THE HYDRATION STATUS QUESTIONNAIRE FOR ADOLESCENT-YOUNG POPULATION (HSQ-AY)

INSTRUCTION FOR COMPLETING THE QUESTIONNAIRE:

- Please read all the questions carefully and take your time while answering them.
- Concentrate while reading the questions and try to answer them as accurately as possible.
- Use an X to mark the answer that better represents your situation.
- Some questions can be answered with more than one answer, if so; this will be indicated in the column on the left.
- Some questions are accompanied by an asterisk (*). This means you will find an explanatory footnote on the bottom of the page.
- At the beginning of each section, you will find a description that will assist you in filling out the questions in that segment.

1. Personal Information

2. Medical history

Nai	me	ne			Surname					
Age	2		Course		Gender		Date			
	-	have any ealth prob		Yes		ΠNO				
	Do you suffer from one of these illnesses? MULTIPLE ANSWER POSSIBLE		Diabetes Urinary tract infection Bowel disease Heart failure Kidney disease Other:							
		u take any medicatio		constipation.	$c \rightarrow$ Medication	that accelerates intesti to eliminate more fluid Medication to reduce	s. They increase	e the urine		
	MULTIF	PLE ANSWEF	R POSSIBLE	<u> </u>		Medication to control	the tension.			
	supple	take any r ment as fo mins or mi	r example	Yes If the answ	er is affirmativ	ve, please indicate	No the type:			
	-	u suffer fro ese sympt	-	Shivers Dizzine Headag	S SS	Constipatio	on [] Diarrhoea] Tachycardia] Dry mouth		
	MULTIF	PLE ANSWE	R POSSIBLE	_	concentration		0 –	,		
	perf fol	ou have di orming any lowing act	y of the ions?	Holding	g a cup	Swallowing	🗌 Open	ing a bottle		
	MULTIF	PLE ANSWE	POSSIBLE							

3. Hydration habits

Do you usually have a bottle of water with you when you are outside?	Yes	□ No			
Do you take a bottle of water when you go to school?	☐ Yes	□ No			
Do you drink water between meals?	Yes	□ No			
Do you drink any water while performing physical activity?	Yes	□ No			
Do you consume isotonic and/or energy drinks while performing physical activity?	Yes	□ No			
Do you consume any fluid before feeling thirsty?	Yes	□ No			
Do you like drinking water?	Yes	□ No			
When you are thirsty, do you prefer to consume other beverages instead of water?	T Yes	□ No			
	If the answer is affirmative, plea	ase indicate the type:			
Do you feel full after drinking fluids?	Yes	□ No			
Do you know which is the daily water intake recommendation?	Yes	□ No			
	If the answer is affirmative, please indicate the amount:				

4. Food and beverage frequency questionnaire

First column: Use an x to indicate the <u>serving size</u> that you usually consume **Second column**: Use numbers to indicate the <u>frequency of consumption; daily, per week or per</u> <u>month</u>. (If the frequency is less than one per month do not answer the question) **Third column**. Use an X to indicate the <u>moments</u> at which do you usually consume the product.

WATER. (It includes tap water, bottle water, fizzy water and water flavoured)

Indicate the habitual so size			nber of glasses you usually e daily	Indicate the moments at which you usually consume water		
		1□	2□	3□	With breakfast	
	\square	4□	5□	6□		
		7🗆	8□	9□	With lunch	
		10□	11□	12□		
					With dinner	
	had	If the a	imount is h	igher, please		
200 ml 250 ml 330 ml	500 ml	specify:			Between hours	

JUICES (Naturals and bottled)

	Indicate the habitual serving size	Indicate th packages th daily, pe	at you u	sually co	nsume	Indicate the moments of consumption	
Type 1: Fruits		Daily	Type 1	Type 2	Type 3	With breakfast	
Type 2: Vegetables	Juice	Per week	Type 1	Type 2	Type 3	With lunch With dinner	
Type 3: With milk		Per month	Type 1	Type 2	Type 3	Between hours	

SODAS

	Indicate the habitual serving size	Indicate the number of glasses or packages that you usually consume daily, per week or per month.			Indicate the moments of consumption		
Type 1:			Туре	Туре	Туре	With breakfast	
Nornal		Daily	1	2	3		_
Type 2:			Tuno	Typo	Typo	With lunch	
Light		Per week	Type 1	Type 2	Type 3	With dinner	
Type 3: Zero		Per month	Type 1	Type 2	Type 3	Between hours	

	Indicate the habitual serving size	packages the	e number of g at you usually [.] week or per i	Indicate the moments of consumption		
Type 1:			Type 1	Type 2	With breakfast	
Isotonic		Daily				
beverages		Per week	Type 1	Type 2	With lunch	
Type 2:						
Energy		Per month	Type 1	Type 2	With dinner	
beverages						
					Between hours	

MILK AND DAIRY PRODUCTS.

Milk \rightarrow (It includes milk, milk with cacao, with honey and or with cereals. It not includes milk with coffee or milk in milkshakes).

	Indicate the habitual serving size	Indicate the packages tha daily, per	at you us	Indicate the moments of consumption		
Type 1: Whole milk		Daily	Type 1	Type 2	Type 3	With breakfast
Type 2: Milk semi- skimmed		Per week	Type 1	Type 2	Type 3	With lunch
Type 3: Milk skimmed	200 ml 250 ml 350 ml	Per month	Type 1	Type 2	Type 3	With dinner
						Between hours □

Milkshakes and yoghurts.

	Indicate the habitual serving size	Indicate the number of glasses or packages that you usually consume daily, per week or per month.			Indicate the moments of consumption		
Type 1:		Deile	Туре	Туре	Туре	With breakfast	
Milkshake s	(inclusion)	Daily	1	2	3	With lunch	
Type 2: Liquid	* 📻 🖀 📕	Per week	Type 1	Type 2	Type 3	With dinner	
yoghurt							
Type 3: yoghurt	100 ml 125 ml 200 ml 330 ml	Per month	Type 1	Type 2	Type 3	Between hours	

COFFEE

	Indicate the habitual serving size		Indicate the number of cups that you usually consume daily, per week or per month				Indicate the moments of consumption	
Type 1: Expresso		Daily	Type 1	Type 2	Type 3	With breakfast		
coffee						With lunch		
Type 2: Coffee with milk		Per week	Type 1	Type 2	Type 3	With dinner		
Type 3: American	40 ml 125 ml 250 ml	Per month	Type 1	Type 2	Type 3	Between hours		
coffee (Large black coffee)								

INFUSIONS

Indicate the habitual serving size		umber of cups that you ne daily, per week or per month	Indicate the moment of consumption		
	Daily		With breakfast		
	Per week		With lunch		
	Per month		With function		
125 ml 250 ml			With dinner		
			Between hours		

ALCOHOLIC BEVERAGES

	Indicate the habitual serving size	Indicate the number of glasses that you usually consume daily, per week or per month				Indicate the moments of consumption	
Type 1: Sangría		Daily	Type 1	Type 2	Type 3	With breakfast	
Junghu		Dully				With lunch	
Type 2: Cider	T 1 1 1	Per week	Type 1	Type 2	Type 3	With dinner	
Type 3: Wine		Per month	Type 1	Type 2	Type 3	Between hours	

Indicate the habitual serving size		umber of units that you ne daily, per week or per month.	Indicate the moments of consumption		
	Daily		With breakfast		
	Per week		With lunch		
	Per month		with functi		
			With dinner		
200 ml 250 ml 330ml 500 ml					
			Between hours		

Indicate the habitual serving sizes		umber of units that you le daily, per week or per month	Indicate the mon of consumptic	
	Daily		With breakfast	
	Per week		With lunch	
	Per month		with functi	
			With dinner	
				_
			Between hours	

OTHER BEVERAGES

	Indicate the habitual serving sizes	Indicate the nu usually consur	-	-	Indicate the mom of consumptio	
Type 1:			Type 1	Type 2		
Plant- based		Daily			With breakfast	
beverages (soy, oats, almonds)	200 ml 250 ml 350 ml	Per week	Type 1	Type 2	With lunch	
Type 2:					With dinner	
Horchata.		Per month	Туре 1	Туре 2	Between hours	

Do you usually consume some beverage that is not included in the questionnaire? If the answer is affirmative, please indicate it below.

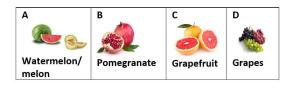
ТҮРЕ	AMOUNT	FREQUENCY	MOMENTS
-			
-			

- -
- -
- -

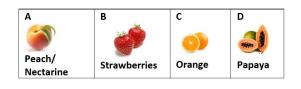
FRUITS. (It includes whole fruits. It not includes fruits juices or milkshakes)

<u>Use an X to indicate the fruits that you usually consume.</u>

In the column on the right, next to its corresponding letter, use a number to indicate how many times you consume this fruit (daily, per week or per month). Finally, indicate the habitual serving size Example: If you usually consume strawberries ones a week, oranges one per month you should write: per week (A-1) per month (C-1).



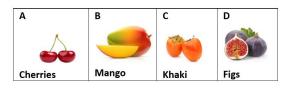
Frequency	Daily	Per week	Per month
of	A:	A:	A:
consumption	B:	В:	В:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little



Frequency	Daily	Per week	Per month
of	A:	A:	A:
consumption	B:	В:	В:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little

Α	В	С	D
			00
Apricot/ Plum	Pineapple	Peae/	Kiwi/
FIGHT		apple	tangerine

Frequency	Daily	Per week	Per month
of	A:	A:	A:
consumption	B:	В:	В:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little



Frequency	Daily	Per week	Per month
of	A:	A:	A:
consumption	В:	В:	В:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little

VEGETABLES

<u>Use an X</u> to indicate the vegetables that you usually consume. In the column on the right, next to it corresponding letter, use a number to indicate how many times you consume this fruit (daily, per week or per month). At last, indicate the habitual serving size It not include vegetables soups or purees.

Example of serving size:



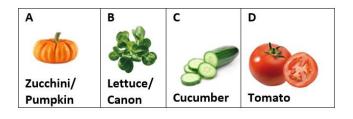
Main dish: Broccoli



Garnish: Broccoli



Ingredient of a dish: Pasta with cheese and broccoli



Frequency of	Daily	Per week	Per month
consumption	A:	A:	A:
	B:	В:	В:
	C:	C:	C:
	D:	D:	D:
Serving size	Dish	Garnish	Ingredient

A	В	с	D
N 25		Dr.	
Eggplant/ Asparagus	Cauliflower/ Broccoli	Mushroom	Pepper

Frequency of	Daily	Per week	Per month
consumption	A:	A:	A:
	В:	В:	В:
	C:	C:	C:
	D:	D:	D:
Serving size	Dish	Garnish	Ingredient

Α	В	С	D
A A A		14	Č
Chard/ Spinach	Artichoke/ Green bean	Carrot	Beet

Frequency of	Daily	Per week	Per month		
consumption	A:	A:	A:		
	В:	В:	В:		
	C:	C:	C:		
	D:	D:	D:		
Serving size	Dish	Garnish	Ingredient		

OTHER DISHES

		Amount		Frequency			Moments	
Gazpacho/ cold soups				Daily	Per week	Per month	With breakfast	
		•						
							With dinner [
	250 ml	350 ml	450 ml				Between hours	
Soups				Daily	Per week	Per month	With breakfast	
		Best					With lunch	
	250 ml	350 ml	450 ml				With dinner [
							Between hours	
Vegetables purees				Daily	Per week	Per month	With breakfast	
	- 234-	-					With lunch	
							With dinner [
	250 ml	350 ml	450 ml				Between hours	

5. Fluid losses

	□1 time/c	lav	□ 8-1	10 times/o	lav	
How often do you urinate?	\Box 2-4 times/day			$\Box > 10 \text{ times/day}$		
	\Box 5-7 times/day					
	□≥1 time/day		□1.	2 times/w		
How often do you defecate?	\Box 5-6 times/week			\Box <1 time in 10 days		
	\Box 3-4 times/week			lo uuys		
Have you suffered from diarrhoea during the course of		-				
this study?	□ yes			□no		
How would you rate the quantity of sweat you produce						
on a regular day?		□ 2	□3	□4		
				□9	□10	
(Select one of these options to represent the quantity,						
with 1 being the minimum and 10 the maximum.)						
How would you rate the quantity of sweat you produce						
while performing physical activity?	□1	□2	□3	□4		
				□9	□10	
(Select one of these options to represent the quantity						
with 1 being the minimum and 10 the maximum.)						