but didn't?

Ending

Thank all the participants for their time and opinions given in the discussion group.



OBSERVATION AND INTERVIEW GUIDE: HOME VISITS

Study: Cardiovascular disease risk factors in school-age children living in poor urban areas of Guatemala

Form	<input type="text" value="0"/> <input type="text" value="1"/>	Id. of child	<input type="text"/> <input type="text"/> <input type="text"/>	Interviewer	<input type="text"/> <input type="text"/>
Informant	<input type="text"/> <input type="text"/>	School	<input type="text"/>	Visit duration (minutes)	<input type="text"/> <input type="text"/> <input type="text"/>
Date of visit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	(dd)	(mm)	(year)		

Observations:

Introduction

Thank you for letting us visit your house and for your time.

We are going to visit a total of 30 families at their houses and the reason is that we want to know more about Guatemalan family customs. This information will help us design an effective program that seeks to improve the health of schoolchildren and their families.

During the visit you will see me writing in this paper in order to not forget what you share with me. All the information given by you is confidential. That is to say, that INCAP'S investigators will be the only ones that have access to it.

If for any reason you want to terminate the visit, just let me know and I will leave the house.

Questions

1. What has been your experience living here?

2. How many persons live in the house? Explore who and their ages.



3. **Can you describe how a normal weekday is for your family.** Explore routines, occupations, housework, family activities, and transportation.

4. **What do all of you do in the weekend?** Explore routines, housework, family activities and transportation.

5. **What kinds of foods are purchased for the house?** Explore the reasons.

6. **¿Where is the food bought** (fruits and vegetables, meat, cereals, bread, beverages, etc.)? Explore the most used stores (location) and approximate cost per month.

7. **¿Where do all of you eat breakfast? ¿Lunch? ¿Dinner?** *If they eat a meal together ask question #8.*

8. **Describe a mealtime when you are all together. Who participates? How do you feel? How do you think your children feel?** Explore the social and emotional environment during the meal and the place where it takes place.

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9. ¿Who prepares the food for your son/daughter _____? Explore the foods and beverages that are consumed more frequently.

10. ¿Is there time for physical activity exercises and sports? Explore by who, how many times per week and duration.

11. ¿Do your children have time to play? Explore the types of games and duration.

12. What do all of you do for fun or entertainment at home? Explore TV or radio habits (programs, schedule, rules).

13. In what occasions do you celebrate special events? Explore what they do, eat and persons who attend.



OBSERVATION

1. Physical space

How many rooms or environments does the house have? Which are they?
Is there space for the children to play? Inside or outside?

2. Food environment

Describe in detail the space where food is prepared (furniture, electronics, hygiene).
Describe in detail the space where food and beverages are stored.
Are there foods in sight?
Is there a table to eat? Spaces for how many? How many chairs?

3. Physical activity and entertainment

TV? How many? Where?
Radio? How many? Where?



REQUEST FOR PERMISSION

Request permission to take pictures of the following areas (no subjects will be included in the pictures):

- Space of food preparation and storage
- Where the family eats
- TV or radio space
- Spaces where the children play

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 Study: Obesity and Cardiovascular disease risk factors in school age children living in poor urban areas of Guatemala.

Index of Forms

Form Number	Name of the Form
1	Body composition Analysis: Deuterium Isotopic Dilution Test with Deuterium
2	Anthropometric Measurements
3	Blood Pressure Measure
4	Body Composition Analysis BIA
5	General Data, Sociodemographiand Health study.
6	Questionnaire addressed to the Chihld about diet and physical activity.
8	Physical Activity Podometer
9	Physical Condition Evaluation 6 minutes test

Institute of Nutrition of Central America and Panama (INCAP), Guatemala City, Guatemala
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Form No. 1	Body Composition Isotopic Dilution with Deuterium
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GENERAL DATA	
ID of the child (ID)	
Date (F10)	
CONDITIONS FOR THE TEST	
1. What time did you eat for the last time?	___ ___ (N1A) : ___ ___(N1B)
2. What time did you drink something for the last time?	___ ___ (N2A): ___ ___(N2B)
3. Have you had any coffee, tea or soft drink since yesterday morning? 1. YES 2. NO	___ N3
4. Have you made any physical activity that made you sweat since yesterday morning? 1. YES 2. NO	___N4
5. Are you sick today? 1. YES 2. NO	___N5

Sample	Volume (ml)	Time of day
BASAL saliva	___ (BASAL)	___ ___ (BASAL2) : ___ ___ (BASAL3)
Dose	___ ___ (DOSE)	___ ___(DOSE2) : ___ ___(DOSE3)
Mouth wash	___ ___(ENJUAGUE)	___ ___(ENJUAGUE1) : ___ ___ (ENJUAGUE2)
Liquids between basal and post-dose	___ ___ ___ (LIQUIDS)	___ ___(LIQUIDS2) : ___ ___(LIQUIDS3)
Saliva POST-DOSIS	___ (POSTDOSIS)	___ ___(POSTDOSIS2): ___ ___(POSTDOSIS3)
Orina entre basal y post-dosis	___ ___ ___(ORINA)	___ ___ (ORINA2) : ___ ___(ORINA3)

Observations: _____

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Form No. 2	ANTHROPOMETRIC MEASURES
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GENERAL DATA	
ID of the child (Id)	
Fecha (F2)	___ / ___ / ___
MEASUREMENTS	
1. Weight	___ . ___ peso1 ___ . ___ peso2 ___ . ___ peso3
2. Height:	___ . ___ talla1 ___ . ___ talla2 ___ . ___ Talla3
3. Seated height:	___ . ___ tallas1 ___ . ___ tallas2 ___ . ___ tallas3
4. Medium Arm Circumference:	___ . ___ cbrazo ___ . ___ cbrazo2 ___ . ___ cbrazo3
5. Arm extension:	___ . ___ brazada1 ___ . ___ brazada2 ___ . ___ brazada3
6. Waist circumference	___ . ___ ccint1 ___ . ___ ccint2 ___ . ___ ccint3
7. Hip circumference	___ . ___ ccad1 ___ . ___ ccad2 ___ . ___ ccad3
8. Calf circumference:	___ . ___ cpantor1 ___ . ___ cpantor2 ___ . ___ cpantor3
9. subscapular skinfold	___ . ___ subesc1 ___ . ___ subesc2 ___ . ___ subesc3
10. Tricipital skinfold	___ . ___ tricpes1 ___ . ___ tricpes2 ___ . ___ tricpes3

Observations:

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FORM 3.	BLOOD PRESSURE
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GENERAL DATA

Date(fecha13) _____/_____/_____
 ID(Id): _____

BLOOD PRESSURE MEASUREMENT

	Blood Pressure 1	Blood Pressure 2	Blood Pressure 3	Blood Pressure 4
Systolic	____ _sistol1	____ _sistol2	____ _sistol3	____ _sistol4
Diastolic	____ _diastol1	____ _diastol2	____ _diastol3	____ _diastol4
Pulse	____ _pulso1	____ _pulso2	____ _pulso3	____ _pulso4
Time	____ _hora1: ____ _hora2			

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FORM No. 4	Body Composition BIA
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GENERAL DATA	
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ID del niño/a(Id)	
Date (date)	

BIA					
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Age				___ __ AGE	
Height				___ . ___ HEIGHT	
Weight				___ . ___ WEIGHT	
Test No.	Time of day	5 kHz	50 kHz	100 kHz	200 kHz
_____	_____ : _____	_____ (imped5k)	_____ imped50k	_____ Imped100k	_____ Imped200k

Observations: _____

Institute of Nutrition of Central America and Panama (INCAP), Guatemala City, Guatemala
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FORM No. 5	Socio-demographic, health and general information
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Date:	___/___/___ (Fechaen)
Start time:	___:___ (Hora1:Hora2)
ID (child)	_____ (Id)
A. Family	
1. How many people live at the child's home, meaning who eats from the same pot?	___P1
2. How many people live at home meaning under the same roof?	___P2
B. Child's Mother Information	
3. Where was she born? Country: 1. Guatemala 2. Other _____ Departament: _____	___P3A ___P3B
4. Age (years)	___P4
5. Do you speak a Mayan Language besides Spanish? 1.YES 2.NO	___P5
6. Which was the last grade you passed? Elementary school Junior High School High School College 1 2 3 4 5 6 1 2 3 1 2 3 1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 ► Beyond 4yh year of elementary school go to question No. 8	___P6
7. Do you read and write? 1. YES 2. NO	___P7
8. Civil status? 1. Single 2. Married/Live together 3. widow 4. Divorced	___P8
9. Do you currently have a job in which you earn Money? 1. YES 2. NO	___P9
10. What is your job about? _____	___P10
11. Do you live with the child? 1. YES 2. NO	___P11

C. Information of the Child's father	
12. Where was he born? Country: 1. Guatemala 2. Other _____ Departament: _____	___P12A ___P12B
13. Age: (years)	___P13
14. Does he speak a Mayan Language besides Spanish? 1.YES 2.NO	___P14
15. Which was the last grade he passed? Elementary school Junior High High School College 1 2 3 4 5 6 1 2 3 1 2 3 1 2 3 4 5 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	___P15
16. Does he read and write? 1. YES 2. NO	___P16
17. Does he have a job currently in which he earns money? 1. YES 2. NO	___P17
18. What is his job about? _____	___P18
19. Does he live with the child? 1. YES 2. NO	___P19
D. Obstetric History	
20. How many children have you had?	___P20
21. How many living children do you have?	___P21
22. What are your children's age and other children you take care of (oldest to youngest)? ___N22V1 ___N22V2 ___N22V3 ___N22V4 ___N22V5 ___N22V6 ___N22V7 ___N22V8 ___N22V9 ___N22V10 1 2 3 4 5 6 7 8 9 10	
E. Household Characteristics	
23. The house where you live is? 1. Own 2. Rented 3. Borrowed 4. Other: _____	___P23
24. How many romos does your house have?	___P24
25. The material of the rook of your house is made of: 1. Thin 2. Curved roof tile 3 Concrete 4. Other: _____	___P25
26. The floor is made of 1. Soil 2. Cement 3. Concrete 4. Other: _____	___P26
27. The walls in your hace are made of: 1. Sun-dried clay brick 2. Brick/ Block 3. Wood 4. Cardboard 5. Other: _____	___P27
28. The wáter you use at the house is from: 1. Public well 2. House well 3. Piped water 4. Bought	___P28
29. In the bathroom of your house there is: 1. Toillet 2. Latrine 3. None	___P29

F. Child's Information

30. Date of birth _____/_____/_____
 _____FECHANAC

31. Age (years up to this date) _____P31

32. Birth weight (pounds and ounces) _____ : _____P32

33. Length at birth (centimeters): _____p33

34. Who takes care of the child after school?

 _____p34

35. You consider that your child's health is:
 1. Excellent 2. Very good 3. Good 4. Regular 5. Bad
 _____p35

36. How long have you lived at this municipality?
 1. Less than 1y 2. From 1 to 2y 3. More than 2y
 ► ANSWER 2 or 3 go to question No. 38
 _____p36

37. Where did you live before? Municipality:

 Department: _____
 Country: 1. Guatemala 2. Other _____
 _____p37A
 _____p37B
 _____p37C

G. Health Family Background

38. Has the child's father, mother, grandmother or grandfather had any of the following diseases:
 1. YES 2. NO 9. Doesn't know

Diseases	Mother	Father	Maternal Grandfather	Maternal Grandmother	Paternal Grandfather	Paternal Grandmother
38.1. Diabetes	____P381A	____P381B	____P381C	____P381D	____P381E	____P381F
38.2 High blood pressure	____P382A	____P382B	____P382C	____P382D	____P382E	____P382F
38.3. Stroke	____P383A	____P383B	____P383C	____P383D	____P383E	____P383F
38.4. Cancer	____P384A	____P384B	____P384C	____P384D	____P384E	____P384F
38.5 Heart attack: Before 45 years of age in men	____P385HA	____P385HB	____P385HC	____P385HD	____P385HE	____P385HF

Before 55 years of age in women	___ANTE55MA	___ANTE55MB	___ANTE55MC	___ANTE55MD	___ANTE55ME	___ANTE55MF
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H. Child's Dietetic History

39. Did you breastfeed your child? 1. YES 2. NO
▶ ANSWER 2 GO TO QUESTION 41

___P39

40. Until which age did you breastfed him/her) (months)

___ __P40

41. Did you giver her/him formula? 1. YES 2. NO

▶ ANSWER 2 GO TO QUESTION 43

___P41

42. At which age did you start it? (months)

___ __P42

43. Do you give money to your child so he/she could buy something toe at at school? 1. YES 2. NO	___P43
44. Do you have control over what your child eats when he/se is not at school? 1. YES 2. NO ► Who _____ QUIEN	___P44
45. How many meals does the child have in a day, when he/she is not at school?	___P45
46. Does your child eat between meals? 1. YES 2. NO	___P46
47. Do you usually use food as a reward for your child’s accomplishments ? 1.YES 2. NO	___P47
I. Physical Activity of the child	
48. Compared to other children of the same age, your child is? 1. Much more physically active than the others. 2. More active 3. As active 4. Less active 5. Much less active, than the others	___P48
49. Before your child goes to school, does he/she have chores at the house? 1. SI 2. NO (Go to # 51)	___P49
50. Which is the chore he/she does for longer time before going to school? _____	___P50
51. How does your child fo to school most of the time? 1. Walking 2. By public bus 3. By car/motorcycle/school bus	___P51
52. How does your child get home from school? 1. Walking 2. By public bus 3. By car/motorcycle/school bus	___P52
53. How many blocks does your child have to walk back and forth to school?	___P53
54. Besides the distance he/she walks to go back and forth to school, how many blocks does your child walk to go from one place to another (errands, visits, etc) during the week?	___P54
55. When your child is not at school does he/she play more 1. At the street? 2. Inside the house?	___P55
56. Do you think there is enough space inside the house for your child to play, run or jump? 1. YES 2. NO	___P56
57. How safe is your neighborhood for your child to play at the street without an adult supervision? 1. Very unsafe 2. A Little unsafe 3. A Little safe 4. Very safe	___P57
58. Does your child attend sports, dancing or ballet clases? 1. YES 2. NO (Go to # 61)	___P58
59. How many days a week does he/she practices it?	___P59
60. For how long each time? 1. Less than an hour 2. 1 to 2 hours 3. More than 2 hours	___P60

61. Do you encourage your child to play games that make him/her run and jump?
(Give examples)

1. Always 2. Sometimes 3. Never

___P61

62. Do you practice any activity with your child in which you have to walk, run, bike or jump?

1. Every day 2. Some days 3. Never

___P62

63. Does your child get too much homework that she/he doesn't have time to play? 1. YES 2. NO	___P63
64. After your child comes from school, does he/she have to help with any chore at the house? 1. YES 2. NO (Go to # 66)	___P64
65. Which is the chore he/she do for longer time after school? _____	___P65
66. Do you practice any sport or exercise such as walking, running, aerobics, etc.? 1. YES 2. NO	___P66
67. During the weekend, do you take your child to a place with enough space for running and jumping? 1. Always 2. Some times 3. Never	___P67
68. How many televisions are there in your house? (If you don't have TV go to #76)	___P68
69. Do you have cable TV? 1. YES 2. NO	___P69
70. Does your child have a TV on his/her room? 1. YES 2. NO	___P70
71. Does your child watches TV before going to school? 1. Always 2. Some times 3. Never	___P71
72. How often does Family eats at the same time as watching television? 1. Always 2. Some times 3. Never	___P72
73. Are ther rules at your house about the time for whatching television? 1. YES 2. NO	___P73
74. On school days, how many hours a day does your child watches televisión?	___ __P74
75. And when he/she doesn't go to school?	___ __P75
76. Does your child play electronic games, on the computer or on television? 1. YES 2. NO	___P76
77. How many hours a day does he/she play on school days?	___ __P77
78. And when he/she doesn't go to school?	___ __P78
(End of the survey)	
End time:	___ __horaF1 : ___ __horaF2

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 Study: Obesity and Cardiovascular disease risk factors in school age children living in poor urban areas of Guatemala.




FORM No. 6	Children: Diet and Physical Activity
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Date:	___ ___ / ___ ___ / ___ ___ fechaen
Start time:	___ ___ hora1 : ___ ___ hora2
ID (child)	_____ id


A. Dietetic interview to the child


1. Do you have breakfast at school?	1. YES	2. NO	___ p1
2. Do you bring a snack to school?	1. YES	2. NO	___ p2
3. Do you bring money to buy food at school?	1. YES	2. NO	___ p3
4. Do you get a snack at school? ▶ ANSWER 2, GO TO # 6	1. YES	2. NO	___ p4
5. Do you eat the snack they give you at school? 1. Always 2. Sometimes 3. Never			___ p5
6. When you go out of school, do you have lunch?,	1. YES	2. NO	___ p6


B. Perception of the child about food

7. What do you think about the school's snack?	___ p7
 1 2 3 4 5 6	
8. What do you think about eating vegetables every day?	___ p8
1 2 3 4 5 6	
9. What do you think about eating fruits every day?	___ p9
 1 2 3 4 5 6	
10. What do you think about drinking water?	___ p10
 1 2 3 4 5 6	

24. How many days a week? _____p24
25. Do you get too much homework that you don't have time left for playing?
1. YES 2. NO _____p25
26. After going out of school, do you have to help your parents?
1. YES 2. NO _____p26
27. Which is the activity that takes you longer when you help your parents after school? _____p27
28. How many days a week do you watch television?
1. Every day 2. Some days 3. Don't watch TV(Go to No. 30) _____p28
29. How many TV shows did you watch yesterday? _____p29
30. How many days a week do you play electronic games?
1. Every day 2. Some days 3. Don't play electronic games _____p30
31. What do you do the most on Saturdays? _____p31
32. What do you do the most on Sundays? _____p32
33. What do you think about the Physical Education Class?


1 2 3 4 5 6 _____p33
34. What do you think about games in which you have to run and jump?


1 2 3 4 5 6 _____p34
35. What do you think about practicing a sport?


1 2 3 4 5 6 _____p35
36. What do you think about watching television all day long?


1 2 3 4 5 6 _____p36
37. If you could choose, what do you prefer to do after school?
- 37.1. 1. Play outdoors 2. Play indoors _____p371
- 37.2. 1. Play with your friends games in which you have to run and jump (soccer, give examples) 2. Play alone or with your friends games in which you have to walk or be seated (give examples) _____p372
- 37.3. 1. Play alone or with your friends games in which you have to walk or be seated (give examples) 2. Watch television _____p373

37.4. 1. Watch televisión

2. Play with your friends games in
which you have to run and jump
(soccer, give examples)

__p374

Institute of Nutrition of Central America and Panama (INCAP), Guatemala City, Guatemala
 Study: Obesity and Cardiovascular disease risk factors in school age children living in poor urban areas of Guatemala.

FORM No. 8	Physical Activity Podometer
-------------------	----------------------------------------

General Data						
1. Date	___ / ___ / ___ (date)					
2. ID Child(id)						
4. PODOMETER No.:	_____					
5. Start date:	___ / ___ / ___ fecha_inicio					
6. Start time:	___ : ___ hora_inicio					
STEPS REGISTERED						
1	2	3	4	5	6	7
_____	_____	_____	_____	_____	_____	_____
Dia1	Dia2	Dia3	Dia4	Dia5	Dia6	Dia7
7. Final date:		___ / ___ / ___ fecha_final				
8. End time		___ : ___ hora_final1:horafinal2				

Institute of Nutrition of Central America and Panama (INCAP), Guatemala City, Guatemala
Study: Obesity and Cardiovascular disease risk factors in school age children living in poor urban areas of Guatemala.

FORM No.9	Physical Condition Evaluation 6 Minutes Test
------------------	---------------------------------------------------------

General Data

- 1.Date _____/_____/____fechaen
- 2.Child's ID _____ id
5. Start time: _____horai1 : _____horai2

Information of the test

6.COLOR OF THE CHEST GUARD(P6)

1. RED 2. YELLOW 3.BLUE 4. GREEN

7. START MINUTE ON POLAR WATCH

_____ : _____

8. NUMBER OF LAPS GIVEN

1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10__

11__ 12__ 13__ 14__ 15__ 16__ 17__ 18__ 19__ 20__

9.EXTRA METERS: _____

10. REGISTRATION OF MINUTE BY MINUTE CARDIAC FREQUENCY

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

11. Finished the test?

1. YES _____ 2. NO _____ ► WHY _____

ANNOTATED FORMS

FORM 1: FAMILY CHARACTERISTICS

Form form	0	1	Id. id				Subject subject	2	<small>(C=1, M=2)</small>	Interviewer interviewer		Valid form valid		<small>(N= 0, Y=1)</small>	
Stage etapa	1	<small>(basal=1, process=2, final= 3)</small>			School school		Date of application date								
						<small>(dd)</small>		<small>(mm)</small>				<small>(yy)</small>			

Observations: _____

Instructions. "This form has questions that are going to help us know you, your child _____, and your family better. We are going to start with some questions about you and the father of your child _____ .

A. PARENTS INFORMATION

#	Question	Answer options	Code
1	How old are you? ageC		_ _
2	What is your civil status? statusC	1 = Single 2 = Free union 3 = Married 4 = Separated 5 = Divorced 6 = Widow	
3	What is the last grade you passed? educationC		
4	Do you have a job where you earn money? workC	0 = No 1 = Yes → If she responds # 0, pass to question 5	
4.1	Which one? typeworkC		
5	Do you belong to a religion? religionC	0 = No 1 = Yes → If she responds # 0, pass to question 6	
5.1	Which one? typereligionC	1 = Catholic 2 = Protestant 3 = Other _____ otherrelC _____ 4 = None	
5.2	Do you attend religious services or activities? servrelC	0 = No 1 = Yes → If she responds # 0, pass to question 6	
5.3	How often? frecrelC		
6	How old is the father of your child? ageP		_ _
7	What is the last grade the father passed? educationP		
8	Does he have a job where he earns money? workP	0 = No 1 = Yes → If she responds # 0, pass to question 9	
8.1	Which one? typeworkP		

9	Does he live with your child? fatherlives	0 = No → If she responds # 0, pass to question 11	1 = Yes
10	Does he belong to a religion? religionP	0 = No → If she responds # 0, pass to question 11	1 = Yes
10.1	Which one? typereligionP	1 = Catholic 3 = Other ___ otherrelP _____	2 = Protestant 4 = None
10.2	Does he attend religious services or activities? servrelP	0 = No → If she responds # 0, pass to question 11	1 = Yes
10.3	How often? frecrelP		

B. FAMILY INFORMATION

“Now we are going to talk about the family members. I will start by saying some diseases and I need you to tell me if you or any family member has suffered it”.

11.1	Diabetes diabetes	1 = Mother 3 = Grandparents 5 = Other: _____	2 = Father 4 = Uncle/aunt
11.2	High blood pressure hypertension	1 = Mother 3 = Grandparents 5 = Other: _____	2 = Father 4 = Uncle/aunt
11.3	Stroke stroke	1 = Mother 3 = Grandparents 5 = Other: _____	2 = Father 4 = Uncle/aunt
11.4	Heart attack infarction	1 = Mother 3 = Grandparents 5 = Other: _____	2 = Father 4 = Uncle/aunt
11.5	Cancer cancer	1 = Mother 3 = Grandparents 5 = Other: _____	2 = Father 4 = Uncle/aunt

“We are going to continue talking about the persons who live in your house; meaning, those persons who you eat with and live under the same roof.

12	How many people live in your house? inhabitants		— —
----	--------------------------------------------------------	--	-----

13	How many people living at your house smoke? smoke		—
----	----------------------------------------------------------	--	---

14	How many drink alcoholic beverages every week? alcohol		_____
15	How many help with the household income? income		_____
16	Who determines what kinds of foods to buy for the house? buyfood		
17	Who determines how much money is spent on food? buydecision		

“Now we would like to know if you have or not the following appliances functioning at your house”.

18	Refrigerator refrigerator	0 = No	1 = Yes	
19	Electronic games egames	0 = No	1 = Yes	
20	Bicycle bicycle	0 = No	1 = Yes	
21	Microwave microwave	0 = No	1 = Yes	
22	Motorcycle motorcycle	0 = No	1 = Yes	
22	Car car	0 = No	1 = Yes	

C. FAMILY ENTERTAINMENT

“Finally we will discuss about what you and your family are used to doing for fun and entertainment, during weekdays or weekends”.

23	Do you and your family go to fast food restaurants? (for example, Pollo Campero or similar) fastfood	0 = No → If she responds # 0, pass to question 24	1 = Yes	
24	When everyone is at home, do you have food delivered? togo	0 = No → If she responds # 0, pass to question 25	1 = Yes	
25	Does your child _____ attend Open Schools? openschoolN	0 = No If she responds # 0, pass to question 26	1 = Yes	
26	Do you go to Open Schools? openschoolP	0 = No If she responds # 0, pass to question 27	1 = Yes	

FORM 02: FOOD CHECKLIST CAREGIVERS

Form
 id
 sujeeto (C=1,M=2)
 encues
 valido (No=0, Yes=1)

Phase (basal=1, process=2, final= 3)
 School
 Date of application

etapa
 estab
 fechapli (dd) (mm) (yy)

Instructions. "I would like you to tell me about what you ate and drank YESTERDAY, since the time you got up until you went to sleep. I will tell you some foods and preparations, and I want you to tell me which of them you ate and at what time of the day, meaning, if it was at breakfast, between breakfast and lunch, lunch, between lunch and dinner, dinner or after dinner".

#	Food	No/Yes	Breakfast	Snack	Lunch	Snack	Dinner	After dinner
1	Bread ca1	NO 0 Yes 1	a1d	a1r1	a1a	a1r2	a1c	a1dc
2	BEANS ca2	NO 0 Yes 1						
2.1	Stewed or blended ca2i1	NO 0 Yes 1	a2i1d	a2i1r1	a2i1a	a2i1r2	a2i1c	a2i1dc
2.2	Fried ca2i2	NO 0 Yes 1	a2i2d	a2i2r1	a2i2a	a2i2r2	a2i2c	a2i2dc
3	HAM ca3	NO 0 Yes 1	a3d	a3r1	a3a	a3r2	a3c	a3dc
4	FRESH CHEESE ca4	NO 0 Yes 1	a4d	a4r1	a4a	a4r2	a4c	a4dc
5	CREAM CHEESE OR CREAM ca5	NO 0 Yes 1	a5d	a5r1	a5a	a5r2	a5c	a5dc
6	EGG ca6	NO 0 Yes 1						
6.1	Hardboiled ca6i1	NO 0 Yes 1	a6i1d	a6i1r1	a6i1a	a6i1r2	a6i1c	a6i1dc
6.2	Fried or scrambled egg ca6i2	NO 0 Yes 1	a6i2d	a6i2r1	a6i2a	a6i2r2	a6i2c	a6i2dc
7	EGG WRAPPED FOOD OR CHILE RELLENO ca7	NO 0 Yes 1	a7d	a7r1	a7a	a7r2	a7c	a7dc
8	TORTILLA ca8	NO 0 Yes 1	a8d	a8r1	a8a	a8r2	a8c	a8dc
9	SWEET BREAD ca9	NO 0 Yes 1	a9d	a9r1	a9a	a9r2	a9c	a9dc
10	ATOL ca10	NO 0 Yes 1						
10.1	Incaparina® or Bienestarina® ca10i1	NO 0 Yes 1	a10i1d	a10i1r1	a10i1a	a10i1r2	a10i1c	a10i1dc
10.2	Other types of atol ca10i2	NO 0 Yes 1	a10i2d	a10i2r1	a10i2a	a10i2r2	a10i2c	a10i2dc
11	PANCAKES ca11	NO 0 Yes 1	a11d	a11r1	a11a	a11r2	a11c	a11dc
12	CAKE OR DONUT ca12	NO 0 Yes 1	a12d	a12r1	a12a	a12r2	a12c	a12dc
13	CEREAL ca13	NO 0 Yes 1						

13.1	Without sugar ca13i1	NO 0 Yes 1	a13i1d	a13i1r1	a13i1a	a13i1r2	a13i1c	a13i1dc
13.2	With sugar ca13i2	NO 0 Yes 1	a13i2d	a13i2r1	a13i2a	a13i2r2	a13i2c	a13i2dc
14	MILK ca14	NO 0 Yes 1						
14.1	Whole ca14i1	NO 0 Yes 1	a14i1d	a14i1r1	a14i1a	a14i1r2	a14i1c	a14i1dc
14.2	Low-fat ca14i2	NO 0 Yes 1	a14i2d	a14i2r1	a14i2a	a14i2r2	a14i2c	a14i2dc
14.3	Sugared or flavored	NO 0 Yes 1	a14i3d	a14i3r1	a14i3a	a14i3r2	a14i3c	a14i3dc
15	YOGURT ca15	NO 0 Yes 1	a15d	a15r1	a15a	a15r2	a15c	a15dc
16	YELLOW CHEESE OR SLICED ca16	NO 0 Yes 1	a16d	a16r1	a16a	a16r2	a16c	a16dc
17	HARD CHEESE ca17	NO 0 Yes 1	a17d	a17r1	a17a	a17r2	a17c	a17dc
18	RICE ca18	NO 0 Yes 1						
18.1	Cooked ca18i1	NO 0 Yes 1	a18i1d	a18i1r1	a18i1a	a18i1r2	a18i1c	a18i1dc
18.2	Fried or rice soup ca18i2	NO 0 Yes 1	a18i2d	a18i2r1	a18i2a	a18i2r2	a18i2c	a18i2dc
19	PASTA ca19	NO 0 Yes 1						
19.1	With sauce ca19i1	NO 0 Yes 1	a19i1d	a19i1r1	a19i1a	a19i1r2	a19i1c	a19i1dc
19.2	With cream, mayonnaise, or margarine ca19i2	NO 0 Yes 1	a19i2d	a19i2r1	a19i2a	a19i2r2	a19i2c	a19i2dc
20	CHAO-MEIN ca20	NO 0 Yes 1	a20d	a20r1	a20a	a20r2	a20c	a20dc
21	POTATO ca21	NO 0 Yes 1						
21.1	Cooked, steamed, puree ca21i1	NO 0 Yes 1	a21i1d	a21i1r1	a21i1a	a21i1r2	a21i1c	a21i1dc
21.2	Fried, golden or in a cKate ca21i2	NO 0 Yes 1	a21i2d	a21i2r1	a21i2a	a21i2r2	a21i2c	a21i2dc
22	PLATAIN ca22	NO 0 Yes 1						
22.1	Cooked ca22i1	NO 0 Yes 1	a22i1d	a22i1r1	a22i1a	a22i1r2	a22i1c	a22i1dc
22.2	Fried ca22i2	NO 0 Yes 1	a22i2d	a22i2r1	a22i2a	a22i2r2	a22i2c	a22i2dc
23	VEGETABLES, SALADS OR HERBS HIERBAS ca23	NO 0 Yes 1						
23.1	Raw, cooked, or herb broth ca23i1	NO 0 Yes	a23i1d	a23i1r1	a23i1a	a23i1r2	a23i1c	a23i1dc
23.2	With mayonnaise or margarine ca23i2	NO 0 Yes 1	a23i2d	a23i2r1	a23i2a	a23i2r2	a23i2c	a23i2dc
23.3	Salad with lemon juice and salt ca23i3	NO 0 Yes 1	a23i3d	a23i3r1	a23i3a	a23i3r2	a23i3c	a23i3dc
24	FRUIT ca24	NO 0 Yes 1						
24.1	Whole or pieces ca24i1	NO 0 Yes 1	a24i1d	a24i1r1	a24i1a	a24i1r2	a24i1c	a24i1dc

24.2	Whole or pieces with salt and pepita ca24i2	NO 0 Yes 1	a24i2d	a24i2r1	a24i2a	a24i2r2	a24i2c	a24i2dc
25	CHICKEN ca25	NO 0 Yes 1						
25.1	Roasted, stewed, baked, satéed, in broth ca25i1	NO 0 Yes 1	a25i1d	a25i1r1	a25i1a	a25i1r2	a25i1c	a25i1dc
25.2	Golden, fried, breaded, or with cream ca25i2	NO 0 Yes 1	a25i2d	a25i2r1	a25i2a	a25i2r2	a25i2c	a25i2dc
26	BEEF ca26	NO 0 Yes 1						
26.1	Roasted, cooked, or in broth ca26i1	NO 0 Yes 1	a26i1d	a26i1r1	a26i1a	a26i1r2	a26i1c	a26i1dc
26.2	In steak, fried, breaded or patties ca26i2	NO 0 Yes 1	a26i2d	a26i2r1	a26i2a	a26i2r2	a26i2c	a26i2dc
27	PORK ca27	NO 0 Yes 1						
27.1	Fried or pickled ca27i1	NO 0 Yes 1	a27i1d	a27i1r1	a27i1a	a27i1r2	a27i1c	a27i1dc
27.2	Cooked, abrogated ca27i2	NO 0 Yes 1	a27i2d	a27i2r1	a27i2a	a27i2r2	a27i2c	a27i2dc
28	FISH ca28	NO 0 Yes 1						
28.1	Cooked, steamed, in broth ca28i1	NO 0 Yes 1	a28i1d	a28i1r1	a28i1a	a28i1r2	a28i1c	a28i1dc
28.2	Fried ca28i2	NO 0 Yes 1	a28i2d	a28i2r1	a28i2a	a28i2r2	a28i2c	a28i2dc
29	Sausages, chorizo ca29	NO 0 Yes 1	a29d	a29r1	a29a	a29r2	a29c	a29dc
30	CHICKEN GIBLETS, BELLY ca30	NO 0 Yes 1	A30d	A30r1	A30a	A30r2	A30c	A30dc
31	HAMBURGER ca31	NO 0 Yes 1	A31d	A31r1	A31a	A31r2	A31c	A31dc
32	HOT-DOG ca32	NO 0 Yes 1	A32d	A32r1	A32a	A32r2	A32c	A32dc
33	PIZZA ca33	NO 0 Yes 1	A33d	A33r1	A33a	A33r2	A33c	A33dc
34	FRIED TORTI LLAS ca34	NO 0 Yes 1	A34d	A34r1	A34a	A34r2	A34c	A34dc
35	TAMAL OR PACHE ca35	NO 0 Yes 1	A35d	A35r1	A35a	A35r2	A35c	A35dc
36	CHUCHITOS OR TAMALIT OS ca36	NO 0 Yes 1	A36d	A36r1	A36a	A36r2	A36c	A36dc
37	DOBLADAS OR PUPUSAS ca37	NO 0 Yes 1	A37d	A37r1	A37a	A37r2	A37c	A37dc
38	RELLENITOS ca38	NO 0 Yes 1	A38d	A38r1	A38a	A38r2	A38c	A38dc
39	AVOCADO ca39	NO 0 Yes 1	A39d	A39r1	A39a	A39r2	A39c	A39dc
40	WATER ca40	NO 0 Yes 1	A40d	A40r1	A40a	A40r2	A40c	A40dc
41	COFFEE ca41	NO 0 Yes 1						
41.1	Witout sugar ca41i1	NO 0 Yes 1	a41i1d	a41i1r1	a41i1a	a41i1r2	a41i1c	a41i1dc
41.2	With sugar ca41i2	NO 0 Yes 1	a41i2d	a41i2r1	a41i2a	a41i2r2	a41i2c	a41i2dc

43	NATURAL FRUIT JUICE OR REFRESHMENT ca43	NO 0 Yes 1	a43d	a43r1	a43a	a43r2	a43c	a43dc
44	ARTIFICIAL FRUIT JUICE OR REFRESHMENT ca44	NO 0 Yes 1	a44d	a44r1	a44a	a44r2	a44c	a44dc
45	SODA ca45	NO 0 Yes 1	a45d	a45r1	a45a	a45r2	a45c	a45dc
46	FRUIT SMOOTHIE ca46	NO 0 Yes 1	a46d	a46r1	a46a	a46r2	a46c	a46dc
47	SAVORY SNACKS ca47	NO 0 Yes 1	a47d	a47r1	a47a	a47r2	a47c	a47dc
48	SWEET OR FILLED COOKIES ca48	NO 0 Yes 1	a48d	a48r1	a48a	a48r2	a48c	a48dc
49	JELLO ca49	NO 0 Yes 1	a49d	a49r1	a49a	a49r2	a49c	a49dc
50	CANDY ca50	NO 0 Yes 1	a50d	a50r1	a50a	a50r2	a50c	a50dc
51	CHOCOLATES ca51	NO 0 Yes 1	a51d	a51r1	a51a	a51r2	a51c	a51dc
52	ICE CREAM ca52	NO 0 Yes 1						
52.1	CREAMY ca52i1	NO 0 Yes 1	a52i1d	a52i1r1	a52i1a	a52i1r2	a52i1c	a52i1dc
52.2	NOT CREAMY ca52i2	NO 0 Yes 1	a52i2d	a52i2r1	a52i2a	a52i2r2	a52i2c	a52i2dc

ASK ABOUT ADDED INGREDIENTS IN FOODS

53	MARGARINE ca53	NO 0 Yes 1	a53d	a53r1	a53a	a53r2	a53c	a53dc
54	MAYONNAISE ca54	NO 0 Yes 1	a54d	a54r1	a54a	a54r2	a54c	a54dc
55	KETCHUP ca55	NO 0 Yes 1	a55d	a55r1	a55a	a55r2	a55c	a55dc
56	HONEY, JELLY, OR JAM ca56	NO 0 Yes 1	a56d	a56r1	a56a	a56r2	a56c	a56dc
57	SALT ca57	NO 0 Yes 1	a57d	a57r1	a57a	a57r2	a57c	a57dc
58	SUGAR ca58	NO 0 Yes 1	a58d	a58r1	a58a	a58r2	a58c	a58dc
59	CONSOMÉ ca59	NO 0 Yes 1	a59d	a59r1	a59a	a59r2	a59c	a59dc

ASK MOTHERS ABOUT OILS AND FATS DURING FOOD PREPARATION

60	OIL ca60	NO 0 Yes 1	a60d	a60r1	a60a	a60r2	a60c	a60dc
61	MARGARINE ca61	NO 0 Yes 1	a61d	a61r1	a61a	a61r2	a61c	a61dc
62	BUTTER ca62	NO 0 Yes 1	a62d	a62r1	a62a	a62r2	a62c	a62dc
63	STEAK AND CHICKEN FAT ca63	NO 0 Yes 1	a63d	a63r1	a63a	a63r2	a63c	a63dc
64	CONSOMÉ ca64	NO 0 Yes 1	a64d	a64r1	a64a	a64r2	a64c	a64dc

FORM 03: FOOD CHECKLIST CHILDREN

form Form
id Id
suje to Subject (C=1,M=2)
encues Interviewer
valido Valid form? (No=0, Yes=1)

Phase (basal=1, process=2, final= 3)
School
Date of application

etapa
estab
fechapli (dd) (mm) (yy)

Instructions. "I would like you to tell me about what you ate and drank YESTERDAY, since the time you got up until you went to sleep. I will tell you some foods and preparations, and I want you to tell me which of them you ate and at what time of the day, meaning, if it was at breakfast, between breakfast and lunch, lunch, between lunch and dinner, dinner or after dinner".

#	Food	No/Yes	Breakfast	Snack	Lunch	Snack	Dinner	After dinner
1	Bread ca1	NO 0 Yes 1	a1d	a1r1	a1a	a1r2	a1c	a1dc
2	BEANS ca2	NO 0 Yes 1						
2.1	Stewed or blended ca2i1	NO 0 Yes 1	a2i1d	a2i1r1	a2i1a	a2i1r2	a2i1c	a2i1dc
2.2	Fried ca2i2	NO 0 Yes 1	a2i2d	a2i2r1	a2i2a	a2i2r2	a2i2c	a2i2dc
3	HAM ca3	NO 0 Yes 1	a3d	a3r1	a3a	a3r2	a3c	a3dc
4	FRESH CHEESE ca4	NO 0 Yes 1	a4d	a4r1	a4a	a4r2	a4c	a4dc
5	CREAM CHEESE OR CREAM ca5	NO 0 Yes 1	a5d	a5r1	a5a	a5r2	a5c	a5dc
6	EGG ca6	NO 0 Yes 1						
6.1	Hardboiled ca6i1	NO 0 Yes 1	a6i1d	a6i1r1	a6i1a	a6i1r2	a6i1c	a6i1dc
6.2	Fried or scrambled egg ca6i2	NO 0 Yes 1	a6i2d	a6i2r1	a6i2a	a6i2r2	a6i2c	a6i2dc
7	EGG WRAPPED FOOD OR CHILE RELLENO ca7	NO 0 Yes 1	a7d	a7r1	a7a	a7r2	a7c	a7dc
8	TORTILLA ca8	NO 0 Yes 1	a8d	a8r1	a8a	a8r2	a8c	a8dc
9	SWEET BREAD ca9	NO 0 Yes 1	a9d	a9r1	a9a	a9r2	a9c	a9dc
10	ATOL ca10	NO 0 Yes 1						
10.1	Incaparina® or Bienestarina® ca10i1	NO 0 Yes 1	a10i1d	a10i1r1	a10i1a	a10i1r2	a10i1c	a10i1dc
10.2	Other types of atol ca10i2	NO 0 Yes 1	a10i2d	a10i2r1	a10i2a	a10i2r2	a10i2c	a10i2dc
11	PANCAKES ca11	NO 0 Yes 1	a11d	a11r1	a11a	a11r2	a11c	a11dc
12	CAKE OR DONUT ca12	NO 0 Yes 1	a12d	a12r1	a12a	a12r2	a12c	a12dc
13	CEREAL ca13	NO 0 Yes 1						

13.1	Without sugar ca13i1	NO 0 Yes 1	a13i1d	a13i1r1	a13i1a	a13i1r2	a13i1c	a13i1dc
13.2	With sugar ca13i2	NO 0 Yes 1	a13i2d	a13i2r1	a13i2a	a13i2r2	a13i2c	a13i2dc
14	MILK ca14	NO 0 Yes 1						
14.1	Whole ca14i1	NO 0 Yes 1	a14i1d	a14i1r1	a14i1a	a14i1r2	a14i1c	a14i1dc
14.2	Low-fat ca14i2	NO 0 Yes 1	a14i2d	a14i2r1	a14i2a	a14i2r2	a14i2c	a14i2dc
14.3	Sugared or flavored	NO 0 Yes 1	a14i3d	a14i3r1	a14i3a	a14i3r2	a14i3c	a14i3dc
15	YOGURT ca15	NO 0 Yes 1	a15d	a15r1	a15a	a15r2	a15c	a15dc
16	YELLOW CHEESE OR SLICED ca16	NO 0 Yes 1	a16d	a16r1	a16a	a16r2	a16c	a16dc
17	HARD CHEESE ca17	NO 0 Yes 1	a17d	a17r1	a17a	a17r2	a17c	a17dc
18	RICE ca18	NO 0 Yes 1						
18.1	Cooked ca18i1	NO 0 Yes 1	a18i1d	a18i1r1	a18i1a	a18i1r2	a18i1c	a18i1dc
18.2	Fried or rice soup ca18i2	NO 0 Yes 1	a18i2d	a18i2r1	a18i2a	a18i2r2	a18i2c	a18i2dc
19	PASTA ca19	NO 0 Yes 1						
19.1	With sauce ca19i1	NO 0 Yes 1	a19i1d	a19i1r1	a19i1a	a19i1r2	a19i1c	a19i1dc
19.2	With cream, mayonnaise, or margarine ca19i2	NO 0 Yes 1	a19i2d	a19i2r1	a19i2a	a19i2r2	a19i2c	a19i2dc
20	CHAO-MEIN ca20	NO 0 Yes 1	a20d	a20r1	a20a	a20r2	a20c	a20dc
21	POTATO ca21	NO 0 Yes 1						
21.1	Cooked, steamed, puree ca21i1	NO 0 Yes 1	a21i1d	a21i1r1	a21i1a	a21i1r2	a21i1c	a21i1dc
21.2	Fried, golden or in a cKate ca21i2	NO 0 Yes 1	a21i2d	a21i2r1	a21i2a	a21i2r2	a21i2c	a21i2dc
22	PLATAIN ca22	NO 0 Yes 1						
22.1	Cooked ca22i1	NO 0 Yes 1	a22i1d	a22i1r1	a22i1a	a22i1r2	a22i1c	a22i1dc
22.2	Fried ca22i2	NO 0 Yes 1	a22i2d	a22i2r1	a22i2a	a22i2r2	a22i2c	a22i2dc
23	VEGETABLES, SALADS OR HERBS HIERBAS ca23	NO 0 Yes 1						
23.1	Raw, cooked, or herb broth ca23i1	NO 0 Yes	a23i1d	a23i1r1	a23i1a	a23i1r2	a23i1c	a23i1dc
23.2	With mayonnaise or margarine ca23i2	NO 0 Yes 1	a23i2d	a23i2r1	a23i2a	a23i2r2	a23i2c	a23i2dc
23.3	Salad with lemon juice and salt ca23i3	NO 0 Yes 1	a23i3d	a23i3r1	a23i3a	a23i3r2	a23i3c	a23i3dc
24	FRUIT ca24	NO 0 Yes 1						
24.1	Whole or pieces ca24i1	NO 0 Yes 1	a24i1d	a24i1r1	a24i1a	a24i1r2	a24i1c	a24i1dc

24.2	Whole or pieces with salt and pepita ca24i2	NO 0 Yes 1	a24i2d	a24i2r1	a24i2a	a24i2r2	a24i2c	a24i2dc
25	CHICKEN ca25	NO 0 Yes 1						
25.1	Roasted, stewed, baked, satéed, in broth ca25i1	NO 0 Yes 1	a25i1d	a25i1r1	a25i1a	a25i1r2	a25i1c	a25i1dc
25.2	Golden, fried, breaded, or with cream ca25i2	NO 0 Yes 1	a25i2d	a25i2r1	a25i2a	a25i2r2	a25i2c	a25i2dc
26	BEEF ca26	NO 0 Yes 1						
26.1	Roasted, cooked, or in broth ca26i1	NO 0 Yes 1	a26i1d	a26i1r1	a26i1a	a26i1r2	a26i1c	a26i1dc
26.2	In steak, fried, breaded or patties ca26i2	NO 0 Yes 1	a26i2d	a26i2r1	a26i2a	a26i2r2	a26i2c	a26i2dc
27	PORK ca27	NO 0 Yes 1						
27.1	Fried or pickled ca27i1	NO 0 Yes 1	a27i1d	a27i1r1	a27i1a	a27i1r2	a27i1c	a27i1dc
27.2	Cooked, abrogated ca27i2	NO 0 Yes 1	a27i2d	a27i2r1	a27i2a	a27i2r2	a27i2c	a27i2dc
28	FISH ca28	NO 0 Yes 1						
28.1	Cooked, steamed, in broth ca28i1	NO 0 Yes 1	a28i1d	a28i1r1	a28i1a	a28i1r2	a28i1c	a28i1dc
28.2	Fried ca28i2	NO 0 Yes 1	a28i2d	a28i2r1	a28i2a	a28i2r2	a28i2c	a28i2dc
29	Sausages, chorizo ca29	NO 0 Yes 1	a29d	a29r1	a29a	a29r2	a29c	a29dc
30	CHICKEN GIBLETS, BELLY ca30	NO 0 Yes 1	A30d	A30r1	A30a	A30r2	A30c	A30dc
31	HAMBURGER ca31	NO 0 Yes 1	A31d	A31r1	A31a	A31r2	A31c	A31dc
32	HOT-DOG ca32	NO 0 Yes 1	A32d	A32r1	A32a	A32r2	A32c	A32dc
33	PIZZA ca33	NO 0 Yes 1	A33d	A33r1	A33a	A33r2	A33c	A33dc
34	FRIED TORTI LLAS ca34	NO 0 Yes 1	A34d	A34r1	A34a	A34r2	A34c	A34dc
35	TAMAL OR PACHE ca35	NO 0 Yes 1	A35d	A35r1	A35a	A35r2	A35c	A35dc
36	CHUCHITOS OR TAMALIT OS ca36	NO 0 Yes 1	A36d	A36r1	A36a	A36r2	A36c	A36dc
37	DOBLADAS OR PUPUSAS ca37	NO 0 Yes 1	A37d	A37r1	A37a	A37r2	A37c	A37dc
38	RELLENITOS ca38	NO 0 Yes 1	A38d	A38r1	A38a	A38r2	A38c	A38dc
39	AVOCADO ca39	NO 0 Yes 1	A39d	A39r1	A39a	A39r2	A39c	A39dc
40	WATER ca40	NO 0 Yes 1	A40d	A40r1	A40a	A40r2	A40c	A40dc
41	COFFEE ca41	NO 0 Yes 1						
41.1	Witout sugar ca41i1	NO 0 Yes 1	a41i1d	a41i1r1	a41i1a	a41i1r2	a41i1c	a41i1dc
41.2	With sugar ca41i2	NO 0 Yes 1	a41i2d	a41i2r1	a41i2a	a41i2r2	a41i2c	a41i2dc

43	NATURAL FRUIT JUICE OR REFRESHMENT ca43	NO 0 Yes 1	a43d	a43r1	a43a	a43r2	a43c	a43dc
44	ARTIFICIAL FRUIT JUICE OR REFRESHMENT ca44	NO 0 Yes 1	a44d	a44r1	a44a	a44r2	a44c	a44dc
45	SODA ca45	NO 0 Yes 1	a45d	a45r1	a45a	a45r2	a45c	a45dc
46	FRUIT SMOOTHIE ca46	NO 0 Yes 1	a46d	a46r1	a46a	a46r2	a46c	a46dc
47	SAVORY SNACKS ca47	NO 0 Yes 1	a47d	a47r1	a47a	a47r2	a47c	a47dc
48	SWEET OR FILLED COOKIES ca48	NO 0 Yes 1	a48d	a48r1	a48a	a48r2	a48c	a48dc
49	JELLO ca49	NO 0 Yes 1	a49d	a49r1	a49a	a49r2	a49c	a49dc
50	CANDY ca50	NO 0 Yes 1	a50d	a50r1	a50a	a50r2	a50c	a50dc
51	CHOCOLATES ca51	NO 0 Yes 1	a51d	a51r1	a51a	a51r2	a51c	a51dc
52	ICE CREAM ca52	NO 0 Yes 1						
	CREAMY ca52i1	NO 0						
	NOT CREAMY ca52i2	NO 0						
ASK ABOUT ADDED INGREDIENTS IN FOODS								
53	MARGARINE ca53	NO 0 Yes 1	a53d	a53r1	a53a	a53r2	a53c	a53dc
54	MAYONNAISE ca54	NO 0 Yes 1	a54d	a54r1	a54a	a54r2	a54c	a54dc
55	KETCHUP ca55	NO 0 Yes 1	a55d	a55r1	a55a	a55r2	a55c	a55dc
56	HONEY, JELLY, OR JAM ca56	NO 0 Yes 1	a56d	a56r1	a56a	a56r2	a56c	a56dc
57	SALT ca57	NO 0 Yes 1	a57d	a57r1	a57a	a57r2	a57c	a57dc
58	SUGAR ca58	NO 0 Yes 1	a58d	a58r1	a58a	a58r2	a58c	a58dc
59	CONSOMÉ ca59	NO 0 Yes 1	a59d	a59r1	a59a	a59r2	a59c	a59dc

FORM 04: KNOWLEDGE, ATTITUDES, AND PRACTICES (CAREGIVERS)

Form **form** Id. **id** Subject **subject** (C=1,M=2)

Interviewer **interviewer** Valid form? **valid** (N= 0, Y=1)

Phase **fase** (basal=1, process=2, final= 3) School **escuela** Date of application **date** (dd) (mm) (aa)

Instructions. *"We are going to talk about food, physical activities, tobacco and alcohol use. We are interested in knowing whta you think or usually do. There are no correcto r incorrect answers."*

DIET

"We are going to talk about the food or drink that you would choose, if you had to choose one."

#	Question	Answer options	Code
1	What would you choose for breakfast? B11PPre; B11PPost	1 = Cereal with milk and fruit 0 = Fried eggs and beans	
2	What would you buy at the kiosk? B12PPre; B12PPost	0 = Savory snacks 1 = Vegetables with lemon juice, salt, pepita	
3	What would you choose to drink? B13PPre; B13PPost	0 = Refreshment 1 = Water?	
4	What would you ask for lunch? B14PPre; B14PPost	1 = Roasted chicken with rice 0 = Hot dog with French fries	
5	What would you eat for a snack? B15PPre; B15PPost	0 = Cookies 1 = Fruit	
6	What would you buy at the kiosk? B16PPre; B16PPost	1 = Natural fruit juice 0 = Soda	
7	What would you choose to eat B17PPre; B17PPost	0 = Bread with ham and mayonnaise 1 = Bread with beans	

"Now we are going to talk about the foods that you eat more frequently".

8	What do you do more frequently? C11PPre; C11PPost	0 = Put mayonnaise to the bread 1 = Don't put mayonnaise to the bread	
9	What do you do more frequently? C12PPre; C12PPost	1 = Eat chicken without skin 0 = Eat chicken with skin	
10	What do you do eat frequently? C13PPre; C13PPost	0 = Meat with fat 1 = Meat without fat	
11	If your plate is served, what would you do more frequently? C14PPre; C14PPost	0 = Put more salt 1 = Don't put more salt	

"Now I am going to ask you some questions, and I need for you to select the best answer."

12	Which food is healthier? A11PPre; A11PPost	0 = Filled cookies 2 = Fruits 1 = I don't know	
13	Which beverage has more sugar? A12PPre; A12PPost	2 = Soda 0 = Rosa de jamaica 1 = I don't know	
14	What has more fat? A13PPre; A13PPost	0 = Tortilla 2 = Fried tortilla 1 = I don't know	
15	What has more salt A14PPre; A14PPost	0 = Chicken 2 = Sausage 1 = I don't know	
16	What has more fat A15PPre; A15PPost	2 = Sweet bread 0 = French bread 1 = I don't know	

“Now we are going to talk about some situations, and you have to answer how sure are you that you can do it. You can choose between I can do it, I think I can do it, I don't know if I could do it, and I can't do it”.

3 I can do it	2 I know I can do it	1 I don't know that I can do it	0 I can't do it
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#	Question	Code
17	How sure are you that you can eat breakfast everyday? D11PPre; D11PPost	
18	How sure are you that you can buy a vegetable with lemon juice, instead of a savory snack? D12PPre; D12PPost	
19	How sure are you that you can eat fruit every day? D13PPre; D13PPost	
20	How sure are you that you can drink water instead of a refreshment? D14PPre; D14PPost	
21	How sure are you that you can not eat candy during the day? D15PPre; D15PPost	
22	How sure are you that you can eat vegetable every day? D16PPre; D16PPost	
23	How sure are you that you can not put mayonnaise in the food that you buy? D17PPre; D17PPost	
24	How sure are you that you can eat a fruit for a snack instead of cookies? D18PPre; D18PPost	
25	How sure are you that you can eat savory snacks only one day a week? D19PPre; D19PPost	

PHYSICAL ACTIVITY

“Now we are going to talk about what would you choose if you have to pick one.”

#	Question	Answer options	Code
26	What do you normally do on your free time? B21PPre; B21PPost	1 = Exercise 0 = Watch TV	
27	What would you prefer that your children do on their free time? B22PPre; B22PPost	0 = Play something sitting down 1 = Play something where they have to run	
28	What would you do with your family during the weekend? B23PPre; B23PPost	1 = Play something where you have to run 0 = Watch TV	

“Now we are going to talk about the activities that you do more frequently.”

29	Normally, what do you do in the mornings? C21PPre; C21PPost		
30	Normally, what do you do during the afternoon? C22PPre; C22PPost		
31	Normally what activities do you do with your family during the weekend? C23PPre; C23PPost		
32	Approximately, how many hours of television do you see every day? C24PPre; C24PPost		

“Now we are going to talk about what is healthier to the body.”

33	What is healthier? A21PPre; A21PPost	0 = Watch TV 2 = Do exercises 1 = I don't know	
34	What is healthier for your kids? A22PPre; A22PPost	2 = Play something where they run 0 = Play something sitting down 1 = I don't know	
35	Do you think that doing physical activity helps decrease stress and feel happier? A23PPre; A23PPost	2 = Yes 0 = No 1 = I don't know	

“Now we are going to talk about some situations, and you have to answer how sure are you that you can do it. You can choose between I can do it, I think I can do it, I don't know if I could do it, and I can't do it”.

3	2	1	0
I can do it	I know I can do it	I don't know that I can do it	I can't do it

#	Question	Code
36	How sure are you that you can exercise at least three times a week? D21PPre; D21PPost	
37	How sure are you that you can motivate your children to play every day after school? D22PPre; D22PPost	
38	How sure are you that you can play actively with your family at least once every week? D23PPre; D23PPost	
39	How sure are you that you can watch no more than one program everyday? D24PPre; D24PPost	

TOBACCO Y ALCOHOL

“Now we are going talk about tobacco and alcohol.”

#	Questions	Answer options	Code
40	Do you smoke? C31PPre; C31PPost	0 = Yes 1 = Sometimes 2 = No <i>(Response # 2, pass to question 42)</i>	
41	Do you smoke in front of your children? C32PPre; C32PPost	0 = Yes 1 = Sometimes 2 = No	
42	Does someone of your family that is very close smokes? C33PPre; C33PPost	0 = Yes 1 = No	
43	Are you bothered by someone else’s smoke? B31PPre; B31PPost	0 = Yes 1 = Sometimes 2 = No	
44	Do you allow other people to smoke around your children? C34PPre; C34PPost	0 = Yes 1 = Sometimes 2 = No	
45	Do you drink alcoholic beverages everyday? C35PPre; C35PPost	0 = Yes 1 = No	
46	Do you drink alcoholic beverages in front of your kid? C36PPre; C36PPost	0 = Yes 1 = Sometimes 2 = No	
47	Have you given your children alcoholic beverages? Even just a few sips? C37PPre; C37PPost	0 = Yes 1 = Sometimes 2 = No	
48	Does someone of your family that is very close drinks alcoholic beverages everyday? C38PPre; C38PPost	0 = Yes 1 = No	

49	Are you bothered when young people drink alcoholic beverages? B32PPre; B32PPost	0 = Yes 1 = Sometimes 2 = No	
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“Now we are going to talk about some situations, and you have to answer how sure are you that you can do it. You can choose between I can do it, I think I can do it, I don’t know if I could do it, and I can’t do it”.

3	2	1	0
I can do it	I know I can do it	I don’t know that I can do it	I can’t do it

#	Question	Code
50	How sure are you that you can explain to your children about the damage caused by smoking? D31PPre; D31PPost	
51	How sure are you that you can stay away from second hand smoke? D32PPre; D32PPost	
52	How sure are you that you can keep your children away from second hand smoke? D33PPre; D33PPost	
53	How sure are you that you can ask a family member not to smoke in front of your children? D34PPre; D34PPost	
54	How sure are you that you can explain to your children the damage caused by alcoholic beverages? D35PPre; D35PPost	

“Finally, I am going to ask you some questions, and I need you to tell me if you agree or not with what I am going to read to you”.

#	Question	Answer options	Code
55	Smoking calms the nerves. A31PPre; A31PPost	0 = I agree 2 = I disagree 1 = I don’t know	
56	Smoking only damages the lungs. A32PPre; A32PPost	0 = I agree 2 = I disagree 1 = I don’t know	
57	Cigarette smoke only harms the smoker. A33PPre; A33PPost	0 = I agree 2 = I disagree 1 = I don’t know	
58	Children who smoke can become addicted to the cigarettes. A34PPre; A34PPost	0 = I agree 2 = I disagree 1 = I don’t know	
59	Drinking alcoholic beverages can help you solve your problems. A35PPre; A35PPost	0 = I agree 2 = I disagree 1 = I don’t know	

60	Children who drink alcoholic beverages can become addicted to these beverage. A36PPre; A36PPost	0 = I agree 2 = I disagree 1 = I don't know	
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FORM 5: KNOWLEDGE, ATTITUDES, AND PRACTICES (CHILDREN)

Form Id. **id** Subject **subject** (C=1, M=2) Interviewer **interviewer** Valid form? **valid** (N= 0, Y=1)

Phase **phase** (basal=1, process=2, final= 3) School **escuela** Date of application **date** (dd) (mm) (aa)

Instructions. *“We are going to talk about food, physical activities, tobacco and alcohol use. We are interested in knowing whta you think or usually do. There are no correcto r incorrect answers.”*

DIET

“We are going to talk about the food or drink that you would choose, if you had to choose one.”

#	Question	Answer options	Code
1	What would you choose for breakfast? B11NPre; B11NPost	1 = Cereal with milk and fruit 0 = Fried eggs and beans	
2	What would you buy at the kiosk? B12NPre; B12NPost	0 = Savory snacks 1 = Vegetables with lemon juice, salt, pepita	
3	What would you choose to drink? B13NPre; B13NPost	0 = Refreshment 1 = Water?	
4	What would you ask for lunch? B14NPre; B14NPost	1 = Roasted chicken with rice 0 = Hot dog with French fries	
5	What would you eat for a snack? B15NPre; B15NPost	0 = Cookies 1 = Fruit	
6	What would you buy at the kiosk? B16NPre; B16NPre	1 = Natural fruit juice 0 = Soda	
7	What would you choose to eat B17NPre; B17NPost	0 = Bread with ham and mayonnaise 1 = Bread with beans	

“Now we are going to talk about the foods that you eat more frequently”.

8	What do you do more frequently? C11NPre; C11NPost	0 = Put mayonnaise to the bread 1 = Don't put mayonnaise to the bread	
9	What do you do more frequently? C12NPre; C12NPost	1 = Eat chicken without skin 0 = Eat chicken with skin	
10	What do you do eat frequently? C13NPre; C13NPost	0 = Meat with fat 1 = Meat without fat	
11	If your plate is served, what would you do more frequently? C14NPre; C14NPost	0 = Put more salt 1 = Don't put more salt	

“Now I am going to ask you some questions, and I need for you to select the best answer.”

12	Which food is healthier? A11NPre; A11NPost	0 = Filled cookies 2 = Fruits 1 = I don't know	
13	Which beverage has more sugar? A12NPre; A12NPost	2 = Soda 0 = Rosa de jamaica 1 = I don't know	
14	What has more fat? A13NPre; A13NPost	0 = Tortilla 2 = Fried tortilla 1 = I don't know	
15	What has more salt A14NPre; A14NPost	0 = Chicken 2 = Sausage 1 = I don't know	
16	What has more fat A15NPre; A15NPost	2 = Sweet bread 0 = French bread 1 = I don't know	

“Now we are going to talk about some situations, and you have to answer how sure are you that you can do it. You can choose between I can do it, I think I can do it, I don't know if I could do it, and I can't do it”.

3 I can do it	2 I know I can do it	1 I don't know that I can do it	0 I can't do it
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#	Question	Code
17	How sure are you that you can eat breakfast everyday? D11NPre; D11NPost	
18	How sure are you that you can buy a vegetable with lemon juice, instead of a savory snack? D12NPre; D12NPost	
19	How sure are you that you can eat fruit every day? D13NPre; D13NPost	
20	How sure are you that you can drink water instead of a refreshment? D14NPre; D14NPost	
21	How sure are you that you can not eat candy during the day? D15NPre; D15NPost	
22	How sure are you that you can eat vegetable every day? D16NPre; D16NPost	
23	How sure are you that you can not put mayonnaise in the food that you buy? D17NPre; D17NPost	
24	How sure are you that you can eat a fruit for a snack instead of cookies? D18NPre; D18NPost	
25	How sure are you that you can eat savory snacks only one day a week? D19NPre; D19NPost	

PHYSICAL ACTIVITY

“Now we are going to talk about what would you choose if you have to pick one.”

#	Question	Answer options	Code
26	How would you choose to go to school? B21NPre; B21NPost	1 = Walking 0 = Bus	
27	What would you play during recess? B22NPre; B22NPost	1 = A game where you have to run 0 = A game where you have to sit down	
28	What would you do after school? B23NPre; B23NPost	0 = Watch TV 1 = Play a game where you had to run	
29	What would you do with your family during the weekend? B24NPre; B24NPost	1 = Play a game where you had to run 0 = Watch TV	

“Now we are going to talk about the activities that you do more frequently.”

30	Normally, how do you go to school? C21NPre; C21NPost	0 = Car or bus 1 = Walking Other _____	
31	What do you normally do during recess? C22NPre; C22NPost	0 = Play something where you sit 1 = Play something where you run	
32	Normally, how do you return from school? C23NPre; C23NPost	0 = Car or bus 1 = Walking Other _____	
33	What do you normally do in the afternoon? C24NPre; C24NPost	1 = Play something where you run 0 = Watch TV	
34	What do you normally do with your family during weekends? C25NPre; C25NPost	0 = Watch TV 1 = Play something where you run	

“Now we are going to talk about what is healthier to the body.”

35	What is healthier? A21NPre; A21NPost	0 = Watch TV 2 = Play a game where you run and jump 1 = I don't know	
36	What is healthier for you? A22NPre; A22NPost	2 = Play something where they run 0 = Play something sitting down 1 = I don't know	
37	What is healthier for you? A23NPre; A23NPost	0 = Play something where you don't need to breath faster 2 = Play something where you have to breath faster 1 = I don't know	
38	Do you think that doing physical activity helps decrease stress and feel happier? A24NPre; A24NPost	2 = Yes 0 = No 1 = I don't know	

“Now we are going to talk about some situations, and you have to answer how sure are you that you can do it. You can choose between I can do it, I think I can do it, I don't know if I could do it, and I can't do it”.

3	2	1	0
I can do it	I know I can do it	I don't know that I can do it	I can't do it

#	Question	Code
39	How sure are you that you can go walking to school every day? D21NPre; D21NPost	
40	How sure are you that you play a game during recess where you have to run or jump? D22NPre; D22NPost	
41	How sure are you that can do the sport that you most like to do? D23NPre; D23NPost	
42	How sure are you that you can play with your friends after school a game where you have to run? D24NPre; D24NPost	
43	How sure are you that you can make your family play a game where they have to run and jump? D25NPre; D25NPost	
44	How sure are you that you can watch no more than two television programs each day? D26NPre; D26NPost	

TOBACCO Y ALCOHOL

“Now we are going to talk about cigarettes and alcoholic beverages.”

#	Question	Answer options	Code
45	Do any of your friends smoke? C31NPre; C31NPost	0 = Yes 1 = No	
46	Does someone of your family who is close to you smokes? C32NPre; C32NPost	0 = Yes 1 = No	
47	Have you been curious about smoking? B31NPre; B31NPost	0 = Yes 1 = Sometimes 2 = No	
48	If someone offers you a cigarette, would you try it? B32NPre; B32NPost	0 = Yes 1 = Maybe 2 = No	
49	Have you smoked? Even just a few sips. C33NPre; C33NPost	0 = Yes 1 = No <i>(If no, pass to 51)</i>	
50	Have you ever smoked an entire cigarette? C34NPre; C34NPost	0 = Yes 1 = No	
51	Have you bought a cigarette? C35NPre; C35NPost	0 = Yes 1 = No	
52	Does the smoke of a cigarette bother you? B33NPre; B33NPost	2 = Yes 1 = Sometimes 0 = No	

53	If a friend of yours smoked, would you dislike it? B34NPre; B34NPost	2 = Yes 1 = Sometimes 0 = No	
54	Do you think that smoking looks attractive among your peers? B35NPre; B35NPost	0 = Yes 1 = No	
55	Do any of you best friends drink alcoholic beverages? C36NPre; C36NPost	0 = Yes 1 = No	
56	Does someone of your family who is close to you drinks alcoholic beverages every day? C37NPre; C37NPost	0 = Yes 1 = No	
57	Have you been curious about drinking alcoholic beverages? B36NPre; B36NPost	0 = Yes 1 = Sometimes 2 = No	
58	If someone offers you an alcoholic beverage, would you try it? B37NPre; B37NPost	0 = Yes 1 = Sometimes 2 = No	
59	Have you ever tried an alcoholic beverage? Even a few sips? C38NPre; C38NPost	0 = Yes 1 = No <i>(If no, pass to 61)</i>	
60	Have you ever drunk an entire beer? C39NPre; C39NPost	0 = Yes 1 = No	
61	If a friend of yours drinks alcoholic beverages, would you dislike it? B38NPre; B38NPost	0 = No 1 = Sometimes 2 = Yes	
62	If someone of your family would drink alcoholic beverages everyday, would you dislike it? B39NPre; B39NPost	0 = No 1 = Sometimes 2 = Yes	
63	Do you think that drinking alcoholic beverages looks attractive among your peers? B310NPre; B310NPost	0 = Yes 1 = No	

“Now we are going to talk about some situations, and you have to answer how sure are you that you can do it. You can choose between I can do it, I think I can do it, I don’t know if I could do it, and I can’t do it”.

3	2	1	0
I can do it	I know I can do it	I don’t know that I can do it	I can’t do it

#	Questions	Code
64	How sure are you that you can say “no thanks” when they are pressuring to drink an alcoholic beverage? D31NPre; D31NPost	

65	How sure are you to stay away from second hand smoke? D32NPre; D32NPost	
66	How sure are you that you can ask a family member to don't smoke around you? D33NPre; D33NPost	
67	How sure are you that you can ask a friend to don't smoke around you? D34NPre; D34NPost	
68	How sure are you that you can say "no thanks" when a friend offers you a cigarette? D35NPre; D35NPost	

"Finally, I am going to ask you some questions, and I need you to tell me if you agree or not".

#	Question	Answer options	Code
69	Smoking calms the nerves. A31NPre; A31NPost	0 = I agree 2 = I disagree 1 = I don't know	
70	Smoking only damages the lungs. A32NPre; A32NPost	0 = I agree 2 = I disagree 1 = I don't know	
71	Cigarette smoke only harms the smoker. A33NPre; A33NPost	0 = I agree 2 = I disagree 1 = I don't know	
72	Children who smoke can become addicted to the cigarettes. A34NPre; A34NPost	2 = I agree 0 = I disagree 1 = I don't know	
73	Drinking alcoholic beverages can help you solve your problems. A35NPre; A35NPost	0 = I agree 2 = I disagree 1 = I don't know	
74	Children who drink alcoholic beverages can become addicted to these beverages. A36NPre; A36NPost	2 = I agree 0 = I disagree 1 = I don't know	

FORM 6: ANTHROPOMETRY OF CAREGIVERS

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Anthropometry																		
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talla3Post																		

FORM 7: ANTHROPOMETRY OF CHILDREN

Form formPre	0	7	Id. id				Subject sujetoPre sujetoPost	1	(C=1,M=2)	Sex sexoPre sexoPost		(F=0,M=1) Grado/sección gradosecPre gradosecPost			
Stage etapaPre etapaPost		(basal=1, process=2, final= 3)			School estabPre estabPost		Date of application fechapliPre fechapliPost								
													(dd)	(mm)	(yy)

Anthropometry			
3. Weight (pounds)	_____ . _____ Peso1Pre Peso1Post	_____ . _____ Peso2Pre Peso2Post	_____ . _____ Peso3Pre Peso3Post
4. Height (centimeters)	_____ . _____ Talla1Pre Talla1Post	_____ . _____ Talla2Pre Talla2Post	_____ . _____ Talla3Pre Talla3Post

Estudio: Factibilidad de una intervención piloto de base comunitaria para prevenir enfermedades cardiometabólicas en niñas y niños en edad escolar

FORM 9: EXPOSURE AND ACCEPTABILITY OF THE INTERVENTION (CHILDREN)

Form **form** Id. **id** Subject **sujeto** (N=1, M=2) Interviewer **codeenc** Grade/section

Phase **etapa** (basal=1, process=2, final=3) School **estable** Date of application **fechaapl**
(dd) (mm) (aa)

Instructions. "Now we are going to ask you some questions about some of the things you did in the last 4 months, meaning, since June until September".

A. ¡PILAS!

#	Question	Answer options	Code
1	Have you Heard of the ¡PILAS! program? a1	2 = Yes 1 = Maybe 0 = No	
2	Have you seen this logo? (SHOW visual) a2	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , go to Section "B" ---	
3	How many times have you seen this logo? a3	2 = Many times 1 = More or less 0 = Very few times	

B. CURRICULUM

#	Question	Answer options	Code
1	In the last 4 months, has your child ask you to accompany him during a homework assignment? b1	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , go to Section "B" ---	
2	In hoy many homework activities did you participate with your child? b2		
3	Did you participate with your child in a homework activity of:		
3.1	Healthy food b31	2 = Yes 1 = Maybe 0 = No	
3.2	Unhealthy food b32	2 = Yes 1 = Maybe 0 = No	
3.3	Physical activity b33	2 = Yes 1 = Maybe 0 = No	
3.4	Cigarettes b34	2 = Yes 1 = Maybe 0 = No	
3.5	Alcohol b35	2 = Yes 1 = Maybe 0 = No	
4	In general, how much did you like the ¡Pilas! homework activities? b4	2 = A lot 1 = More or less 0 = Did not like it	

C. ACTIVITIES FROM OTHER STUDENTS (CURRÍCULUM)

#	Question	Answer options	Code
1	Have you seen posters or drawings that students from the school have done about:		
1.1	Healthy food c11	2 = Yes 1 = Maybe 0 = No	
1.2	Unhealthy food c12	2 = Yes 1 = Maybe 0 = No	
1.3	Physical activity c13	2 = Yes 1 = Maybe 0 = No	
1.4	Cigarettes c14	2 = Yes 1 = Maybe 0 = No	
1.5	Alcohol c15	2 = Yes 1 = Maybe 0 = No	

D. FAMILY PLIAS

#	Question	Answer options	Code
1	Did you hear the radio series ¡PILAS! Family? d1	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , go to Section "E" ---	
2	For how long could you hear it? d2	Number: _____	
3	In general, how much did you like the radio series ¡Pilas! Family? d3	2 = A lot 1 = More or less 0 = Did not like it	

E. OPEN SCHOOL PROGRAM

#	Questions	Answer options	Code
1	In the last 4 months, have you attended the Open School Program? e1	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , GO the Section G ---	
2	Did you go to the cooking class that they offered? e2	2 = Yes 1 = Maybe 0 = No	

F. RELIGIOUS LEADERS

#	Question	Answer options	Código
1	In the last 4 months, have you assisted religious activities or services? f1	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , FINISH form HERE ---	
2	At what church do you go to? (EXPLORE name of the religious leader) f2		
3	Have you heard the religious leader talk about:		

3.1	¡PILAS! Program f31	2 = Yes	1 = Maybe	0 = No	
3.2	Healthy food f32	2 = Yes	1 = Maybe	0 = No	
3.3	Unhealthy food f33	2 = Yes	1 = Maybe	0 = No	
3.4	Physical activity f34	2 = Yes	1 = Maybe	0 = No	
3.5	Cigarettes f35	2 = Yes	1 = Maybe	0 = No	
3.6	Alcohol f36	2 = Yes	1 = Maybe	0 = No	
4	Have one of the following activities been done in your church:				
4.1	Healthy snacks f41	2 = Yes	1 = Maybe	0 = No	
4.2	Active games f42	2 = Yes	1 = Maybe	0 = No	
4.3	Recipe preparation f43	2 = Yes	1 = Maybe	0 = No	
4.4	Giveaway recipes f44	2 = Yes	1 = Maybe	0 = No	
4.5	Hear the radio soap opera FAMILIAS ¡PILAS! f45	2 = Yes	1 = Maybe	0 = No	

Estudio: Factibilidad de una intervención piloto de base comunitaria para prevenir enfermedades cardiometabólicas en niñas y niños en edad escolar

FORM 10: EXPOSURE AND ACCEPTABILITY OF THE INTERVENTION (CHILDREN)

Form **form** Id. **id** Subject **sujeto** (N=1, M=2) Interviewer **encuest** Grade/section **gradosec**

Phase **etapa** (basal=1, process=2, final=3) School **estable** Date of application **fechaapl**
(dd) (mm) (aa)

Instructions. "Now we are going to ask you some questions about some of the things you did in the last 4 months, meaning, since June until September".

A. ¡PILAS!

#	Question	Answer options	Code
1	Have you Heard of the ¡PILAS! program? a1	2 = Yes 1 = Maybe 0 = No	
2	Have you seen this logo? (SHOW visual) a2	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , go to Section "B" ---	
3	How many times have you seen this logo? a3	2 = Many times 1 = More or less 0 = Very few times	

B. CURRÍCULUM

#	Question	Answer options	Code
1	Did you participate in the activities of the ¡PILAS! Program that your teacher did? b11	2 = Yes 1 = Maybe 0 = No	
2	Did you participate in the activities of the ¡PILAS! Program that were about:		
2.1	Healthy food b21	2 = Yes 1 = Maybe 0 = No	
2.2	Unhealthy food b22	2 = Yes 1 = Maybe 0 = No	
2.3	Physical activity b23	2 = Yes 1 = Maybe 0 = No	
2.4	Cigarettes b24	2 = Yes 1 = Maybe 0 = No	
2.5	Alcohol bd5	2 = Yes 1 = Maybe 0 = No	
3	In general, how much did you like the activities of the ¡PILAS! Program that your teacher did? b3	2 = A lot 1 = More or less 0 = Did not like it	

C. ACTIVITIES FROM OTHER STUDENTS (CURRICULUM)

#	Question	Answer options			Code
1	Have you seen posters or drawings that other students from the school have done about:				
1.1	Healthy food c1	2 = Yes	1 = Maybe	0 = No	
1.2	Unhealthy food c12	2 = Yes	1 = Maybe	0 = No	
1.3	Physical activity c13	2 = Yes	1 = Maybe	0 = No	
1.4	Cigarettes c14	2 = Yes	1 = Maybe	0 = No	
1.5	Alcohol c15	2 = Yes	1 = Maybe	0 = No	
2	Have you seen performances or presentations other students from the school have done about:				
2.1	Healthy food c21	2 = Yes	1 = Maybe	0 = No	
2.2	Unhealthy food c22	2 = Yes	1 = Maybe	0 = No	
2.3	Physical activity c23	2 = Yes	1 = Maybe	0 = No	
2.4	Cigarettes c24	2 = Yes	1 = Maybe	0 = No	
2.5	Alcohol c25	2 = Yes	1 = Maybe	0 = No	

D. FOOD KIOSK

#	Question	Answer options			Code
1	In the last four months, has the school food kiosk sold healthy foods and beverages? d1	2 = Yes	1 = Maybe	0 = No	
2	How do you consider the prices of the healthy foods and beverages sold at the school? d2	2 = Cheap	1 = Regular	0 = Expensive	
3	Have you seen signs at the school food kiosk that offers healthy foods and beverages? d3	2 = Yes	1 = Maybe	0 = No	
4	Have you seen signs at the school food kiosk that offers healthy unhealthy foods? d4	2 = Yes	1 = Maybe	0 = No	
5	Have you tried any of the new foods and beverages that the school food kiosk has offered in the last 4 months:				
5.1	Licudo tropical de frutas d51	2 = Yes	1 = Maybe	0 = No	
5.2	Poporopos Pipoca d52	2 = Yes	1 = Maybe	0 = No	
5.3	Hamburguesas con tortita de carne vegetal d53	2 = Yes	1 = Maybe	0 = No	
5.4	Pinchos de fruta d54	2 = Yes	1 = Maybe	0 = No	
5.5	Tortilla de harina fortificada d55	2 = Yes	1 = Maybe	0 = No	
5.6	Tortita de yuca con queso d56	2 = Yes	1 = Maybe	0 = No	
5.7	Horchata de harina fortificada d57	2 = Yes	1 = Maybe	0 = No	
5.8	Ponche de fruta d58	2 = Yes	1 = Maybe	0 = No	
5.9	Panqueques de banano d59	2 = Yes	1 = Maybe	0 = No	
5.10	Baleada de carne vegetal d10	2 = Yes	1 = Maybe	0 = No	
5.11	Ceviche de carne vegetal d11	2 = Yes	1 = Maybe	0 = No	

5.12	Ensalada de zanahoria y remolacha d12	2 = Yes	1 = Maybe	0 = No	
5.13	Ensalada de zanahoria y piña d13	2 = Yes	1 = Maybe	0 = No	
5.14	Pan de pollo con verduras d14	2 = Yes	1 = Maybe	0 = No	
5.15	Plátanos con queso d15	2 = Yes	1 = Maybe	0 = No	
5.16	Licuada de fruta d16	2 = Yes	1 = Maybe	0 = No	
5.17	Pie de plátano y frijoles d17	2 = Yes	1 = Maybe	0 = No	
5.18	Fresco de rosa de jamaica con canela d18	2 = Yes	1 = Maybe	0 = No	
5.19	Fresco de sandía con limón d19	2 = Yes	1 = Maybe	0 = No	
5.20	Gelatina con fresas d20	2 = Yes	1 = Maybe	0 = No	

E. CHILD HEALTH PROMOTERS

At the school a group named ¡PILAS! Child Health Promoters were helping us with the program and were in charge of playing games with other children during recess or during class hours ...

#	Questions	Answer options	Code
1	Did you participate in a game organized by the Child Health Promoters ¡PILAS!? e1	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , go to Section "F" ---	
2	In how many games organized by the ¡PILAS! Child Health Promoters did your participate? e2	Number: _____	
3	In general, how much did you like the games that the ¡PILAS! Child Health Promoters did? e3	2 = A lot 1 = More or less 0 = Did not like it	

F. OPEN SCHOOL PROGRAM

#	Questions	Answer Options	Code
1	In the last 4 months, have you attended the Open School Program? f1	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , GO the Section G ---	
2	Did you go to the cooking class that they offered? f2	2 = Yes 1 = Maybe 0 = No	

G. RELIGIOUS LEADERS

#	Question	Answer Options	Código
1	In the last 4 months, have you assisted religious activities or services? g1	2 = Yes 1 = Maybe 0 = No --- If the response is # 0 , FINISH form HERE ---	

2	At what church do you go to? (EXPLORE name of the religious leader) g2			
3	Have you heard the religious leader talk about:			
3.1	¡PILAS! Program g31	2 = Yes	1 = Maybe	0 = No
3.2	Healthy food g32	2 = Yes	1 = Maybe	0 = No
3.3	Unhealthy food g33	2 = Yes	1 = Maybe	0 = No
3.4	Physical activity g34	2 = Yes	1 = Maybe	0 = No
3.5	Cigarettes g35	2 = Yes	1 = Maybe	0 = No
3.6	Alcohol g36	2 = Yes	1 = Maybe	0 = No
4	Have one of the following activities been done in your church:			
4.1	Healthy snacks g41	2 = Yes	1 = Maybe	0 = No
4.2	Active games g42	2 = Yes	1 = Maybe	0 = No
4.3	Recipe preparation g43	2 = Yes	1 = Maybe	0 = No
4.4	Giveaway recipes g44	2 = Yes	1 = Maybe	0 = No
4.5	Hear the radio soap opera FAMILIAS ¡PILAS! g45	2 = Yes	1 = Maybe	0 = No

To be filled by INCAP's personnel:

Form: **11 form** Cod enc: **codobs** Phase: **2 phase** Esc: **school** G/S: **gradesec**

Activity: **activi** Date: ___ ___ (d)/ ___ ___ (m)/ ___ ___ (a) **date**

FORM 11: TEACHER'S OPINION OF CLASSROOM ACTIVITIES

Name of the activity: _____ Grade and section: _____

Instructions: *In the following section, there are questions about the activity that you just did with your students. Please, write the number that best describes the level of difficulty of the situation presented in each sentence.*

Very easy Very difficult (5) (1)	Easy (4)	Regular (3)	Difficult (2)
-------------------------------------------	-------------	----------------	------------------

How easy or difficult it was to:

1. Introduce the activity during the week? **p1**
2. Carry out the activity with the instructions and procedures detailed in the manual? **p2**
3. Carry out the activity with the amount of children you have in your classroom? **p3**
4. Carry out the activity in the area assigned by the manual? **p4**
5. Obtain the materials for his activity? **p5**

Total: (to be filled by INCAP's personnel)

total1

Instructions: *Now, we will ask about what you thought of the activity. Please, write the number that best describes your opinion.*

Very good Very bad (5) (1)	Good (4)	Regular (3)	Bad (2)
-------------------------------------	-------------	----------------	------------

What did you think about:

6. The activity? **p6**

7. The topics that are taught to children through the activity? **p7**
8. The way the manual guides the teacher on how to conduct the activity? **p8**
9. The homework assignment of the activity? **p9**
10. The students' attitudes, motivation and attention shown during the activity? **p10**

Total: (to be filled by INCAP's personnel)

total2

FORM 12: OBSERVATION OF CLASSROOM ACTIVITIES

Form : **12 form** Observer code: **codobs** Phase: **2 phase** School: **school**

Grade/Section: **gradesec**

Activity observed: **activobs** No. of students: **nkids** Date: ____ ____ (d)/ ____ ____ (m)/ ____ ____

(a) **dateapl**

Duration (min): **duration**

Instructions: *Observe and determine if the teacher did the following.*

1. Performed the activity in the scheduled week? **p1** [Postponed = 0, Beforehand = 1, Yes = 2]

If your answer was [0] o [1], explain: Why?

2. Got the materials assigned to the activity? **p2** [No = 0, Some = 1, More = 2, Yes = 3]

If your answer was [0], [1] o [2], explain: Why? Which were missing, changed or added?

3. Carried out the activity in the area specified by the manual? **p3** [No = 0, Partially = 1, Yes = 2]

If your answer was [0] o [1], explain: Why? In which place was it conducted?

4. Followed the steps of the activity outlined in the manual? **p4** [Less = 0, More = 1, Yes = 2]

If your answer was [0] o [1], explain: Why? What steps were not applied? Which were added?

5. How were the contents presented? **p5** [Read it = 0, Read and memorized it = 1, Memorized it = 2]

If your answer was [0] o [1], explain: Why?

--

6. Added an extra activity? **p6** [Yes = 0, No = 1]

If your answer was [0], explain the activity

7. Used the homework assignment? **p7** [No = 0, Yes = 1]

If your answer was [0], explain: Why?

8. Was there an interruption? **p8** [Yes = 0, No = 1]

If your answer was [0], explain the interruption and its duration

Instructions: Complete the table based on what you observed.

#	Observe:	All the time	Most of the time	Some of the time	At no time
9 p9	Teacher showed mastery in the content and procedures of the activity.	3	2	1	0
10 p10	Students seemed to understand what the teacher said and indicated.	3	2	1	0
11 p11	Teacher showed enthusiasm during the activity.	3	2	1	0
12 p12	Teacher motivated the students to participate.	3	2	1	0
13 p13	Students received positive feedback for their participation.	3	2	1	0
14 p14	Teacher participated directly in the activity.	3	2	1	0
15 p15	Most of the students seemed to enjoy the activity (they showed interest, laughed, etc.)	3	2	1	0
16 p16	Teachers maintained order and discipline in the classroom.	3	2	1	0
17 p17	Teacher maintained the attention of the students.	3	2	1	0
18 p18	Transition times were short.	3	2	1	0

Total of the questionnaire: **total**

FORM 13: OBSERVATION OF THE SCHOOL KIOSK

Observers code: codobs	Phase: 2 phase	School: school
Date of application: ____ ____ (d)/ ____ ____ (m)/ ____ ____ (y) dateapl		

SECTION A. Instructions: *Observe and answer questions.*

#	Question	Answer Options	Answer
1	Healthy food has a relatively affordable price for the children. p1	2 = All 1 = Some 0 = None	
2	The cost of most of the healthy food is lower or equal to non-healthy food. p2	2 = Most of it (> 66%) 1 = Some (33-66%) 0 = Few (<33%)	
3	There are non-healthy beverages available for purchase (energy drinks, sports drinks and /or alcoholic beverages). p3	2 = Never 1 = Sometimes 0 = Always	
4	Healthy food is more visible than non-healthy food. p4	2 = Most of it (> 66%) 1 = Some (33-66%) 0 = Few (<33%)	
5	There is advertisement for non-healthy food. p5	2 = No 1 = For some 0 = For all of them	
6	There is advertisement for healthy food. p6	2 = For all of them 1 = For some 0 = No	
7	Children are allowed to go out of the school during class period or recess to buy food. p7	2 = None 1 = Some 0 = Most of them	
8	There are non-healthy foods with prices or special offers available. p8	1 = No 0 = Yes	
9	There are non-healthy beverages with lower or equal cost than water. p9	1 = No 0 = Yes	

1 0	Kiosk staff uses hairnet, apron and gloves while serving food. p10	2 = Completely 1 = Partially 0 = Uses none	
1 1	Follows food handling and storage recommendations. p11	2 = Completely 1 = Partially 0 = No	
1 2	Kiosk staff members who handle food products have short nails, no nail polish and, no rings on their fingers. p12	2 = Completely 1 = Partially 0 = No	
1 3	The food kiosk is clean. p13	2 = Completely 1 = Partially 0 = No	
#	Question	Options	Answer
1 4	The food kiosk surroundings are clean. p14	2 = Completely 1 = Partially 0 = No	
1 5	There is a garbage collector inside and outside the food kiosk. p15	2 = Both 1 = Only in one of them 0 = No	
Total:			

SECTION B. Instructions: Answer "1" if the food preparation is being offered at the moment of the observation. Answer "0" if the food preparation is not being offered.

No.	Food Preparation	Yes = 1 / No = 0
16	Tropical Fruit Drink p16	
17	PIPOCA Popcorn p17	
18	Vegetable Hamburgers p18	
19	Fruit Kebabs p19	
20	Fortified Flour Tortilla p20	
21	Cassava and cheese Patties p21	
22	Fortified Orgeat p22	
23	Fruit Punch p23	
24	Banana Pancakes p24	

25	Vegetable Meat Burritos p25	
26	Vegetable Ceviche p26	
27	Carrot and Beet Salad p27	
28	Carrot and Pineapple Salad p28	
29	Chicken and Vegetable Sandwich p29	
30	Cheese Stuffed Platains p30	
31	Fruit Drink p31	
32	Platain and Bean Pie p32	
33	Rosa de Jamaica and Cinnamon Drink p33	
34	Watermelon and Lime Drink p34	
35	Fruit Jelly p35	

Comments

SECTION C. Instructions: Answer “1” if the strategy above is applied by the kiosk staff at the moment of the observation. Answer “0” if the strategy is not applied.

No.	Strategy	Yes = 1 / No = 0
36	Attractive containers are being used to show healthy food on the kiosk counter. P36	
37	Children can see the price of the healthy food that is being offered. P37	
38	There are chairs and tables around the kiosk. P38	
39	There are plants or any other decoration around the kiosk that creates a pleasant environment. p39	
40	The kiosk staff members use uniforms. p40	
41	Healthy food is visible to all the children. p41	
42	The position of the products is changed regularly. p42	
43	Similar food products are showed in different places around the kiosk. p43	
44	Food products are sold in the kiosk during school events and activities. p44	

45	Food is sold before and after school day. p45	
46	Lower prices in food products are offered to teachers at the end of recess. p46	
47	Special offers on food products are advertised with posters. p47	
48	Healthy food is fresh and has good quality. p48	
49	Pictures of healthy food are visible for children. p49	
50	There is advertisement for new or special food products. p50	
51	Smiley faces are used to identify healthy food products. p51	
52	Advertisement of the least consumed food products were made. p52	
53	Posters made by students are used to advertise food products. p53	
54	Flyers were used to promote healthy products. p54	
55	Names of customers interested in food products offered by the kiosk were written. p55	
56	Letters were sent to parents to inform about healthy foods offered in the kiosk and their prices. p56	
57	Announces were made with megaphone or speakers during school events. p57	
58	Blackboards were used to inform about the products offered. p58	
59	Daily or weekly special offers were made. p59	
60	2 x 1 offers were made on healthy food products. p60	
61	Competition games were organized. p61	
62	Food tasting was offered with the new products. p62	

Comments:

To be filled by the INCAP staff:

Cod enc: **codobs** Phase: **2** **phase** Sch: **school**
 Activity: **activi** Date: ___ ___ (d)/ ___ ___ (m)/ ___ ___
 (y) **dateapl**

FORM 14: FOOD KIOSK'S STAFF OPINION

Name:

Instructions: *The following questions ask about how easy or difficult the activities recommended on the Guide for the ¡Pilas! Healthy Food Kiosk turned out to be. Please respond considering your experience in the last two weeks.*

	Very Easy	Easy	Regular	Difficult	Very
difficult	(5)	(4)	(3)	(2)	
(1)					

How easy or difficult was to ...

1. Follow the Guide? **p1**
2. Prepare the healthy recipes? **p2**
3. Put in practice healthy recipes in the food kiosk? **p3**
4. To sell healthy food? **p4**
5. Promote healthy food? **p5**
6. Transition from selling non-healthy to healthy food? **p6**
7. Follow food hygiene recommendations? **p7**
8. Follow the recommendations of adequate food handling? **p8**
9. Follow the recommendations of adequate food handling and storage? **p9**
10. Follow the recommended food kiosk regulations? **p10**

Instructions: *The following questions ask about your what you thought about the activities proposed by the Guide for the ¡Pilas! Healthy Food Kiosk. Please respond considering your experience in the last two weeks.*

Very Good Very Bad (5) (1)	Good (4)	Regular (3)	Bad (2)
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What did you think about:

11. The strategies and advice to promote healthy food products? **p11**
12. The school staff guide? **p12**
13. The interesting facts to promote healthy food? **p13**
14. The acceptability of the recipes suggested by the children? **p14**
15. Having a healthy food kiosk? **p15**
16. The children’s acceptability of the change from non-healthy to healthy food products? **p16**

Instructions: *Mark with an “X” if the strategies recommended in the Guide for the ¡Pilas! Healthy Food Kiosk listed above were applied during the **last two weeks**.*

17. Attractive containers are being used to expose healthy food on the kiosk counter.	p17
18. Children can see the price of the healthy food that is being offered.	p18
19. There are chairs and tables to sit around the kiosk.	p19
20. There are plants or any other decoration around the kiosk that create a pleasant environment.	p20
21. The kiosk staff members use uniforms.	p21
22. Healthy foods are visible for all the children.	p22
23. The position of the products is changed regularly.	p23
24. Food products of the same kind are exposed in different places around the kiosk.	p24
25. Food products are sold in the kiosk during school events and activities.	p25

26. Food is sold before and after school day.	p26
27. Lower prices in food products are offered to teachers at the end of recess.	p27
28. Special offers on food products are advertised with posters.	p28
29. Healthy food is fresh and has good quality.	p29
30. Pictures of healthy food are visible for children.	p30
31. There is advertisement for new or special food products.	p31
32. Smiley faces are used to identify healthy food products.	p32
33. Advertisement of less consumed food products is being made.	p33
34. Posters made by students are used to advertise food products.	p34
35. Flyers were used to promote healthy food products.	p35
36. Note was taken of the names of customers interested in food products offered by the kiosk	p36
37. Letters were sent to parents to inform about healthy foods and prices offered in the kiosk.	p37
38. Announces were made with megaphone or speakers during school events.	p38
39. Blackboards were used to inform about the products offered.	p39
40. Daily or weekly special offers were made.	p40
41. 2 x 1 offers were made on healthy food products.	p41
42. Competition games were organized.	p42
43. Food tasting was offered with the new products.	p43
44. The children health promoters helped you to inform about the new healthy food products offered.	p44

FORM 15: OBSERVATION OF CHILD HEALTH PROMOTERS

Form: 18 form	Observers code: codenc	Phase: 2 phase	School: school
Date: ___ ___ (d)/ ___ ___ (m)/ ___ ___ (a) dateapl	No. de promoters: npromot	No. of participants: nparti	
Duration (min): duration			

Instructions: *Observe and complete the information bellow.*

Name of the activity: nameact
Area or location: place
Grade(s) that participated: pgrade part
Materials used: materials
Interruptions: interrup

Cooking course for children	a2c
Games Manual	a2d
Cd Familia Pilas	a2e

SECTION B

Instructions. Please, write the number that best describes the level of difficulty of the situation presented in each sentence.

Very easy Very difficult (5) (1)	Easy (4)	Regular (3)	Difficult (2)
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¿How easy or difficult was to:

11. Plan and organize the activity? **b1**
12. Promote the activity to motivate people to participate? **b2**
13. Carry out the activity with the amount of persons who assisted? **b3**
14. Carry out the activity in the area that was selected? **b4**
15. Obtain the materials for the activity? **b5**

Total: (to be filled by INCAP's personnel):

total1

Instructions: Now, we will ask about what you thought of the activity. Please, write the number that best describes your opinion.

Very good Very bad (5) (1)	Good (4)	Regular (3)	Bad (2)
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What did you think about:

16. Your personal preparation to carry out the activity? **b6**
17. The activity? **b7**
18. The topics that were taught to the participants? **b8**

19. Level of comprehension of the participants? **b9**

20. The participant's attitudes, motivation and attention shown during the activity? **b10**

personnel): **total2**

Total: (to be filled by INCAP's