Study ID number	[]

Association of Vitamin D Levels with Cognitive Function and School Performance in School Children in Kuwait.

Parents' Form

1	Study ID number	[]	

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

Study ID number	[]

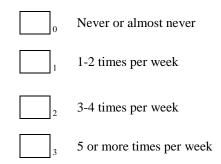
No	Question	Categories	Code
Q8		 Rented flat?⁽¹⁾ Rented house?⁽²⁾ 	
Qo	Do you currently live in:	Owned flat? ⁽³⁾	
		□ Owned house? ⁽⁴⁾	
Q9	How many brothers and sisters does your son/daughter (who is participating in the study) have	Brother:	
	currently?	Sisters:	
010	Does your son/daughter (who is	\Box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

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 <u>not prepared at home</u>?

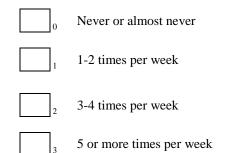
Never or almost never11-2 times per week23-4 times per week35 or more times per week

Study ID number	[]

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 <u>not prepared at home</u>?



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 <u>not prepared at home</u>?



Study ID number []

Association of Vitamin D Levels with Cognitive Function and School Performance in School Children in Kuwait.

Student's Form

Today date:	//
Child's name:	• •
Civil ID:	0 0
School's name:	: Code:
	Home number:
Telephone number:	Mother's mobile:
	Father's mobile:
School's Address:	
School's Governorate:	□ Capital ⁽¹⁾ □ Hawally ⁽²⁾ □ Farawanya ⁽³⁾
Number of the students in	□ Jahra ⁽⁴⁾ □ Mubarak Al-Kabeer ⁽⁵⁾ □ Ahmadi ⁽⁶⁾
the school	
Study ID number:	

Study ID number	[]
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No	Question	Categories	Code
Q1	Carden	\Box Male ⁽¹⁾	
	Gender	□Female ⁽²⁾	
Q2	What is your current nationality?	□Non-Kuwaiti Arab ⁽²⁾ (specify):	
		□Non-Kuwaiti non-Arab ⁽³⁾ (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?	 Father and mother⁽¹⁾ Mother but not with the father⁽²⁾ Father but not with the mother⁽³⁾ Other relatives but not with the father or mother⁽⁴⁾ 	
Q6	Does your father, mother or any family member helps you in your study? E.g. doing homework, understanding difficult subjects.	 Yes, regularly ⁽¹⁾ Yes, sometimes ⁽²⁾ Yes, rarely ⁽³⁾ No ⁽⁴⁾ 	
Q7	Do you have personal tutor to help you in your study?	□No ⁽⁰⁾ □Yes ⁽¹⁾ (In which subjects): e.g. Math, Science, Arabic literatureetc	
Q8	Do you currently use any medications or supplements like vitamins?	□No ⁽⁰⁾ □Yes ⁽¹⁾ (specify):	
Q9	Does anyone smoke cigarettes inside your home? (Don't consider those who smoke cigarettes only outside your home)	□No ⁽⁰⁾ □Yes ⁽¹⁾ (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)	□No ⁽⁰⁾ □Yes ⁽¹⁾ (who?): e.g. father, mother, brother	
Q11	Do you currently smoke cigarettes?	□No ⁽⁰⁾ □Yes ⁽¹⁾ (How many cigarettes per day?):	
Q12	Do you currently smoke Shisha?	□No ⁽⁰⁾ □Yes ⁽¹⁾ (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 schoolhours	
Q14	In a typical weekday (Sunday-Thursday), do you sleep during day-time?	□No ⁽⁰⁾ □Yes ⁽¹⁾ (How many hours per day?):	

:	Study ID number	[]

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 outhours	
Q16	In a typical weekend (Friday-Saturday), do you sleep during day-time?	□No ⁽⁰⁾ □Yes ⁽¹⁾ (On average how many hours?):	
Q17	Do you have any health condition that limits your physical activity?	□No ⁽⁰⁾ □Yes ⁽¹⁾ (specify):	
Q18	In school, how many times per week do you attend physical education classes?	 None⁽⁰⁾ Once⁽¹⁾ Twice⁽²⁾ Three Times⁽³⁾ Four Times⁽⁴⁾ Five Times or more⁽⁵⁾ 	
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 on Weekdays (Sunday to Thursday) ?	 less than 30 minutes⁽⁰⁾ 31 minutes to 1 hour⁽¹⁾ More than 1 hour to 2 hours ⁽²⁾ More than 2 hours to 3 hours⁽³⁾ More than 3 hours to 4 hours⁽⁴⁾ More than 4 hours⁽⁵⁾ 	
Q23	Over the past 3-months, on average, how many hours are you outside per day between 10:00 am and 4:00 pm on Weekend days (Friday and Saturday) ?	 less than 30 minutes⁽⁰⁾ 31 minutes to 1 hour⁽¹⁾ More than 1 hour to 2 hours ⁽²⁾ More than 2 hours to 3 hours⁽³⁾ More than 3 hours to 4 hours ⁽⁴⁾ More than 4 hours ⁽⁵⁾ 	
Q24	In the past 12-months, how many times did you have a red or painful sunburn that lasted a day or more?	 None⁽⁰⁾ One⁽¹⁾ Two⁽²⁾ Three⁽³⁾ Four⁽⁴⁾ Five and more⁽⁵⁾ 	

Study ID number	[]

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

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

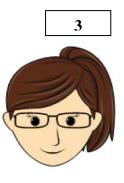
No	Question	Categories	Code
Q26	On a typical Weekday (Sunday- Thursday) at what time do you have your first meal?	□ Before 7 am ⁽⁰⁾ □ 7-8 am ⁽¹⁾ □ 8-9 am ⁽²⁾	
		 9-10 am ⁽³⁾ After 10 am ⁽⁴⁾ 	
Q27	On a typical Weekend (Friday and Saturday) at what time do you have your first meal?	 Before 7 am ⁽⁰⁾ 7-8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

	Π,				
		Yes \rightarrow answer questions 30-3	32		
	2	No \rightarrow skip to food frequency	questionnaire		
If yes:					
Q30 V	Q30 What was your age when your first period began?yearsmonths				
	Q31 What was the date of your first period?yearmonthday				

 ${\bf Q33}{\bf)}$ Choose the most picture that match the student's dress today.







Study ID number	[]

Anthropometric Measurements		
Weight (Kgs):	kg	
Height (Cms):	cm	
Waist (Cms):	cm	

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

Student's ID :

