Questionnaire for Students' Dietary Practices

A	**Details of student:**		
1	Name		
2	Age		
3	Gender	Male	Female
4	Class		
5	Educational qualification of father		
6	Occupation of father		
7	Educational qualification of mother		
8	Occupation of mother		
9	Average monthly income of family		

B	If fruits and vegetables are consumed at least once daily:	Response
1	**How will it be for health?** Very good (1) Good (2) Can't say (3) Bad (4) Very Bad (5)	
2	**How would you like it?** Very good (1) Good (2) Can't say (3) Bad (4) Very Bad (5)	
3	**My friends and family members will support this.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
4	**Most healthy people consume fruits and vegetables at least once per day.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
5	**I want to make this change in my diet.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
6	**I am confident that I can make this change in my diet.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
7	**Making this change in my diet depends on me.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
8	**In past one week I have consumed fruits at least once per day.** True (1) False (2)	
9	**In past one week I have consumed vegetables at least once per day.** True (1) False (2)	

C	If consumption of fried foods, fast foods, packed foods and sugar sweetened beverages is limited to maximum twice a week:	Response
1	**How will it be for health?** Very good (2) Good (2) Can't say (3) Bad (4) Very Bad (5)	
2	**How would you like it?** Very good (2) Good (2) Can't say (3) Bad (4) Very Bad (5)	
3	**My friends and family members will support this.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
4	**Most healthy people limit consumption of these food groups to maximum twice a week.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
5	**I want to make this change in my diet.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
6	**I am confident that I can make this change in my diet.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
7	**Making this change in my diet depends on me.** Completely agree (1) Somewhat agree (2) Can't say (3) Somewhat Disagree (4) Completely disagree (5)	
8	**In past one week I have limited consumption of fried foods and fast foods to maximum twice a week.** True (1) False (2)	
9	**In past one week I have limited consumption of packed foods and sugar sweetened beverages to maximum twice a week.** True (1) False (2)	