

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