

(Meyer & Rosenblum, 2017)

I.D No. _____ Child's name _____ Sex: F / M Age _____ Date of birth _____

Medical Diagnosis/es _____ Date of diagnosis _____ Time since diagnosis _____

Name of administrator _____ Profession _____ Date of administration _____

Summarized administration guidelines:

- This questionnaire is designed for children aged 8-18
- The questionnaire is completed while interviewing the child by an occupational therapist or other health professionals with appropriate training
- Explain to the child that you will ask him or her questions about different everyday food-related activities
- Tick off or fill in the response that best portrays how the child describes the way he or she does things
- Please refer to the CD-Chart validation article and other relevant publications:
Meyer, S., & Rosenblum, S. (2017). Development and validation of the Celiac Disease-Children's activities report (CD-Chart) for promoting self-management among children and adolescents. *Nutrients*, 9(10), 1130. <https://doi.org/10.3390/nu9101130>

Activity 1
Activity 2
Activity 3

Preparing a light meal at home (e.g., sandwich, salad)

Participation in meals during a family vacation, local or abroad (e.g., restaurant, hotel)

Participation in a meal/event at the extended family

How often do you usually participate in this activity?	Everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once or twice a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once a year/every few months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do not participate at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you like this activity?	Grade on a scale of 1 to 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
	1=I don't like it at all 10= I like it very much	Why?	Why?	Why?

Do you need any preparation towards participation in this activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If you do, who takes care of the preparation? (e.g., You, Mother, Father, Grandmother, Grandfather, Brother, Sister, Friend, other)			
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Additional remarks:

SAMPLE ONLY

If the response to the last question was **Yes**, please continue to the next page



Activity 1
Activity 2
Activity 3

A light meal at home

Meals on family vacation

Meal/event at family

How involved are you in the preparation towards participation in this activity?

I am independent (prepare on my own)

I am involved and prepare together with someone else (with who?)

I get some help (prepare on my own but need some help or direction)

I am informed but I do not prepare on my own

I do not do anything on my own (others do for me, I need a lot of help)

What kind of help do you receive? (you may chose more than one answer)

I get instructions what and how to do

The ingredients are read out to me

Someone asks for me

Someone calls for me

Someone checks for me on the internet

Someone prepares for me

Someone prepares with me

How important is it to you to be involved in preparation for participation in this activity?

It is important to me to do everything alone

I don't mind getting help from someone else

I prefer someone else do it for me

SAMPLE ONLY

Activity 4

Eating out with friends (e.g., youth movement, after school activities, restaurant, café, pizzeria, swimming pool)

Activity 5

Eating snacks served at a social gathering (e.g., a meal at a friend, a party, a friends birthday party)

Activity 6

Participation in meals during a trip or camp that includes sleeping away from home (e.g., youth movement, sports camp)

How often do you usually participate in this activity?	Everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once or twice a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once a year/every few months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do not participate at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you like this activity?	Grade on a scale of 1 to 10	<input type="text" value="1 2 3 4 5 6 7 8 9 10"/>	<input type="text" value="1 2 3 4 5 6 7 8 9 10"/>	<input type="text" value="1 2 3 4 5 6 7 8 9 10"/>
	1=I don't like it at all 10= I like it very much	Why? <input type="text"/>	Why? <input type="text"/>	Why? <input type="text"/>

Do you need any preparation towards participation in this activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If you do, who takes care of the preparation? (e.g., You, Mother, Father, Grandmother, Grandfather, Brother, Sister, Friend, other)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional remarks:

SAMPLE ONLY

If the response to the last question was **Yes**, please continue to the next page



Activity 4
Activity 5
Activity 6

Eating out with friends

Eating snacks together

Meals during a trip or camp

How involved are you in the preparation towards participation in this activity?

I am independent (prepare on my own)

I am involved and prepare together with someone else (with who?)

I get some help (prepare on my own but need some help or direction)

I am informed but I do not prepare on my own

I do not do anything on my own (others do for me, I need a lot of help)

What kind of help do you receive? (you may chose more than one answer)

I get instructions what and how to do

The ingredients are read out to me

Someone asks for me

Someone calls for me

Someone checks for me on the internet

Someone prepares for me

Someone prepares with me

How important is it to you to be involved in preparation for participation in this activity?

It is important to me to do everything alone

I don't mind getting help from someone else

I prefer someone else do it for me

SAMPLE ONLY

Activity 7

Eating snacks handed out by teachers at school (e.g., report card day, end of studying a topic)

Activity 8

Participation in special food-activities in class (e.g., exchanging gifts, secret Santa, invisible friend)

Activity 9

Participating in meals during a school trip/excursion that included sleeping away from home

How often do you usually participate in this activity?	Everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once or twice a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once or twice a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Once a year/every few months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do not participate at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you like this activity?	Grade on a scale of 1 to 10	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="10"/>
	1=I don't like it at all 10= I like it very much	<input type="text" value="Why?"/>	<input type="text" value="Why?"/>	<input type="text" value="Why?"/>

Do you need any preparation towards participation in this activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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If you do, who takes care of the preparation? (e.g., You, Mother, Father, Grandmother, Grandfather, Brother, Sister, Friend, other)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional remarks:

SAMPLE ONLY

If the response to the last question was **Yes**, please continue to the next page



Activity 7
Activity 8
Activity 9

Snacks from teachers

Food-activities in class

Meals during a school trip

How involved are you in the preparation towards participation in this activity?

I am independent (prepare on my own)

I am involved and prepare together with someone else (with who?)

I get some help (prepare on my own but need some help or direction)

I am informed but I do not prepare on my own

I do not do anything on my own (others do for me, I need a lot of help)

What kind of help do you receive? (you may chose more than one answer)

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How important is it to you to be involved in preparation for participation in this activity?

It is important to me to do everything alone

I don't mind getting help from someone else

I prefer someone else do it for me

SAMPLE ONLY

	Frequency /5	Preference /10	Preparation	Involvement /5	Help /7	Self determination /3
A light meal at home			Yes/No			
Meals on family vacation			Yes/No			
Meal/event at family			Yes/No			
Eating out with friends			Yes/No			
Eating snacks together			Yes/No			
Meals during a trip or camp			Yes/No			
Snacks from teachers			Yes/No			
Food-activities in class			Yes/No			
Meals during a school trip			Yes/No			

Name: _____

Goals

1. _____
2. *SAMPLE ONLY*
3. _____
4. _____