

	<b>Study ID number</b>	[ ]
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**Association of Vitamin D Levels with Cognitive Function and School Performance in School Children in Kuwait.**

**Parents' Form**

	<b>Study ID number</b>	[                    ]
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No	Question	Categories	Code
Q1	What is your relation to the student who is participating in the study?	<input type="checkbox"/> Father <sup>(1)</sup> <input type="checkbox"/> Mother <sup>(2)</sup> <input type="checkbox"/> Other relative <sup>(3)</sup> (specify): _____	
Q2	In which governorate do you currently live?	<input type="checkbox"/> Capital <sup>(1)</sup> <input type="checkbox"/> Hawally <sup>(2)</sup> <input type="checkbox"/> Farawanya <sup>(3)</sup> <input type="checkbox"/> Jahra <sup>(4)</sup> <input type="checkbox"/> Mubarak Al-Kabeer <sup>(5)</sup> <input type="checkbox"/> Ahmadi <sup>(6)</sup>	
Q3	What is the father's highest level of education completed?	<input type="checkbox"/> No formal education <sup>(1)</sup> <input type="checkbox"/> Completed primary school <sup>(2)</sup> <input type="checkbox"/> Completed secondary school <sup>(3)</sup> <input type="checkbox"/> Completed university <sup>(4)</sup> <input type="checkbox"/> Higher than university degree <sup>(5)</sup>	
Q4	What is the mother's highest level of education completed?	<input type="checkbox"/> No formal education <sup>(1)</sup> <input type="checkbox"/> Completed primary school <sup>(2)</sup> <input type="checkbox"/> Completed secondary school <sup>(3)</sup> <input type="checkbox"/> Completed university <sup>(4)</sup> <input type="checkbox"/> Higher than university degree <sup>(5)</sup>	
Q5	What is the father's current income per month?	<input type="checkbox"/> Less than 500 KD <sup>(1)</sup> <input type="checkbox"/> 500 – 1000 KD <sup>(2)</sup> <input type="checkbox"/> 1501 – 2000 KD <sup>(3)</sup> <input type="checkbox"/> More than 2000 KD <sup>(4)</sup> <input type="checkbox"/> Don't know <sup>(5)</sup>	
Q6	What is the current employment status of the mother?	<input type="checkbox"/> Housewife <sup>(1)</sup> → skip to Q8 <input type="checkbox"/> Paid employed <sup>(2)</sup> <input type="checkbox"/> Other <sup>(3)</sup> (specify): _____	
Q7	What is the mother's current income per month?	<input type="checkbox"/> Less than 500 KD <sup>(1)</sup> <input type="checkbox"/> 500 – 1000 KD <sup>(2)</sup> <input type="checkbox"/> 1501 – 2000 KD <sup>(3)</sup> <input type="checkbox"/> More than 2000 KD <sup>(4)</sup> <input type="checkbox"/> Don't know <sup>(5)</sup>	

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No	Question	Categories	Code
Q8	Do you currently live in:	<input type="checkbox"/> Rented flat? <sup>(1)</sup> <input type="checkbox"/> Rented house? <sup>(2)</sup> <input type="checkbox"/> Owned flat? <sup>(3)</sup> <input type="checkbox"/> Owned house? <sup>(4)</sup>	
Q9	How many brothers and sisters does your son/daughter (who is participating in the study) have currently?	<input type="checkbox"/> Brother: _____ <input type="checkbox"/> Sisters: _____	_ _
Q10	Does your son/daughter (who is participating in the study) have his/her own room?	<input type="checkbox"/> Yes(1) <input type="checkbox"/> No(2)	
Q11	What is the birth order of your son/daughter (who is participating in the study) from his/her mother?	<input type="checkbox"/> First child (1) <input type="checkbox"/> Second child (2) <input type="checkbox"/> Third child (3) <input type="checkbox"/> Fourth child (4) <input type="checkbox"/> Fifth child or more(5)	
Q12	Does anyone smokes cigarettes inside your home? (Don't consider those who smoke cigarettes only outside your home)	<input type="checkbox"/> No(0) <input type="checkbox"/> Yes(1) (who): _____ e.g. father, mother, brother	
Q13	Does anyone smokes Shisha inside your home? (Don't consider those who smoke Shisha only outside your home)	<input type="checkbox"/> No(0) <input type="checkbox"/> Yes(1) (who): _____ e.g. father, mother, brother	
Q14	On a typical week, how often does your child have a meal before going to the school?	<input type="checkbox"/> Every day/5 days per week <sup>(1)</sup> <input type="checkbox"/> 4 days per week <sup>(2)</sup> <input type="checkbox"/> 3 days per week <sup>(3)</sup> <input type="checkbox"/> 2 days per week <sup>(4)</sup> <input type="checkbox"/> 1 days per week <sup>(5)</sup> <input type="checkbox"/> Never <sup>(6)</sup>	_

**Q15. During the past 3 months, how many times each week (including weekdays and weekends) has your son/daughter (who participated in the study) eaten breakfast not prepared at home?**

- <sub>0</sub> Never or almost never
- <sub>1</sub> 1-2 times per week
- <sub>2</sub> 3-4 times per week
- <sub>3</sub> 5 or more times per week

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**Q16. During the past 3 months, how many times each week (including weekdays and weekends) has your son/daughter (who participated in the study) eaten lunch not prepared at home?**

- <sub>0</sub> Never or almost never
- <sub>1</sub> 1-2 times per week
- <sub>2</sub> 3-4 times per week
- <sub>3</sub> 5 or more times per week

**Q17. During the past 3 months, how many times each week (including weekdays and weekends) has your son/daughter (who participated in the study) eaten dinner not prepared at home?**

- <sub>0</sub> Never or almost never
- <sub>1</sub> 1-2 times per week
- <sub>2</sub> 3-4 times per week
- <sub>3</sub> 5 or more times per week

	<b>Study ID number</b>	[                      ]
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**Association of Vitamin D Levels with Cognitive Function and School Performance in School Children in Kuwait.**

**Student's Form**

<b>Today date:</b>	----/--/-----
<b>Child's name:</b>	: .....
<b>Civil ID:</b>	: .....
<b>School's name:</b>	: ..... <b>Code:</b> -----
<b>Telephone number:</b>	<b>Home number:</b> ----- <b>Mother's mobile:</b> ----- <b>Father's mobile:</b> -----
<b>School's Address:</b>	: ..... ..... ..... ..... .....
<b>School's Governorate:</b>	<input type="checkbox"/> Capital <sup>(1)</sup> <input type="checkbox"/> Hawally <sup>(2)</sup> <input type="checkbox"/> Farawanya <sup>(3)</sup> <input type="checkbox"/> Jahra <sup>(4)</sup> <input type="checkbox"/> Mubarak Al-Kabeer <sup>(5)</sup> <input type="checkbox"/> Ahmadi <sup>(6)</sup>
<b>Number of the students in the school</b>	
<b>Study ID number:</b>	.....

	<b>Study ID number</b>	[                    ]
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No	Question	Categories	Code
Q1	Gender	<input type="checkbox"/> Male <sup>(1)</sup> <input type="checkbox"/> Female <sup>(2)</sup>	
Q2	What is your current nationality?	<input type="checkbox"/> Kuwaiti <sup>(1)</sup> <input type="checkbox"/> Non-Kuwaiti Arab <sup>(2)</sup> (specify): _____ <input type="checkbox"/> Non-Kuwaiti non-Arab <sup>(3)</sup> (specify): _____	
Q3	What is your Date of Birth?	DD      MM      YY ____/____/____/	
Q4	Which grade are you currently in?	_____e.g. sixth, seventh	
Q5	Who do you currently live with?	<input type="checkbox"/> Father and mother <sup>(1)</sup> <input type="checkbox"/> Mother but not with the father <sup>(2)</sup> <input type="checkbox"/> Father but not with the mother <sup>(3)</sup> <input type="checkbox"/> Other relatives but not with the father or mother <sup>(4)</sup>	
Q6	Does your father, mother or any family member helps you in your study? E.g. doing homework, understanding difficult subjects.	<input type="checkbox"/> Yes, regularly <sup>(1)</sup> <input type="checkbox"/> Yes, sometimes <sup>(2)</sup> <input type="checkbox"/> Yes, rarely <sup>(3)</sup> <input type="checkbox"/> No <sup>(4)</sup>	
Q7	Do you have personal tutor to help you in your study?	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (In which subjects): _____ e.g. Math, Science, Arabic literature..etc	
Q8	Do you currently use any medications or supplements like vitamins?	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (specify): _____	
Q9	Does anyone smoke cigarettes inside your home? (Don't consider those who smoke cigarettes only outside your home)	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (who?): _____ e.g. father, mother, brother	
Q10	Does anyone smoke Shisha inside your home? (Don't consider those who smoke Shisha only outside your home)	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (who?): _____ e.g. father, mother, brother	
Q11	Do you currently smoke cigarettes?	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (How many cigarettes per day?): _____	
Q12	Do you currently smoke Shisha?	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (How many times per week?): _____	
Q13	In a typical weekday (Sunday-Thursday), how many hours do you sleep during the night?	Probe by asking about the time going to bed, falling asleep and awakening in the morning and going school. _____hours	
Q14	In a typical weekday (Sunday-Thursday), do you sleep during day-time?	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (How many hours per day?): _____	

No	Question	Categories	Code
Q15	In a typical weekend (Friday-Saturday), how many hours do you sleep during the night?	Probe by asking about the time going to bed, falling asleep and awakening in the morning and having breakfast or going out. _____ hours	
Q16	In a typical weekend (Friday-Saturday), do you sleep during day-time?	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (On average how many hours?): _____	
Q17	Do you have any health condition that limits your physical activity?	<input type="checkbox"/> No <sup>(0)</sup> <input type="checkbox"/> Yes <sup>(1)</sup> (specify): _____	
Q18	In school, how many times per week do you attend physical education classes?	<input type="checkbox"/> None <sup>(0)</sup> <input type="checkbox"/> Once <sup>(1)</sup> <input type="checkbox"/> Twice <sup>(2)</sup> <input type="checkbox"/> Three Times <sup>(3)</sup> <input type="checkbox"/> Four Times <sup>(4)</sup> <input type="checkbox"/> Five Times or more <sup>(5)</sup>	
Q19	During PAST WEEK, how many times did you walk to the school? (Going and coming from school=2 times)	_____ Times If none, put zero.	
Q20	If you walked to the school, how many minutes you walk to reach the school?	_____ Minutes	
Q21	During PAST WEEK, how many times did you travel to the school by car or bus?	_____ Times	
Q22	Over the past 3-months, on average, how many hours are you outside per day between 10:00 am and 4:00 pm <b>on Weekdays (Sunday to Thursday)</b> ?	<input type="checkbox"/> less than 30 minutes <sup>(0)</sup> <input type="checkbox"/> 31 minutes to 1 hour <sup>(1)</sup> <input type="checkbox"/> More than 1 hour to 2 hours <sup>(2)</sup> <input type="checkbox"/> More than 2 hours to 3 hours <sup>(3)</sup> <input type="checkbox"/> More than 3 hours to 4 hours <sup>(4)</sup> <input type="checkbox"/> More than 4 hours <sup>(5)</sup>	
Q23	Over the past 3-months, on average, how many hours are you outside per day between 10:00 am and 4:00 pm <b>on Weekend days (Friday and Saturday)</b> ?	<input type="checkbox"/> less than 30 minutes <sup>(0)</sup> <input type="checkbox"/> 31 minutes to 1 hour <sup>(1)</sup> <input type="checkbox"/> More than 1 hour to 2 hours <sup>(2)</sup> <input type="checkbox"/> More than 2 hours to 3 hours <sup>(3)</sup> <input type="checkbox"/> More than 3 hours to 4 hours <sup>(4)</sup> <input type="checkbox"/> More than 4 hours <sup>(5)</sup>	
Q24	In the past 12-months, how many times did you have a red or painful sunburn that lasted a day or more?	<input type="checkbox"/> None <sup>(0)</sup> <input type="checkbox"/> One <sup>(1)</sup> <input type="checkbox"/> Two <sup>(2)</sup> <input type="checkbox"/> Three <sup>(3)</sup> <input type="checkbox"/> Four <sup>(4)</sup> <input type="checkbox"/> Five and more <sup>(5)</sup>	

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**Q25. For the following questions, think about what you do when you are outside during the past 3-months?**

	Never <sup>(0)</sup>	Rarely <sup>(1)</sup>	Sometimes <sup>(2)</sup>	Often <sup>(3)</sup>	Always <sup>(4)</sup>
a. How often do you wear sunscreen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you wear a shirt with sleeves that cover your shoulder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often do you wear a hat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often do you stay in the shade or under an umbrella?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often do you spend time in the sun in order to get a tan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	Question	Categories	Code
<b>Q26</b>	On a typical <b>Weekday (Sunday-Thursday)</b> at what time do you have your first meal?	<input type="checkbox"/> Before 7 am <sup>(0)</sup> <input type="checkbox"/> 7-8 am <sup>(1)</sup> <input type="checkbox"/> 8-9 am <sup>(2)</sup> <input type="checkbox"/> 9-10 am <sup>(3)</sup> <input type="checkbox"/> After 10 am <sup>(4)</sup>	
<b>Q27</b>	On a typical <b>Weekend (Friday and Saturday)</b> at what time do you have your first meal?	<input type="checkbox"/> Before 7 am <sup>(0)</sup> <input type="checkbox"/> 7-8 am <sup>(1)</sup> <input type="checkbox"/> 8-9 am <sup>(2)</sup> <input type="checkbox"/> 9-10 am <sup>(3)</sup> <input type="checkbox"/> After 10 am <sup>(4)</sup>	
<b>Q28</b>	How many times <b>per week</b> do you drink sugary drink/soft drinks (e.g. Coke, Pepsi, 7up, Sports drinks)?	<input type="checkbox"/> None <sup>(0)</sup> <input type="checkbox"/> Once <sup>(1)</sup> <input type="checkbox"/> Twice <sup>(2)</sup> <input type="checkbox"/> 3 times <sup>(3)</sup> <input type="checkbox"/> 4 times <sup>(4)</sup> <input type="checkbox"/> 5 times <sup>(5)</sup> <input type="checkbox"/> 6 times <sup>(6)</sup> <input type="checkbox"/> 7 times or more <sup>(7)</sup>	



QUESTIONS 29- 32 for female students ONLY.

**Q29 Have you started your period yet?**

- 1 Yes → answer questions 30-32  
 2 No → skip to food frequency questionnaire

If yes:

**Q30** What was your age when your first period began? \_\_\_\_\_ years \_\_\_\_\_ months

**Q31** What was the date of your first period? \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day

**Q32** In which school grade did your first period begin? \_\_\_\_\_

**Q33)** Choose the most picture that match the student's dress today.

1



2



3



	<b>Study ID number</b>	[ ]
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<b>Anthropometric Measurements</b>	
<b>Weight (Kgs):</b>	_____kg
<b>Height (Cms):</b>	_____cm
<b>Waist (Cms):</b>	_____cm

**The data below should be extracted from school's record:**

**Student's ID :**

	<b>Mathematics</b>	<b>Science</b>	<b>Arabic Language</b>	<b>Total Mark</b>
<b>Student's Marks:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>