

Questionnaire about the eating habits of children and adolescents during the coronavirus pandemic (Covid-19).

The questionnaire will be open during the period 30/04/2020 - 24/05/2020.

Thank you in advance for your participation!

* Required

1. Consent form to participate in the study. *

I declare that I am aware that the data in this questionnaire are confidential and are used anonymously for statistical processing and scientific publication.

I do not wish to participate in this research.

Section 1: *Demographics.* (In this section the questions concern both parents and children.)

2. Date of Completion of the Questionnaire (day / month / year] *

3. Who completes the questionnaire? *

Father

Mother

Other

4. Permanent Residence (Note City / Village)*

5. Prefecture of Permanent Residence *

	Father	Mother
Primary School	<input type="checkbox"/>	<input type="checkbox"/>
Junior High School	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>
Post High School Education (Vocational Training Institute)	<input type="checkbox"/>	<input type="checkbox"/>
Higher Education	<input type="checkbox"/>	<input type="checkbox"/>
Post Graduate Studies (MSc/PHD)	<input type="checkbox"/>	<input type="checkbox"/>

6. Education Level*

7. Occupational Status (Before Confinement) *

	Father	Mother
Working	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>

8. If there was a change in the father's employment status during the incarceration, please indicate what kind of change was made: *

<input type="checkbox"/>	No change
<input type="checkbox"/>	I worked regular hours, as before the closure, but from home
<input type="checkbox"/>	My working hours have been increased
<input type="checkbox"/>	My working hours have been reduced
<input type="checkbox"/>	I got a special purpose leave

<input type="checkbox"/>	I became unemployed
<input type="checkbox"/>	Other:.....

9. If there was a change in the mother's occupational status during the confinement, please indicate what kind of change was made: *

<input type="checkbox"/>	No change
<input type="checkbox"/>	I worked regular hours, as before the closure, but from home
<input type="checkbox"/>	My working hours have been increased
<input type="checkbox"/>	My working hours have been reduced
<input type="checkbox"/>	I got a special purpose leave
<input type="checkbox"/>	I became unemployed
<input type="checkbox"/>	Other:.....

10. Marital Status*

<input type="checkbox"/>	Married
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widower/widow
<input type="checkbox"/>	Single
<input type="checkbox"/>	Other:.....

11. Father's age*

12. Mother's age*

13. How many children do you have (note the number)? *

Important Note: PLEASE NOTE THAT YOUR ANSWERS CONCERN ONLY ONE CHILD AGED 2-18

14. Indicate if your child remained at home before confinement. * (For example if it is too young and you did not send it to school.)

Yes, my child was staying at home before the confinement

No, my child went to school.

15. Child's date of birth (day /month /year) *

16. Child's sex *

Boy

Girl

Section 2: Questions concerning parents/guardians.

17. How often do you cook? *	Before Confinement	After Confinement
Daily	<input type="text"/>	<input type="text"/>

5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

18. Who usually cooks at home? *(You can choose more than one answers.)	Before Confinement	After Confinement
Mother	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>
Relative	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeper	<input type="checkbox"/>	<input type="checkbox"/>

19. Which main meals did you eat / consume during the day? *(The main meals of the day are breakfast, lunch and dinner. Select all the valid answers).

	None	Breakfast	Lunch	Dinner
Before Confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How many snacks did you eat / consume per day? * (By snack we mean the small meals that we usually consume between the main meals, eg in the afternoon, before bed, etc.).

21. Have you increased snacking during confinement? *

<input type="checkbox"/>	Not at all
<input type="checkbox"/>	Very little
<input type="checkbox"/>	A little
<input type="checkbox"/>	Considerably
<input type="checkbox"/>	Immensely

22. Which is/are the main reason/reasons for increasing snacking? * (You can check more than one answers.)

<input type="checkbox"/>	I haven't increased snacking
<input type="checkbox"/>	I feel bored
<input type="checkbox"/>	I'm stressed
<input type="checkbox"/>	Lack of sleep
<input type="checkbox"/>	Hunger
<input type="checkbox"/>	To boost my immune system
<input type="checkbox"/>	Other:.....

23. What kind of food do you prefer for snacking?* (You can choose more than one answers.)

Salty snacks (potato chips, pop corns, crackers etc)

Sweets (chocolate, biscuits, cakes, ice cream etc)

Fruit /vegetables

The COV-EAT study Questionnaire

- Dairy (milk ,cheese, yoghurt)
- Nuts
- Cereals/cereal bars/bread/breadsticks
- Cold cuts (turkey ,ham, salami etc)
- Soft drinks

24. How often do you order fast food?*

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

25. Are you interested in healthy eating?*

- Yes
- No

26. If yes, which is the main source of your information?

<input type="checkbox"/>	Internet
<input type="checkbox"/>	Newspapers/Magazines
<input type="checkbox"/>	TV
<input type="checkbox"/>	Dietitian/Nutritionist

Other:.....

27. Are you trying to lose weight this period? *

Yes

No

28. Are you following a diet plan?*

Yes

No

29. If yes, when did you begin?

Before confinement

During confinement

30.If you are following a diet plan where did you get it from?

Dietitian/Nutritionist

Doctor

Trainer

- Friend
- Internet
-
- Newspaper/magazine
- Other:.....
-
-

31. Please note the father's weight (Weight in kg)

32. Please note the father's height (Height in cm)

33. Please note the mother's weight (Weight in kg)

34. Please note the mother's height.(Height in cm)

IMPORTANT NOTE: Your answers are concerning only one of your children aged 2-18

35. Please note your child's weight *(Weight in kg)

36. Please note your child's height. *(Height in cm)

37. Has your child's weight changed during the confinement*

<input type="checkbox"/>	It didn't change
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<input type="checkbox"/>	It increased
<input type="checkbox"/>	It decreased
<input type="checkbox"/>	I don't know

38. If your child's weight was increased please note the number of kilos increased

39. Which main meals does your child consume? * (The main meals of the day are breakfast, lunch and dinner. You can write down more than one answer)

	None	Breakfast	Lunch	Dinner
Before Confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. How often does your child consume breakfast? *

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

41. How many snacks does your child eat / consume per day? * (By snack we mean the snacks that we usually consume between the main meals, eg tithé, afternoon, bedtime, etc.)

	None	1	2	3	≥4
Before Confinement	<input type="checkbox"/>				

	None	1	2	3	≥4
After Confinement	<input type="text"/>				

42. How often does your child eat fast food? * (By fast food we mean for example pizza, skewers, burgers, sandwiches etc.)

	Before Confinement	After Confinement
Daily	<input type="text"/>	<input type="text"/>
5-6 times per week	<input type="text"/>	<input type="text"/>
3-4 times per week	<input type="text"/>	<input type="text"/>
1-2 times per week	<input type="text"/>	<input type="text"/>
1-3 times per month	<input type="text"/>	<input type="text"/>
Not at all/Never	<input type="text"/>	<input type="text"/>

43. How often does your child eat fruits?

	Before Confinement	After Confinement
Daily	<input type="text"/>	<input type="text"/>
5-6 times per week	<input type="text"/>	<input type="text"/>
3-4 times per week	<input type="text"/>	<input type="text"/>
1-2 times per week	<input type="text"/>	<input type="text"/>
1-3 times per month	<input type="text"/>	<input type="text"/>
Not at all/Never	<input type="text"/>	<input type="text"/>

44. How many fruits per day, does your child consume? *

	None	1	2	3	4	>4
Before Confinement	<input type="text"/>					
After Confinement	<input type="text"/>					

45. How often does your child consume pre-packed fruit juices?*(When we say packaged juices we mean commercial juices with or without sugar.)

	Before Confinement	After Confinement
Daily	<input type="text"/>	<input type="text"/>
5-6 times per week	<input type="text"/>	<input type="text"/>
3-4 times per week	<input type="text"/>	<input type="text"/>
1-2 times per week	<input type="text"/>	<input type="text"/>
1-3 times per month	<input type="text"/>	<input type="text"/>
Not at all/Never	<input type="text"/>	<input type="text"/>

46.How many glasses of pre-packed fruit juice does your child consume on a daily basis? *(One glass equals 250ml.)

	None	1	2	3	>3
Before Confinement	<input type="text"/>				
After Confinement	<input type="text"/>				

47.How often does your child consume fresh fruit juices? *(from fresh fruit with or without fiber, without added sugar.)

	Before Confinement	After Confinement
Daily	<input type="text"/>	<input type="text"/>
5-6 times per week	<input type="text"/>	<input type="text"/>
3-4 times per week	<input type="text"/>	<input type="text"/>

1-2 times per week	<input type="text"/>	<input type="text"/>
1-3 times per month	<input type="text"/>	<input type="text"/>
Not at all/Never	<input type="text"/>	<input type="text"/>

48. How many glasses of freshly squeezed fruit juice per day does your child consume?* (1 glass equals 250 ml.)

	None	1	2	3	>3
Before Confinement	<input type="text"/>				
After Confinement	<input type="text"/>				

49. How often does your child consume vegetables (cooked or raw)?

	Before Confinement	After Confinement
Daily	<input type="text"/>	<input type="text"/>
5-6 times per week	<input type="text"/>	<input type="text"/>
3-4 times per week	<input type="text"/>	<input type="text"/>
1-2 times per week	<input type="text"/>	<input type="text"/>
1-3 times per month	<input type="text"/>	<input type="text"/>
Not at all/Never	<input type="text"/>	<input type="text"/>

50. How many vegetables does your child consume per day?* (1 portion of vegetables is 1 cup raw vegetables and half a cup of boiled or grilled vegetables.)

	None	1	2	3	4	>4
Before Confinement	<input type="text"/>					
After Confinement	<input type="text"/>					

51. How often does your child consume dairy products? * (With the term dairy we mean milk ,yoghurt ,cheese)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

52. How many portions of dairy products does your child consume per day? * {1 portion of dairy is 1 cup of milk (240 ml) or 1 cup of yogurt (150 g) or 1 matchbox of cheese (30 g)}

	None	1	2	3	4	>4
Before Confinement	<input type="checkbox"/>					
After Confinement	<input type="checkbox"/>					

53. How often does your child consume red meat? * (By red meat we mean beef, lamb, goat, pork etc.)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

54. How often does your child consume poultry?* (By poultry we mean chicken, turkey, rabbit etc.)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

55. How often does your child consume fish?*

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

56. How often does your child consume pasta, potatoes, rice?

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

57. How often does your child consume legumes? * (By legumes we mean beans, chickpeas, lentils, fava beans, broad beans etc.)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

58. How often does your child consume homemade sweets? * (By homemade sweets we mean sweets that are made at home eg. cakes, biscuits, rice pudding, creams etc.)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

59. How often does your child consume commercially available sweets? * (By commercially available sweets we mean sweets that can be found at supermarkets, confectioneries, bakeries, etc. eg. desserts with sugar, chocolate, milk-based desserts, cakes, croissants, cookies, pastries, ice creams etc.)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>

Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>
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60. How often does your child consume salty snacks? * (By salty snacks we mean chips, savory cookies / crackers, pies such as cheese pies, ham and cheese pies, spinach pies etc.)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

61. How often does your child consume soft drinks? * (We mean packaged soft drinks / energy drinks with added sugar.)

	Before Confinement	After Confinement
Daily	<input type="checkbox"/>	<input type="checkbox"/>
5-6 times per week	<input type="checkbox"/>	<input type="checkbox"/>
3-4 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month	<input type="checkbox"/>	<input type="checkbox"/>
Not at all/Never	<input type="checkbox"/>	<input type="checkbox"/>

62. Is your child taking any vitamin / mineral supplements? * (You can choose more than one answers)

	Before Confinement	After Confinement
No supplements	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a multivitamin	<input type="checkbox"/>	<input type="checkbox"/>

Yes, vitamin D	<input type="checkbox"/>	<input type="checkbox"/>
Yes, vitamin C	<input type="checkbox"/>	<input type="checkbox"/>
Yes, fatty acids	<input type="checkbox"/>	<input type="checkbox"/>
Another supplement	<input type="checkbox"/>	<input type="checkbox"/>

63. If your child was receiving vitamin D, determine in what form?

- Drops
- Spray
- Tablet
-
- Capsule

Other:.....

64. Approximately how much time (in hours) per day does your child spend on screen activities? * (By screen activities we mean the hours out of school on TV, DVD, PC, tablet, smartphone, video games.)

	Before Confinement	After Confinement
Not at all	<input type="checkbox"/>	<input type="checkbox"/>
Less than one hour	<input type="checkbox"/>	<input type="checkbox"/>
More or equal with 1 hour and less than 2 hours	<input type="checkbox"/>	<input type="checkbox"/>
More or equal with 2 hours and less than 3 hours	<input type="checkbox"/>	<input type="checkbox"/>
More than 3 hours	<input type="checkbox"/>	<input type="checkbox"/>

Before Confinement	After Confinement
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< 8 hours	<input type="text"/>	<input type="text"/>
8-10 hours	<input type="text"/>	<input type="text"/>
>10 hours	<input type="text"/>	<input type="text"/>

65. How many hours does your child sleep at night? *

	Before Confinement	After Confinement
< 8 hours	<input type="text"/>	<input type="text"/>
8 – 10 hours	<input type="text"/>	<input type="text"/>
> 10 hours	<input type="text"/>	<input type="text"/>

66. Did your child's physical activity change during the confinement compared to before the confinement? * (By physical activity we mean participation in activities such as walking, running, cycling, exercise, etc.)

- It didn't change
- It increased
- It decreased
- I don't know /I don't answer

67. Did/Does your child follow a specific diet plan by a specialist? *

	Before Confinement	After Confinement
YES	<input type="text"/>	<input type="text"/>
NO	<input type="text"/>	<input type="text"/>

68. During the confinement, was your child diagnosed with any medical condition? *

- Yes
- No

69.If yes please note the medical condition.

70. Please note your e-mail if you wish
