

Supplementary material

Questionnaire

What is your gender? ☐ Man ☐ Woman

What is your zipcode? _____

What is your year of birth? _____

How would you rate your health on a scale from 1 to 100 where 1 corresponds to "very poor" and 100 "very good"? Put a cross on the line.

1-----100

Weight: _____kg

Height: _____cm

Abdominal circumference: _____cm

Blood pressure: ____/____mmHg

Are you affiliated with a sports club? ☐ Yes ☐ No ☐ Don't know

Did you have some **sweets** yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have some soft drinks yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have breakfast yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have dinner yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have supper yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have some vegetables yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have some fruit yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have some meat yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have some bread yesterday? ☐ Yes ☐ No ☐ Don't know

Did you have some milk or yoghurt yesterday? ☐ Yes ☐ No ☐ Don't know

How do you usually go to school? ☐ By bus or car ☐ On foot or by bicycle