**Supplementary material**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unique Study ID number** |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | d | d | m | m | y | y | y | y |
| **Date of interview** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of interviewer** |  | **Interviewer code** |  |  |  |

**IDENTIFYING DETAILS**

**1. Name**

|  |  |  |
| --- | --- | --- |
| **2. Sex** | **1 Male 2 Female** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Date of birth** |  |  |  |  |  |  |  |  |

**4. Father’s/Guardian’s name**

**5. Mother’s/Guardian’s name**

|  |  |
| --- | --- |
| **6. Address** |  |
|  |  |

**7. Guardian mobile phone number**

**8. Alternative phone number and relationship**

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| **9. Total number of years of schooling/education (Mother)** |  |  |

|  |  |  |
| --- | --- | --- |
| **10. Total number of years of schooling/education (Head of household)** |  |  |

**Specify head of household (and relationship)**

**OCCUPATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **11. Occupation status of mother** | |  |  |
| 1. Paid employment 2. Self-employed 3. Not employed | |  |  |
|  |
| **12. Occupation status of head of household** | | |  |
| 1. Paid employment 2. Self-employed 3. Not employed |  | |  |
|  |

**SOCIO-ECONOMIC STATUS**

**13. Household composition – record number of people living in the same house**

|  |  |
| --- | --- |
| Adults |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Children | | |  |
| **14. What is the main source of drinking water for the household?** | | | | |  |
| 1. Piped water 2. Hand pump 3. Well 4. Public tap | | 1. River/stream 2. Tanker 3. Other (specify) | | | | | | |
| **15. What kind of toilet facility does your household have?** | | | | |  |
| 1. Own flush toilet 2. Shared flush toilet 3. Public flush toilet 4. Own pit toilet | | 1. Shared pit toilet 2. Public pit toilet 3. Non/fields 4. Other (specify) | | | | | | |
| **16. How many rooms are there in your house?** | | | | | |  |

|  |  |  |
| --- | --- | --- |
| **17. Does this household own this house, or any other house?** | 1 Yes 0 No |  |
| **18. Does this household own any of the following?** |

|  |  |  |
| --- | --- | --- |
| 1. Mattress | 1 Yes 0 No |  |
|  |  |  |
| 2. Chair | 1 Yes 0 No |  |
|  |  |  |
| 3. Cot/bed | 1 Yes 0 No |  |
|  |  |  |
| 4. Table | 1 Yes 0 No |  |
|  |  |  |
| 5. Clock/watch | 1 Yes 0 No |  |
|  |  |  |
| 6. Electric fan | 1 Yes 0 No |  |
|  |  |  |
| 7. Bicycle | 1 Yes 0 No |  |
|  |  |  |
| 8. Radio/transistor/music player | 1 Yes 0 No |  |
|  |  |  |
| 9. Television | 1 Yes 0 No |  |
|  |  |  |
| 10. Two-wheeler (moped/scooter/motorcycle) | 1 Yes 0 No |  |
|  |  |  |
| 11. Car/jeep | 1 Yes 0 No |  |
|  |  |  |
| 12. Water pump | 1 Yes 0 No |  |
|  |  |  |
| 13. Animal-drawn cart | 1 Yes 0 No |  |
|  |  |  |
| 14. Thresher | 1 Yes 0 No |  |
|  |  |  |
| 15. Tractor | 1 Yes 0 No |  |
|  |  |  |
| 16. Refrigerator | 1 Yes 0 No |  |
|  |  |  |
| 17. Air conditioner | 1 Yes 0 No |  |
|  |  |  |
| 18. Washing machine | 1 Yes 0 No |  |
|  |  |  |
| 19. Computer/laptop | 1 Yes 0 No |  |
|  |  |  |
| 20. Broadband internet | 1 Yes 0 No |  |
|  |  |  |
| 21. Geyser/water heater | 1 Yes 0 No |  |

**DIETARY INFORMATION**

**19. Yesterday during the day or at night, did you eat or drink:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **How often did you eat these foods over the past one month?**   1. Every day 2. 2-4 times per week 3. 5-6 times per week 4. Once a week 5. Less than once a week | | |
| ***Any foods made from grains, like:*** | Porridge, bread, rice, pasta/noodles, ragi or other foods made from grains | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Any vegetables or roots that are orange-coloured inside, like:*** | Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside | 1 Yes  0 No |  |  | |  |
|
|  |  |  |  |  | |  |
| ***Any white roots and tubers or plantains, such as:*** | White potatoes, white yams, cassava/radish, or any other foods made from white-fleshed roots or tubers, or plantains | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any dark green leafy vegetables, such as:*** | Any medium-to-dark green leafy vegetables, including wild/foraged leaves | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any fruits that are dark yellow or orange inside, like:*** | Ripe mango, ripe papaya [ | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any other fruits*** | Any other fruits | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Any other vegetables*** | Any other vegetables | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Any meat made from animal organs, such as:*** | Liver, kidney, heart or other organ meats or blood-based foods, including from wild game | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any other types of meat or poultry, like:*** | Beef, pork, lamb, goat, rabbit, wild game meat, chicken, duck, other birds | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any eggs*** | Eggs from poultry or any other bird | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Any fish or seafood, whether fresh or dried*** | Fresh or dried fish, shellfish or seafood | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any beans or peas, such as:*** | Mature beans or peas (fresh or dried seed), lentils or bean/ pea products, including hummus, tofu and tempeh | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any nuts or seeds, like:*** | Any tree nut, ground nut, peanut, or certain seeds or nut/seed “butters” or pastes | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any milk or milk products, such as:*** | Milk, cheese, yoghurt or other milk products, but NOT including butter, ice cream, cream or sour cream | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Any condiments and seasonings, such as:*** | Condiments and seasonings: Ingredients used in small quantities for flavour, such as chilies, spices, herbs, fish powder, tomato paste, flavour cubes or seeds | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Freshly cooked fried snacks, like:*** | Samosa, wada, fritter | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Savoury snacks in packets, like:*** | Potato crisps and other similar snacks | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Bakery items, such as:*** | Cake, biscuits, puffs | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Sweets*** |  | 1 Yes  0 No |  |  | |  |
|  |  |  |  |  | |  |
| ***Fast food/street food/restaurant food*** |  | 1 Yes  0 No |  |  | |  |
|  |  |  | |  |
|  |  |  |  |  | |  |
| ***Fizzy drinks, such as:*** | Coca Cola, Fanta, Limca | 1 Yes  0 No |  |  | |  |

**MOBILE PHONES**

|  |  |  |
| --- | --- | --- |
| 1. **Do you have your own mobile phone?** | 1 Yes 0 No |  |

|  |  |  |
| --- | --- | --- |
| 1. **If yes, is it a smartphone?** | 1 Yes 0 No |  |

**SCREEN TIME**

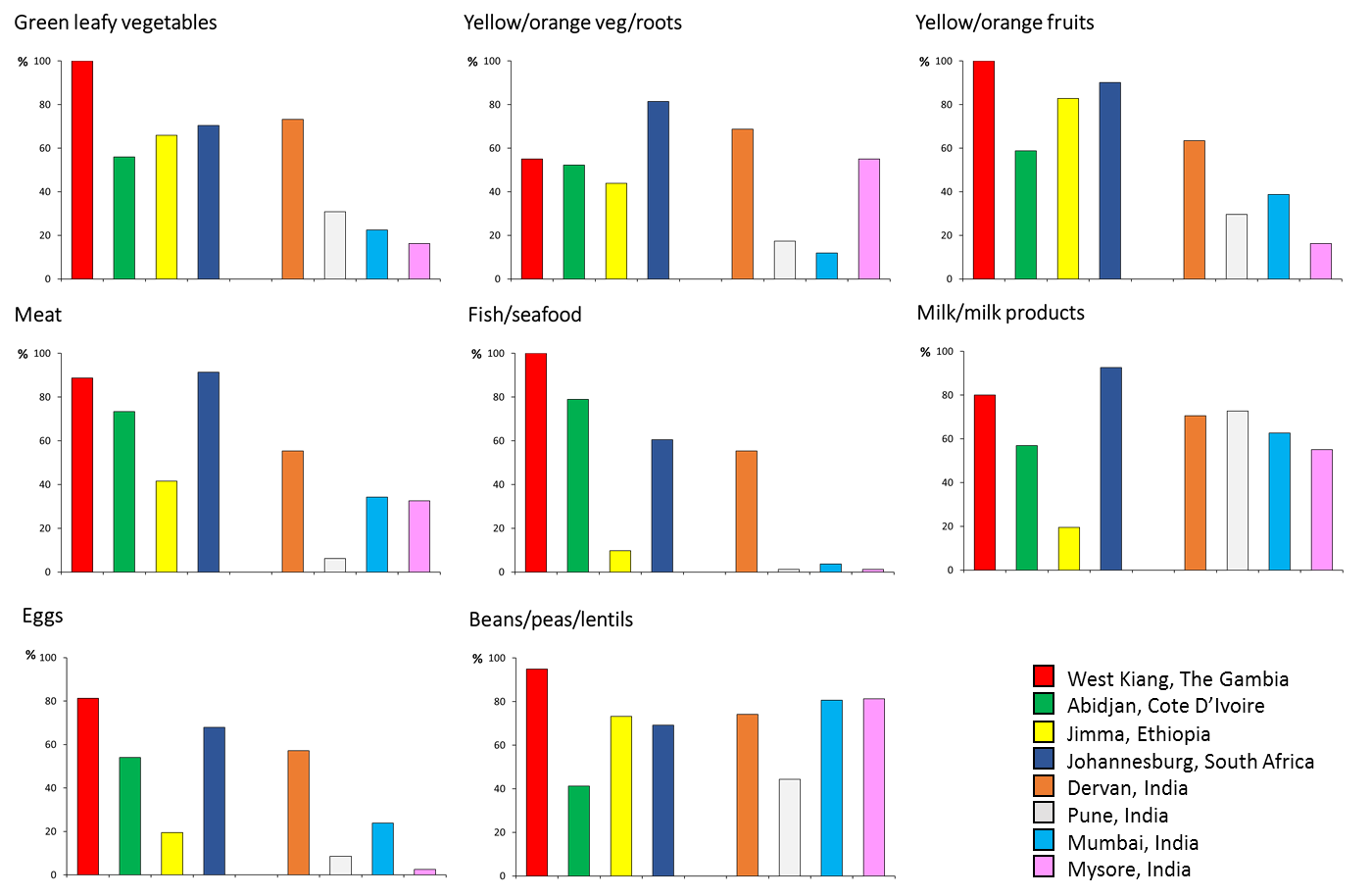
|  |  |
| --- | --- |
| 1. **How much time do you spend watching entertainment programmes on average every day (TV/computer/mobile phone) (hrs)** |  |

|  |  |
| --- | --- |
| 1. **How much do you spend playing computer games on average every day (on a computer/laptop/game console/mobile phone) (hrs)** |  |

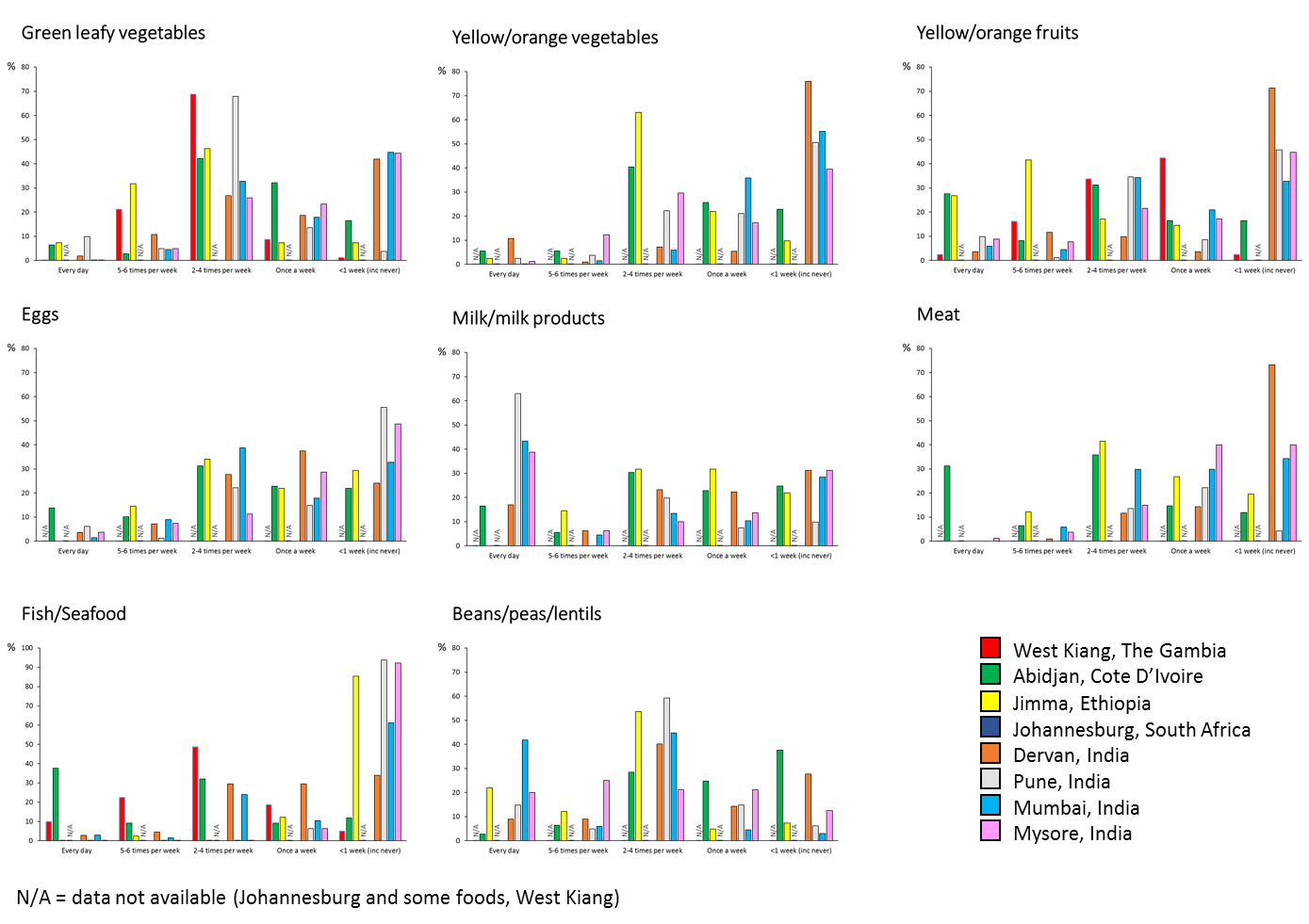
|  |  |
| --- | --- |
| 1. **How much time do you spend doing school work on a computer on average every day (hrs)** |  |

**Supplementary Figure 1: Proportions of adolescents in each setting whose households owned the following assets (sexes and age groups pooled)**

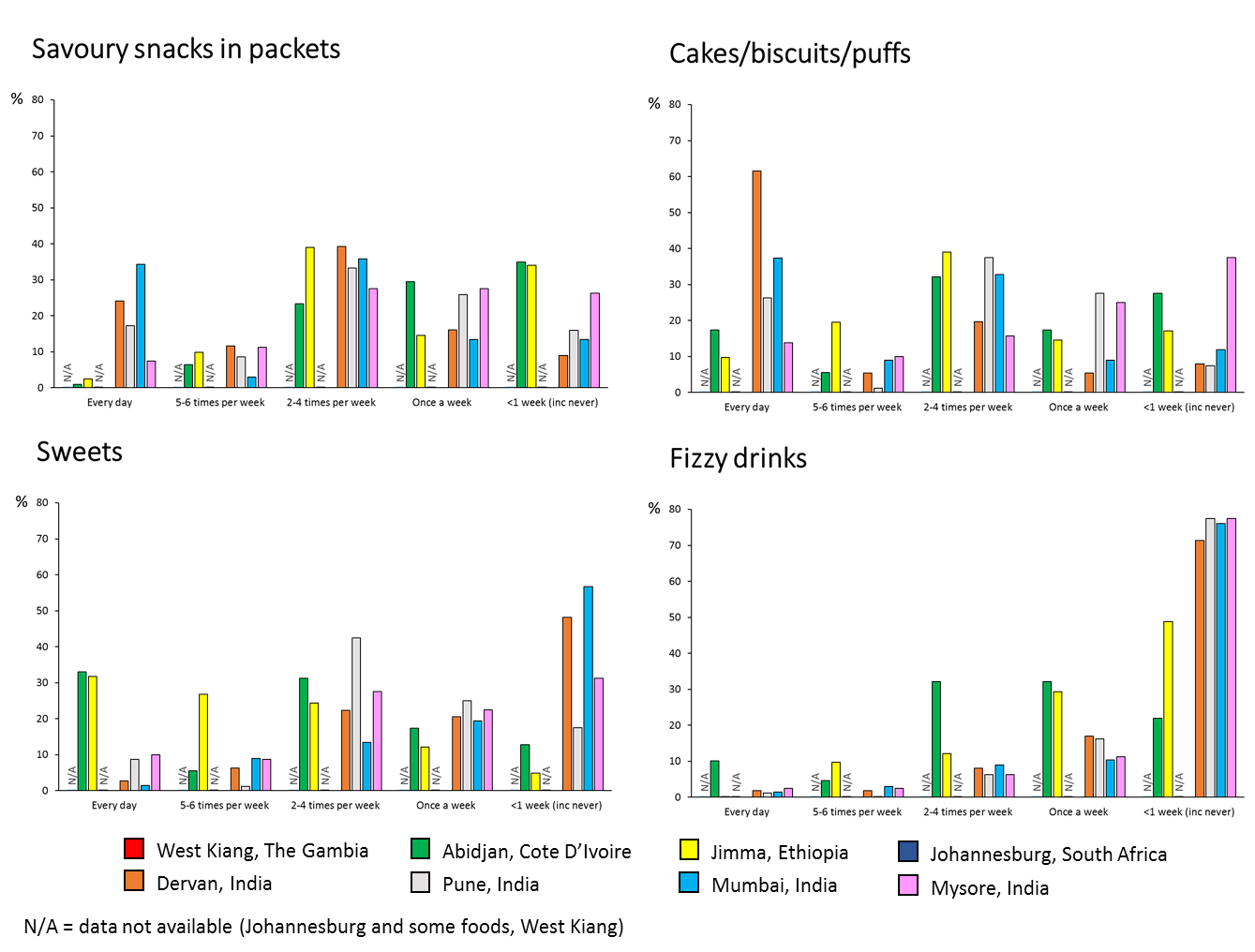
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**Supplementary Figure 2: Percentages of adolescents in each setting who had eaten foods from selected food groups in the past 24 hours (sexes and age groups pooled)**

**Supplementary Figure 3: Frequencies of intake of selected food groups in each setting (sexes and age groups pooled)**

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**Supplementary Figure 4:** **Frequencies of intake of snack foods in each setting (sexes and age groups pooled)**

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