

Date: __/__/__

Personal information.

Name and Surname : _____

Boy  Girl 

Date of birth: _____ Age: _____ Course: _____

Mother's job: _____

Father's job: _____

With who do you live? _____

Mom and Dad	Mom	Dad	Grandparents	Other
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How many brothers and sisters do you have? Do not include yourself ____

What is your weight? _____(kg)

What is your height?: _____(meters)

I QUESTIONARY ABOUT EATING HABITS.

1	How many times do you drink milk per day?	Never	1-2	3-4	More than 4
2	Do you know what type of milk you drink?	Full-fat	Reduced-fat	Non-fat	I don't know
3	How many times do you eat YOGURT per day?	Never	1-2	3-4	More than 4
4	Do you know what type of yogurt you eat?	Full-fat	Reduced-fat	Non-fat	I don't know
5	How many times do you eat cheese per week?	Never	1-2	4-6	Every day
6	How many times do you eat desserts made of milk products per week?	Never	1-3	4-6	Every day
7	How many times do you eat chicken per week?	Never	1-3	4-6	Every day
8	How many times do you eat cow, pork or lamb per week?	Never	1-3	4-6	Every day
9	How many times do you eat meat like (Salami, sausages, ham, iberian ham) per week?	Never	1-3	4-6	Every day
10	How many times do you eat burgers per week?	Never	1-3	4-6	Every day
11	How many times do you eat fish per week?	Never	1-3	4-6	Every day
12	How many times do you eat sea food per week?	Never	less than 1	1	More than 1

13	How often do you have eggs per week?	Never	1-3	4-6	Every day
14	How many times do you eat mashed or boiled potatoes per week?	Never	1-3	4-6	Every day
15	How many times do you eat fried potatoes per week?	Never	1-3	4-6	Every day
16	How many times do you eat vegetables per week?	Never	1-3	4-6	Every day
17	How many times do you eat fruit per week?	Never	1-2	3-4	More than 4
18	How many times do you eat bread per day?	Never	1 – 2	3-4	More than 4
19	How many times do you eat cereals for breakfast per week? Do you know what brand of cereal?	Never	1 – 2	3-4	More than 4
20	How many times do you eat rice per week? (Cuban style rice, <i>paella</i> , rice soup)	Never	1 – 3	4-6	Every day
21	How many time a week do you eat pasta per week? (Macaroni, spaghetti, noodles).	Never	1 – 3	4-6	Every day
22	How many times a week do you eat legumes per week? (Lentils, chickpea, peas)	Never	Less than 1	1	2
23	How many times do you eat biscuits per week? Do you know what brand?	Never	1 – 3	4-6	Every day

24	How many times do you eat home-made desserts/candies per week? (sponge cake, home-made cupcake)	Never	1 – 3	4-6	Every day
25	How many times a week do you eat factory-baked pastries per week? (Donuts, heart-shaped puff pastry, cannoli, croissant)	Never	1 – 3	4-6	Every day
26	How many times do you eat chocolate per week?	Never	1 – 3	4-6	Every day
27	How many times do you eat jam per week?	Never	1 – 3	4-6	Every day
28	How many times do you eat pre-cooked meals per week? (croquettes, <i>small pasty</i> (empanadilla), hake sticks)	Never	1 – 3	4-6	Every day
29	How many times do you eat pizza per week?	Never	1 – 3	4-6	Every day
30	How many times do you eat corn snack o bag of chips per week?	Never	1 – 3	4-6	Every day
31	How many times do you eat sweets per week?	Never	1 – 3	4-6	Every day
32	How many times do you drink juice per day?	Never	1 – 3	4-6	Every day
33	Do you know what kind of juice?	Natural	Bottling	I don't know	
34	How many times do you drink soft-drink per week?	Never	1 – 3	4-6	Every day

35	Do you know what kind of soft-drink?	With sugar	sugar- free	I don't know	
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II EATING HABITS

2.1. Do you have breakfast before going to school? (Choose 1 option)

Yes, every day	Yes, 3-4 days/week	Yes, 1-2 days/week	Never
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2.2. What do you breakfast?:

<input type="checkbox"/> Milk	<input type="checkbox"/> Bread	<input type="checkbox"/> Olive Oil	<input type="checkbox"/> Fruit
<input type="checkbox"/> Sugar	<input type="checkbox"/> Cereal / Biscuit	<input type="checkbox"/> Butter	<input type="checkbox"/> Juice
<input type="checkbox"/> Cocoa powder	<input type="checkbox"/> Factory-baked pastries	<input type="checkbox"/> Jam	<input type="checkbox"/> Tea
<input type="checkbox"/> Scrambled eggs/boiled eggs	<input type="checkbox"/> Sandwiches	<input type="checkbox"/> Cheese	<input type="checkbox"/> Vegetables
<input type="checkbox"/> Milk Soup	<input type="checkbox"/> Home-made cakes	<input type="checkbox"/> Honey	<input type="checkbox"/> Coffee

2.3. Do you eat something during the playground? (Choose 1 option)

Yes, every day	Yes, 3-4 days/week	Yes, 1-2 days/week	Never
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2.4. Join with arrows the days of the week with the foods which you eat during the playground:

MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY

Milkshake
Tea
Curd Snack
Yoghurt
Juice
Fruit
Sandwich
Biscuit
Factory-baked pastries
Toasts
Home-made cakes

2.5. Where do you have lunch?

At home	Grandparents's home	School Cafeteria	Other
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2.6. Do you have afternoon snack? (Mark 1 option)

Yes, everyday	Yes, 3 or 4 days per week	Yes, 1 or 2 days per week	Never
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2.7. Join with arrows the days of the week with the food you eat in the afternoon:

MONDAY	MILK
TUESDAY	TEA/COFFEE
WEDNESDAY	SALAD
THURSDAY	NUTS
FRIDAY	SUGAR
SATURDAY	CHOCOLATE MILK
SUNDAY	CEREALS/ BISCUITS
	SUPERMARKET COOKIES, etc.
	HOME MADE CAKE
	SANDWICH
	FRUIT JUICE
	FRUIT

2.8. Normally your sandwiches are made with:

Bread	with	Oil	and	Vegetables
		Butter		

... and anything else?

Sausages	Ham	Tuna	Chocolate paste
Ham	Cheese	Foie gras	Sauces

2.9. Which fruits do you usually eat?

<i>(Autum-Winter)</i>	<i>(Autum-Winter)</i>	<i>(Autum-Winter)</i>	<i>(Spring-Summer)</i>	<i>(Spring-Summer)</i>
Pear	Apple	Plum	Melon	Watermelon
Pineapple	Mandarine	Orange	Strawberries	Cherries
Grapes	Banana	Kiwi	Figs	Peach

2.10. How many glasses of water do you drink per day? Number of glasses:

Kind of water	Tap water	Mineral water
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2.11. Do you normally eat light or low calories products?

Yes	No	I don't know
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2.12. Have you ever followed a diet to lose weight?

Yes	No	I don't know
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III EXPOSURE TO PLASTIC

3.1. How do you wrap the food you eat during your breaks?

Paper (paper bag,napkin)	Plastic (box or plastic bag,cling film)	Aluminium Foil	Other
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3.2. How many times per week do you eat the followings food?

Canned tuna:	Never	1-3 days a week	4-6 days a week	Everyday
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Canned corn:	Never	1-3 days a week	4-6 days a week	Everyday
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Fruits in syrup (Peach, pineapple,mix fruits):	Never	1-3 days a week	4-6 days a week	Everyday
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Noodles or spaghetti	Never	1-3 days a week	4-6 days a week	Everyday
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Microwave rice:	Never	1-3 days a week	4-6 days a week	Everyday
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3.3. From what package do you drink fruit juice?

Glass bottle	Tetrabrick	Plastic bottle	I don't drink it
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3.4. In what container do you drink soft drinks?

Glass bottle	Can of soda	Plastic bottle	I don't drink it
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3.5. Do you drink liquid like the ones in the picture?

Yes, everyday	Yes, almost everyday	Yes, less than once per week	No, never
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IV HABITS OF PHYSICAL ACTIVITY

4.1. What time do you go to bed ? _____ What time do you get up?

4.2. Do you walk or cycle to school?

Yes, everyday	yes, sometimes	No, never
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4.3. How often do you have physical Education at school per week?

4.4. What do you do after finishing your homework?

- Stay at home watching tv, play computer games
- Go outside or to the park.
- Extra-school activities: Music Languages Sports

4.5. Which sports do you practice?

<i>(Name of the activity)</i>	<i>(Days of week)</i>
1.	
2.	
3.	

V. What did you eat yesterday?

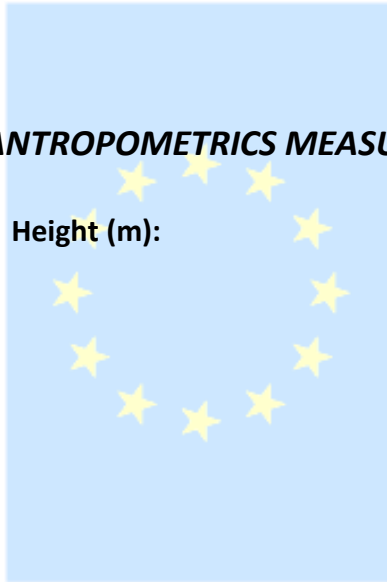
FOOD	QUANTITIES (GLASS, SPOONFUL, PARTS, BIG/SMALL PLATE)
BREAKFAST <hr/>	
PLAYGROUND <hr/>	
LUNCH <hr/>	
AFTERNOON SNACK <hr/>	
DINNER <hr/>	

VI ANTROPOMETRICS MEASURES

Weigth (kg):

Height (m):

Waistline (cm):



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