

KIDMED QUESTIONNAIRE

1. Takes a fruit or fruit juice every day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Has a second fruit every day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Has fresh or cooked vegetables regularly once a day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Has fresh or cooked vegetables more than once a day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Consumes fish regularly (at least 2-3/week)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Goes > 1 / week to a fast-food restaurant (hamburger)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. Likes pulses and eats them > 1 / week	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. Consumes pasta or rice almost every day (5 or more per week)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. Has cereals or grains (bread, etc) for breakfast?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Consumes nuts regularly (at least 2-3/week)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Uses olive oil at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Skips breakfasts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Has a dairy product for breakfast (yogurt, milk, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14. Has commercially baked goods or pastries for breakfast?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15. Takes two yogurts and/or some cheese (40g) daily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
16. Takes sweets and candy several times every day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
KMS:			