**Supplementary Table 1:** **Focus Group Discussion Guide**

Date: [ ] [ ] D [ ] [ ] M [ ] [ ] [ ] [ ] Y

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_ Sex:[ ]  Male=1, Female=2

Family Type: Nuclear/ Joint:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Start of FGD:\_\_\_\_\_\_\_\_\_\_\_\_ Time of the End of FGD:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions for Focus Group Discussions:**

**Habits**

What do you eat during the day? For e.g. breakfast, lunch, evening snacks, dinner details.

What makes you eat these foods at these times?

What are the foods you like to eat?

Why do you like these foods?

**Snacking and packed lunch**

What do you carry in your tiffin box? If you forget your tiffin box, what do you do/ eat?

How often do you share your tiffin with your friends?

What do you think about mid-day meal program?

How frequently do your family members give you money to buy outside food?

What foods do you buy from the money given by the family?

**Family and social influences on diet**

How often do you eat with your family?

How often do you eat with other families/ elsewhere in the community?

What factors (availability/ finanicial problems etc) influence how much or how little food you & your family has?

How different is the food given to boys and girls?

How do your friends and family affect your choice of food?

What is your favourite dish?

What is your favourite dish which is cooked at home?

(How often does your mom/ caregiver prepares your favourite dish?)

**Health and diet**

Define healthy foods?

How healthy do you think your diet is?

What does it mean to be healthy?

What good things have heard about good health?

What are the foods which you dislike?

What do you think one should do to be healthy?

Which foods according to you are healthy and unhealthy?

What do you think is its impact on health?

What change do you want in your diet?

What is easier or difficult to change in diet?

**Physical activity**

What activities do you do during the day?

Do you go outside the house to play? If yes, how long do you play outside?

If no, why? (Restriction of playground/ playarea/ garden)

Which activities or games do you prefer? What sports or aerobic activities do you do (e.g. bollywood dancing, traditional dance forms)?

What makes you choose this sport or activity? Personal choice/ Parental pressure/ School compulsion

How often in a week do you have Physical training (P.T.) classes?

What do you do in P.T. classes?

What is your opinion about the effect of these activities on your health?

**Changing your diet and physical activity levels**

**The research project**

Why do you think we arranged this meeting today to discuss about diet and physical activity with you and your parents/ care givers?

What do you think about you and your family taking part in this research project?