Supplementary Material:

Parental Consent Letter for Research Participation

PARENTAL CONSENT LETTER FOR RESEARCH PARTICIPATION

Dear parents/guardians,
This letter requests confirmation of your participation in a study on brain health in students aged 11-13 years.

This initiative is a creative effort to raise awareness and promote a better understanding of brain health in children aged 6 to 12 and, more broadly, to increase global public awareness of the importance of brain health across all age groups in collaboration with the Global Brain Health Institute , GBHI) which is a research and educational organization.

Scientific research has shown that prevention and lifelong protection of brain health reduce the risk of developing chronic brain diseases, including dementia. In this context, GBHI has created a video that presents scientific knowledge about protecting brain health as a fun and engaging narrative suitable for children, through a character called Robbie. Robbie, the brain, explains the things we can do every day to keep our brain healthy.

The personal information in your responses will remain anonymous and confidential. The resulting data will be used exclusively for this purpose. Access to the data will be limited to the research team. There will be no financial or other personal benefit for the researchers.

Your child's participation in the research is voluntary. There are no risks involved in your child's participation in the research. Refusing to participate will not have any consequences for you or your child. Also, you reserve the right to refuse participation in the research.

All they have to do is fill out a paper-based questionnaire without mentioning their name anywhere. Completing the questionnaire will take approximately 10 minutes. The conclusions of the study will contribute to raising awareness among students about their brain health.

The procedure for this study has been approved by the Board of Directors of the Department of Educational Sciences and Social Work in accordance with Law 4386/2016 and par. 3 of article 46 of 4589/2019.

For further information regarding this research, you can contact us electronically.

Before consenting to your child's participation, please answer the following questions:

1. Your family is:

Nuclear family (two parents) □
Single parent □
Adoptive family □
Family of separated parents □

2. Are there any members in your family who suffer from a brain disease or diseases (e.g. dementia, depression, epilepsy, stroke, autism spectrum disorder, attention deficit /hyperactivity disorder)?

YES □ NO □

3. Postal code/Geographic code of Kallikratis of the area where you reside?
   ……

4. Total years of education of the father of your child participating in the study?
   ……..

5. Total years of education of the mother of your child participating in the study?
   ……

6. Father's professional status Employed □ Unemployed □

7. Mother's professional status Employed □ Unemployed □

8. How many children do you have? …….

9. What is the birth order of the child participating in the research? ……

The undersigned ---------- authorizes ----------

The parent/guardian

GBH Questionnaire

A) Information about the Person

- **School Number**: _____
- **Date**: _____

Questions:

1. **Hello, are you a girl or a boy?**
    - ☐ Girl
    - ☐ Boy
    - ☐ Other
2. **How old are you?**
    - _____ years
3. **What grade are you in?**
    - _____
4. **Instructions**:
    - Please read each question carefully.
    - Choose the box that best fits your answer.
    - Remember: This is not a quiz or test, so there are no wrong answers.
    - It is important that you answer all questions.
5. **Do you know what the brain is?**
    - ☐ Yes
    - ☐ No
6. **How often do you think about your brain health?**

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

β) Willingness and Motivation to Maintain or Improve Brain Health

2. How much do you think brain health is affected by?

- **Physical health**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **Nutrition**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **The natural environment** (e.g., air pollution, noise): ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **The social environment** (e.g., family, friends, classmates, acquaintances): ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **Education**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **The profession**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **The money a family has**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **Heredity**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **Smoking and the use of alcohol, drugs**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all
- **Sleeping habits**: ☐ Too much ☐ Much ☐ Moderate ☐ A little ☐ Not at all

3. How important do you think it is to take care of the brain when we are?

- **Fetuses (before birth)**: ☐ Too much ☐ Much ☐ Moderate ☐ Not at all
- **Children (from birth to 12 years)**: ☐ Very much ☐ Much ☐ Moderate ☐ Not at all
- **Adolescents (13–18 years)**: ☐ Very much ☐ Much ☐ Moderate ☐ Not at all
- **19–45 years old**: ☐ Very much ☐ Much ☐ Moderate ☐ Not at all
- **45–65 years**: ☐ Very much ☐ Much ☐ Moderate ☐ Not at all
- **Over 65 years**: ☐ Too much ☐ Much ☐ Moderate ☐ Not at all

(c) Interest in Learning More About Individual Brain Health

4. Which of the following diseases do you think, or have you heard, are related to the brain?

- Diabetes
- Alzheimer's disease and other forms of dementia
- Arthritis
- Bipolar disorder
- Cancer
- Schizophrenia
- Parkinson's disease
- Hypertension (high blood pressure)
- Addictions (e.g., drugs, alcohol)
- Stroke
- Depression
- Migraine
- Anxiety

5. How often do you do the following?

- You follow a healthy diet: ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you do physical exercise/exercise? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you get enough sleep? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- You engage in relaxing activities: ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- You engage in activities that exercise the mind (e.g., crossword puzzles, learning new things): ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you wear a helmet when cycling, skating, or skiing? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you take nutritional supplements such as omega-3/vitamin D? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you hang out with friends? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

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6. Now, think about your brain health. Which of the following activities do you intentionally do for your brain health?

- You follow a healthy diet: ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you do physical exercise/exercise? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you get enough sleep? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- You engage in relaxing activities: ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

- You engage in activities that exercise the mind (e.g., crossword puzzles, learning new things): ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
- Do you devote time to your studies and activities and have free time to spend with your friends? ☐ Often ☐ Sometimes ☐ Rarely ☐ Never

(d) Interest in Receiving Individualized Support to Take Care of Own Brain Health

7. Your pediatrician tells you that you can reduce your chance of getting brain disease by changing your lifestyle. How likely are you to do the following?

- **Eat a healthier diet**:

  ☐ Very likely ☐ Somewhat likely ☐ I already do this ☐ Somewhat unlikely ☐ Very unlikely
- **Do more physical exercise/exercise**:

  ☐ Very likely ☐ Somewhat likely ☐ I already do this ☐ Somewhat unlikely ☐ Very unlikely
- **Sleep more and better**:

  ☐ Very likely ☐ Somewhat likely ☐ I already do this ☐ Somewhat unlikely ☐ Very unlikely
- **Do more relaxing activities**:

  ☐ Very likely ☐ Somewhat likely ☐ I already do this ☐ Somewhat unlikely ☐ Very unlikely
- **Engage more in activities that benefit the brain** (e.g., learn a foreign language):

  ☐ Very likely ☐ Somewhat likely ☐ I already do this ☐ Somewhat unlikely ☐ Very unlikely

- **Hang out with other kids more**:

  ☐ Very likely ☐ Somewhat likely ☐ I already do that ☐ Somewhat unlikely ☐ Very unlikely
- **Engage more in recreational activities** (music, movies, attending concerts):

  ☐ Very likely ☐ Somewhat likely ☐ I already do this ☐ Somewhat unlikely ☐ Very unlikely

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8. What would make you change your lifestyle to improve your brain health?

(Choose up to 3 of the following answers that you consider most important. You must choose at least one answer.)

- ☐ If I noticed problems with my brain health (e.g., if my concentration was getting worse)
- ☐ If I have been diagnosed with a brain disease (e.g., epilepsy, attention deficit hyperactivity disorder)
- ☐ If the lifestyle changes were fun and enjoyable
- ☐ If lifestyle changes didn't cost a lot of money
- ☐ If my relatives or friends had a brain disease
- ☐ If I was advised by a doctor on what to do (e.g., from my doctor)
- ☐ If I had the support of my friends and family
- ☐ If it were known for sure that lifestyle changes help significantly
- ☐ Nothing would motivate me

9. What would prevent you from changing your lifestyle to help your brain health?

(Choose up to 3 answers that you consider most important. You must choose at least one answer.)

- ☐ If I didn't have the time
- ☐ If I wasn't interested
- ☐ If I didn't know what to do
- ☐ If I had to stop activities that I enjoy
- ☐ If I had to engage in activities I don't like