BiB 1000 24 month questionnaire

Hello my name is …… from the Born in Bradford project. Thank you for agreeing for us to visit you again. We are very interested to know how things have been going since we last saw you. Babies grow so quickly, and change so much.

We are interested to know about what your baby is eating and how mealtimes are going. We also want to know if there have been any changes in your household and how you are feeling.

I will ask most of the questions but there are some sections of the questionnaire that I will ask you to complete yourself. I will be here to help you if you have any queries.

All the answers you give are confidential. Your name and address will not appear anywhere on the questionnaire.

We would be grateful if you would help us by answering as many of these questions as possible but if there are any questions you do not want to answer that is fine. There are no right or wrong answers.

Thank you for agreeing to answer these questions.

Administrative details

Age of child (months) …….

Age of mother (age) …….

What language was used for administering the questionnaire?

☐ English ☐ Mirpuri ☐ Urdu ☐ Other

Mother's anthropometry

Weight (kg) ☐☐☐.☐ Not able to take ☐

Baby's anthropometry

Weight (kg) ☐☐☐.☐ Not able to take ☐

Length (cm) ☐☐☐.☐ Not able to take ☐

Head Circumference (cm) ☐☐.☐ Not able to take ☐

Abdominal circumference (cm) ☐☐.☐ Not able to take ☐

Triceps skinfold (mm) ☐☐.☐ Not able to take ☐

Subscapular skinfold (mm) ☐☐.☐ Not able to take ☐

Thigh skinfold (mm) ☐☐.☐ Not able to take ☐

Section A: General Health

This first section asks about you and your baby's general health.

1. **I would now like to ask you about your health. How would you describe your own health generally? Would you say it is…**

   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. **I would now like to ask you about your child's health. How would you describe his/her general health? Would you say it is…**

   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Section B: Who you live with

Can I just check if your marital status has changed since we last saw you?

1. **Are you:**
   - ☐ Married
   - ☐ Re-married
   - ☐ Single (never married)
   - ☐ Separated (but still legally married)
   - ☐ Divorced
   - ☐ Widowed

2. **Are you:**
   - ☐ Living with baby's father
   - ☐ Living with another partner
   - ☐ Not living with a partner but in a relationship
   - ☐ Not living with a partner and not in a relationship

Section C: Childhood illnesses

We would like to know about any health problems (child's name) has been taken to the GP surgery for. How many separate health problems, if any, has (child's name) had, not counting any accidents or injuries?

1. Has (child's name) seen a doctor or nurse since birth because he/she had a problem you were worried about?

☐ Yes ☐ No ☐ Don't know ☐ Refused to answer

Interviewer: If NO, go to question C4

2. How many times?

☐ Once ☐ Twice ☐ 3-4 times ☐ 5 – 10 times

☐11 or more times ☐ Don't know ☐ Refused to answer

3. **What was the reason for the visit?** (Cross ALL that apply)

	Saw a doctor		Saw a nurse	
Reason	Yes	No	Yes	No
Tummy upset/wind/colic	☐	☐	☐	☐
Diarrhoea	☐	☐	☐	☐
Constipation	☐	☐	☐	☐
Vomiting	☐	☐	☐	☐
Crying	☐	☐	☐	☐
High temperature	☐	☐	☐	☐
Convulsions/fits	☐	☐	☐	☐
Snuffles/cold	☐	☐	☐	☐
Chest infection	☐	☐	☐	☐
Cough	☐	☐	☐	☐
Breathing problems	☐	☐	☐	☐
Ear Problems	☐	☐	☐	☐
Urinary tract infection	☐	☐	☐	☐
Thrush	☐	☐	☐	☐
Skin problems	☐	☐	☐	☐
Not gaining enough weight	☐	☐	☐	☐
Gaining too much weight	☐	☐	☐	☐
Other	☐	☐	☐	☐

If other, please describe ……

4. **Has (child's name) been given any medical diagnosis?**

   ☐ Yes ☐ No

   If yes, please give details

   (a) …….

   (b) …….

   (c) …….

   (d) …….

5. **Has (child's name) been admitted to hospital since birth?** (Child must have been in hospital for at least 24 hours).

   ☐ Yes ☐ No ☐ Don't know ☐ Refused to answer

   5a. If yes, how many times? …….

6. **Has (child's name) been to a hospital outpatient clinic since birth?**

   ☐ Yes ☐ No ☐ Don't know ☐ Refused to answer

   6a. If yes, how many times? …….

7. **Since birth, has (child's name) been hurt, injured or had an accident and needed medical attention from a doctor or hospital?**

   ☐ Yes ☐ No ☐ Don't know ☐ Refused to answer

   7a. If yes, how many times? …….

Section D: Employment status

We are also interested to know if you and/or your husband/partner are working nowadays.

1. Have there been any changes to your employment status since our last visit?

☐ Yes ☐ No ☐ Don't know

If Yes or don't know, go to question D2
If No go to question D8

2. Can I just check, have you returned to work since (child's name) was born or are you still on leave?

☐ Yes, has returned to work ☐ No, still on leave

3. I'd like to ask you some questions about how (child's name) is looked after, but first can you tell me which of the things on this card best describes what you are currently doing?

If respondent is on annual leave/sick leave from their employer, code as working.

☐ In a job and currently working for an employer
☐ On maternity leave from an employer
☐ Self employed
☐ Full time student
☐ Looking after the home and family
☐ Doing something (Describe: ……)

Interviewer: If answer to question D1 is 'In a job and currently working for an employer' or 'on maternity leave from an employer', go to question D3.

If mother does not work and is living with a husband/partner, go to question D7

Now we have some questions about any paid work you or your husband/partner may have undertaken since your baby was born.

About yourself

4. Do you work as an employee or are you self employed?

- ☐ Employee
- ☐ Self-employed with employees
- ☐ Self-employed/freelance without employees (go to question D6)
- ☐ Student/in training

5. For employees: How many people work for your employer at the place where you work?

For self-employed: How many people do you employ? Go to question F6 when completed this question.

☐ 1-24 ☐ 25 or more

6. Do you supervise any other employees?

☐ Yes ☐ No ☐ Don't know

7. What best describes the sort of work you do/did?

- ☐ Modern professional occupations
- ☐ Clerical and intermediate occupations
- ☐ Senior managers or administrators
- ☐ Technical and craft occupations
- ☐ Semi routine manual and service occupations
- ☐ Routine manual and service occupations
- ☐ Middle or junior managers
- ☐ Traditional professional occupations

Interviewer: If mother has a partner/husband living with her, please ask the following:

8. Have there been any changes to your husband/partner's employment status since our last visit?

☐ Yes ☐ No ☐ Don't know

9. Has your husband/partner ever been employed?

☐ Yes ☐ No, never been in employment ☐ Not applicable

If 'Never been in employment' go to next section

10. If your husband/partner does/did work, was it as an employee or is/was he self-employed?

☐ Employee
☐ Self-employed with employees
☐ Self-employed/freelance without employees (go to question F11)
☐ Student/in training

11. For employees: How many people work/ed for his employer at the place where he worked?

For self-employed: How many people does/did he employ?

☐ 1-24 ☐ 25 or more

12. Does/did your husband/partner supervise any other employees?

☐ Yes ☐ No ☐ Don't know

13. What best describes the sort of work he does/did?

☐ Modern professional occupations
☐ Clerical and intermediate occupations
☐ Senior managers or administrators
☐ Technical and craft occupations
☐ Semi routine manual and service occupations
☐ Routine manual and service occupations
☐ Middle or junior managers
☐ Traditional professional occupations

Section E: Childcare

This next section asks about any childcare arrangements you may have for your (child's name)

1. Have there been any changes to your childcare arrangements since our last visit?

☐ Yes ☐ No ☐ Don't know

2. Have you ever made any *regular* arrangement for your baby to be looked after, either while you are at work or for any other reasons? A*n arrangement that normally runs for at least five hours a week and has lasted for at least one month.*

☐ Yes ☐ No ☐ Don't know

If YES, who looks after (child's name)? This question is about current arrangements. Please complete ALL that apply.

	How many hours per week on average?	Is your child looked after in your own home? Yes	No	Does the carer feed your child? *Tick if yes*	How many other children are present when your child is being looked after?
(a) Husband/wife/partner	……..	☐	☐	☐	……..
(b) Child's non-resident parent	……..	☐	☐	☐	……..
(c) Your mother	……..	☐	☐	☐	……..
(d) Your father	……..	☐	☐	☐	……..
(e) Your partner's mother	……..	☐	☐	☐	……..
(f) Your partner's father	……..	☐	☐	☐	……..
(g) Child's non-resident father's/mother's mother	……..	☐	☐	☐	……..
(h) Child's non-resident father's/mother's father	……..	☐	☐	☐	……..
(i) Other relative	……..	☐	☐	☐	……..
(j) Friends/neighbours	……..	☐	☐	☐	……..
(k) Live-in nanny/au pair	……..	☐	☐	☐	……..
(l) Other nanny/au pair	……..	☐	☐	☐	……..

	How many hours per week on average?	Is your child looked after in your own home?		Does the carer feed your child?	How many other children are present when your child is being looked after?
(m) Registered childminder	……..	☐	☐	☐	……..
(n) Unregistered childminder	……..	☐	☐	☐	……..
(o) Workplace/college nursery/crèche	……..	☐	☐	☐	……..
(p) Local authority day nursery/crèche	……..	☐	☐	☐	……..
(q) Private day nursery/crèche	……..	☐	☐	☐	……..
(r) Other, specify ……	……..	☐	☐	☐	……..

Section F: Feeding your child

This next section asks questions about how you have been feeding your baby.

1. **Was (child's name) ever breast fed?**
   Interviewer: include colostrum in the first few days and expressed breast milk.

   ☐ Yes ☐ No ☐ Don't know

2. **Is (child's name) still being breastfed?**

   ☐ Yes ☐ No ☐ Don't know

   Interviewer: If YES go to question F4

3. **How old was (child's name) when he/she completely stopped being breastfed?**
   Interviewer: include expressed breast milk.

   ☐☐ Days
   ☐☐ Weeks
   ☐☐ Months

4. **Has (child's name) been given baby milk formula to drink?**
   Interviewer: SMA, Cow & Gate, Formula Soya milk, Follow-on formula milk etc.

   ☐ Yes ☐ No ☐ Don't know

   If yes, how old was he/she when first given baby milk formula?

   ☐☐ Days
   ☐☐ Weeks
   ☐☐ Months

5. **How would you describe your child's eating and drinking?**

   ☐ Very easy ☐ Easy ☐ Alright ☐ Difficult ☐ Very difficult

The following questions ask about how often your toddler usually eats and drinks, with who and where.

			If yes, is this….(tick as many as apply)			
	Yes	No	(a) With a parent/sibling/ family member	(b) With childminder/ at nursery	(c) On his/her own	(d) In front of the TV
On <u>weekdays</u>:						
6. Early morning/breakfast time	☐	☐	☐	☐	☐	☐
7. During the morning	☐	☐	☐	☐	☐	☐
8. Midday/ lunchtime	☐	☐	☐	☐	☐	☐
9. During the afternoon	☐	☐	☐	☐	☐	☐
10. Early evening/teatime	☐	☐	☐	☐	☐	☐
11. During the evening	☐	☐	☐	☐	☐	☐
12. Late evening/dinner or supper	☐	☐	☐	☐	☐	☐
13. Before bed	☐	☐	☐	☐	☐	☐
14. In bed/during the night	☐	☐	☐	☐	☐	☐
15. Doesn't really have set meal times but eats when he/she is hungry or if convenient?	☐	☐	☐	☐	☐	☐
At <u>weekends</u>:						
16. Early morning/breakfast time	☐	☐	☐	☐	☐	☐
17. During the morning	☐	☐	☐	☐	☐	☐
18. Midday/ lunchtime	☐	☐	☐	☐	☐	☐
19. During the afternoon	☐	☐	☐	☐	☐	☐
20. Early evening/teatime	☐	☐	☐	☐	☐	☐
21. During the evening	☐	☐	☐	☐	☐	☐
22. Late evening/dinner or supper	☐	☐	☐	☐	☐	☐
23. Before bed	☐	☐	☐	☐	☐	☐
24. In bed/during the night	☐	☐	☐	☐	☐	☐
25. Doesn't really have set meal times but eats when he/she is hungry or if convenient?	☐	☐	☐	☐	☐	☐

Section G: Sleep

We are also interest in how many hours (child's name) is sleeping throughoutt the day and night.

How many hours on average does (child's name) sleep in 24 hours? This includes any naps in a baby chair/buggy etc?

1a. Day (6am to 6pm) ……..

1b Night (6pm to 6am) ……..

Section H: Lifestyle

1. Have you ever regularly smoked cigarettes; that is at least one cigarette a day?

☐ Yes, for more than 1 year ☐ Yes, for less than 1 year ☐ No

If NO, go to question H4

2. Do you smoke cigarettes nowadays?

☐ Yes ☐ No

2a. If no, when did you stop smoking?

Age (years) …….. ☐ Don't remember

3. If yes, how many cigarettes do/did you smoke per day since giving birth to your child?

☐ None ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ More than 20

4a. Are you exposed to other peoples' smoke at work or at home?

☐ Yes ☐ No ☐ Less than one hour per day / occasionally

4b. If yes, how many hours per day ……

5a. Is (child's name) exposed to other peoples' smoke?

☐ Yes ☐ No ☐ Less than one hour per day / occasionally

5b. If yes, how many hours per day ……

6. Have you drank alcohol since (child's name) was born?

☐ Yes, once a week or more ☐ Yes, occasionally ☐ No ☐ Don't remember

7. If you have drank alcohol once per week or more, what is the weekly average and maximum number of units in a week?

	Average number of units per week	Maximum number of units at one time	Don't remember	Not applicable
Beer / lager	……..	……..	☐	☐
Wine	……..	……..	☐	☐
Spirits	……..	……..	☐	☐
Other	……..	……..	☐	☐

8. Since your child was born how often have you consumed 5 or more units of alcohol one occasion?

☐ Every day
☐ Nearly every day
☐ 1-4 times per week
☐ 1-3 times per month
☐ Rarely
☐ Never

Section I: Screen time

1. How many hours per day on average is your television on at home (you don't have to be watching it)?

Weekdays ……. ☐ Not applicable

Weekends ……. ☐ Not applicable

2. Over the last month, on average how many hours per day did you watch TV or DVDs?

	None	Less than 1 hour a day	1 to 2 hours a day	2-3 hours a day	3-4 hours a day	More than 4 hours a day
Week day: before 6pm	☐	☐	☐	☐	☐	☐
Week day: after 6pm	☐	☐	☐	☐	☐	☐
Weekend: before 6pm	☐	☐	☐	☐	☐	☐
Weekend: after 6pm	☐	☐	☐	☐	☐	☐

3. Over the last months, on average how many hours per day does (child's name) watch TV or DVDs?

	None	Less than 1 hour a day	1 to 2 hours a day	2-3 hours a day	3-4 hours a day	More than 4 hours a day
Week day: before 6pm	☐	☐	☐	☐	☐	☐
Week day: after 6pm	☐	☐	☐	☐	☐	☐
Weekend: before 6pm	☐	☐	☐	☐	☐	☐
Weekend: after 6pm	☐	☐	☐	☐	☐	☐

Section J: Infant growth and growth perception

We would like to know how you feel your baby has been growing in the past six months

1. At this moment in time, how do you see the body weight of your child?

Much too low	A little too low	Just right	A little too high	Much too high
☐	☐	☐	☐	☐

2. At this moment in time, how would you classify your child's weight?

Very underweight	Underweight	Average	Overweight	Very overweight
☐	☐	☐	☐	☐

3. Compared with other children his/her age, what is your child's weight?

Much thinner	A little bit thinner	About the same	A little bit heavier	Much heavier
☐	☐	☐	☐	☐

4. Compared with other children his/her age, how quickly has your child gained weight?

Much slower	A little bit slower	About the same	A little quicker	Much quicker
☐	☐	☐	☐	☐

5. I am worried my child will become overweight

Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
☐	☐	☐	☐	☐

6. I would be concerned if my baby was under-eating and not gaining weight

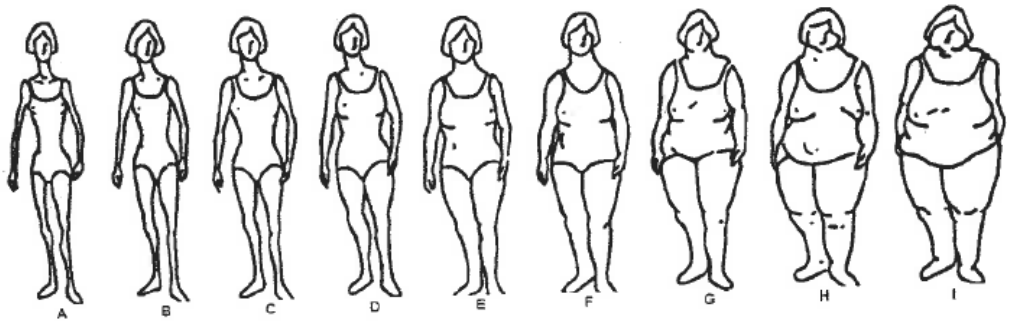
Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
☐	☐	☐	☐	☐

7. At this moment in time how would you describe yourself?

Very overweight	Moderately overweight	Slightly overweight	Just right	Slightly underweight	Moderately underweight	Very underweight
☐	☐	☐	☐	☐	☐	☐

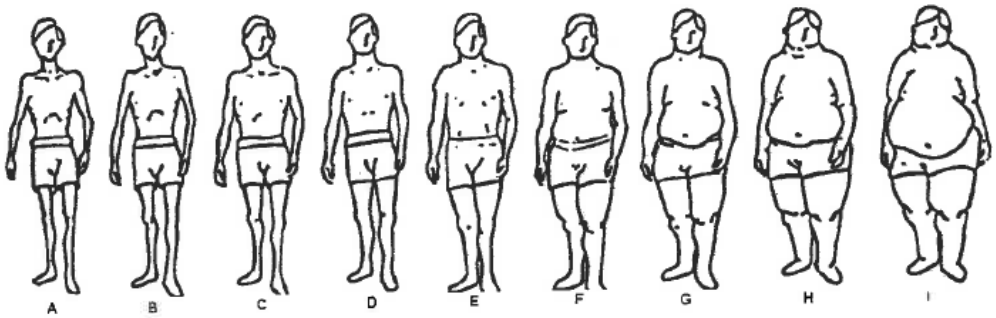
8. *Here are a number of pictures. We want you to select the picture that most looks like you and your husband/partner NOW.*

You



☐ Don't know

Your partner/husband



☐ Don't know

Section K: Parent's physical activity

Interviewer: *I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.*

Think about all the vigorous activities which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling.

Think only about those physical activities that you did for at least 10 minutes at a time.

1. **During the last 7 days, on how many days did you do vigorous physical activities?**

Number of days: ……..

Interviewer: *If respondent answers zero*, go to question 2a

How much time did you usually spend doing vigorous physical activities on one of those days?

Minutes ……. Hours …….

Interviewer: *Now think about activities which take moderate physical effort that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.*

2. **During the last 7 days, on how many days did you do moderate physical activities?**

Number of days: ……..

Interviewer: *If respondent answers zero*, go to question 3a

How much time did you usually spend doing moderate physical activities on one of those days?

Minutes ……. Hours …….

Interviewer: *Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.*

3. **During the last 7 days, on how many days did you walk for at least 10 minutes at a time?**

Number of days: ……..

Interviewer: *If respondent answers zero*, go to question 4

How much time did you usually spend walking on one of those days?

Minutes ……. Hours ……

Interviewer: *Now think about the time that you spend sitting.*

4. In a typical week, how many hours do you spend, on average, SITTING EACH DAY in the following situations (please write your answer)

	On a WEEK Day		On a WEEKEND Day	
	Hours	Minutes	Hours	Minutes
(a) While travelling to and from places	……	……	……	……
(b) While at work	……	……	……	……
(c) While watching television	……	……	……	……
(d) While using a computer at home	……	……	……	……
(e) In your leisure time, NOT including television (e.g., visiting friends, movies, dining out, etc.)	……	……	……	……

Section L: Children's physical activity

Interviewer: *These questions are about the types of activities that your child does in a typical week. Please think about the sorts of activities that your child has been doing in the past month.*

1. In the last month, how many days each week and for how long each day would you say your child has spent doing the following activities at home? (Please mark either Less than once a week OR how often?)

	How often		For how long each day			
	Number of days each week	Less than once a week	Up to 15 mins	16-30 mins	31-60 mins	Time each day if more than one hour per day
(a) Colouring/drawing/craft	……..	☐	☐	☐	☐	Hours …… Minutes ……
(b) Sitting playing with toys (e.g. dolls/puzzles educational play)	……..	☐	☐	☐	☐	Hours …… Minutes ……
(c) Watching TV/DVDs	……..	☐	☐	☐	☐	Hours …… Minutes ……
(d) Playing on the computer (not physically active games such as Nintendo Wii)	……..	☐	☐	☐	☐	Hours …… Minutes ……
(e) Sitting listening/singing to music	……..	☐	☐	☐	☐	Hours …… Minutes ……
(f) Reading/being read to	……..	☐	☐	☐	☐	Hours …… Minutes ……
(g) Playing actively inside the house (dancing, crawling, running, sit and ride toys, push toys, physically active computer games such as Nintendo Wii)	……..	☐	☐	☐	☐	Hours …… Minutes ……
(h) Playing actively in the garden/yard	……..	☐	☐	☐	☐	Hours …… Minutes ……
(i) Engaging in physical activity/active play that makes them sweat or breathe harder	……..	☐	☐	☐	☐	Hours …… Minutes ……

2. Please can you tell me, does your child attend any organised/structured physical activity programmes, e.g. swimming class, dancing club, gymnastics club, tumble tots).

☐ Yes ☐ No

If yes, what kind of activity/programme do they do, and how many hours and minutes a week do they attend each activity/programme for?

Activity/programme	Time/week in hours and minutes
(a)……...	Hours …… Minutes ……
(b)……...	Hours …… Minutes ……
(c)……...	Hours …… Minutes ……

3. In the last month, how many days each week and for how long each day would you say your child has spent playing in a physically active way with:

	How often		For how long each day			
	Number of days each week	Less than once a week	Up to 15 mins	16-30 mins	31-60 mins	Time each day if more than one hour per day
(a) Siblings or cousins	……..	☐	☐	☐	☐	Hours …… Minutes ……
(b) Friends	……..	☐	☐	☐	☐	Hours …… Minutes ……
(c) Mother	……..	☐	☐	☐	☐	Hours …… Minutes ……
(d) Father / mother's partner	……..	☐	☐	☐	☐	Hours …… Minutes ……
(e) Grandparent	……..	☐	☐	☐	☐	Hours …… Minutes ……
(f) Other adult family member	……..	☐	☐	☐	☐	Hours …… Minutes ……
(g) Carer	……..	☐	☐	☐	☐	Hours …… Minutes ……

4. In the last month, to get from place to place (e.g to the shops, school/groups, park, visiting friends/relatives), on how many days each week and for how long each day would you say your child has spent:

	How often		For how long each day			
	Number of days each week	Less than once a week	Up to 15 mins	16-30 mins	31-60 mins	Time each day if more than one hour per day
(a) In their buggy/pushchair	……..	☐	☐	☐	☐	Hours …… Minutes ……
(b) Walking	……..	☐	☐	☐	☐	Hours …… Minutes ……
(c) Being carried	……..	☐	☐	☐	☐	Hours …… Minutes ……
(d) In the car	……..	☐	☐	☐	☐	Hours …… Minutes ……
(e) On public transport	……..	☐	☐	☐	☐	Hours …… Minutes ……

Section M: Caregiver's Feeding Styles Questionnaire

These questions ask about your interactions with your pre-school child during the dinner meal. Choose the best answer that describes how often these things happen. If you are not certain, make your best guess.

How often during the dinner meal do you……

	Never	Rarely	Some times	Most of the time	Always
1. Physically struggle with the child to get him or her to eat (for example, physically putting the child in the chair so he or she will eat).	☐	☐	☐	☐	☐
2. Promise the child something other than food if he or she eats (for example, "If you eat your beans, we can play ball after dinner").	☐	☐	☐	☐	☐
3. Encourage the child to eat by arranging the food to make it more interesting (for example, making smiley faces on the pancakes).	☐	☐	☐	☐	☐
4. Ask the child questions about the food during dinner.	☐	☐	☐	☐	☐
5. Tell the child to eat at least a little bit of food on his or her plate.	☐	☐	☐	☐	☐
6. Reason with the child to get him or her to eat (for example, "Milk is good for your health because it will make you strong").	☐	☐	☐	☐	☐
7. Say something to show your disapproval of the child for not eating dinner.	☐	☐	☐	☐	☐
8. Allow the child to choose the foods he or she wants to eat for dinner from foods already prepared.	☐	☐	☐	☐	☐
9. Compliment the child for eating food (for example, "What a good boy! You're eating your beans")	☐	☐	☐	☐	☐
10. Suggest to the child that he or she eats dinner, for example by saying, "Your dinner is getting cold".	☐	☐	☐	☐	☐
11. Say to the child "Hurry up and eat your food".	☐	☐	☐	☐	☐

	Never	Rarely	Some times	Most of the time	Always
12. Warn the child that you will take away something **other than food** if he or she doesn't eat (for example, "If you don't finish your meat, there will be no play time after dinner").	☐	☐	☐	☐	☐
13. Tell the child to eat something on the plate (for example, "Eat your beans").	☐	☐	☐	☐	☐
14. Warn the child that you will take a food away if the child doesn't eat (for example, "If you don't finish your vegetables, you won't get fruit").	☐	☐	☐	☐	☐
15. Say something positive about the food the child is eating during dinner.	☐	☐	☐	☐	☐
16. Spoon-feed the child to get him or her to eat dinner.	☐	☐	☐	☐	☐
17. Help the child to eat dinner (for example, cutting the food into smaller pieces).	☐	☐	☐	☐	☐
18. Encourage the child to eat something by using food as a reward (for example, "If you finish your vegetables, you will get some fruit").	☐	☐	☐	☐	☐
19. Beg the child to eat dinner.	☐	☐	☐	☐	☐

Section M continued: Child's diet – Short Form Food Frequency Questionnaire

The following questions ask about some foods & drinks your child might have during a 'typical' week, over the past month or so. Do not be concerned if some things your child eats or drinks are not mentioned.

***Please cross how often your child eats at least ONE portion of the following foods & drinks**: (a portion includes: a handful of grapes, an orange, a serving of carrots, a side salad, a slice of bread, a glass of pop).*

	Rarely /never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
20. Fruit (tinned/fresh)	☐	☐	☐	☐	☐	☐	☐	☐
21. Salad (not garnishes)	☐	☐	☐	☐	☐	☐	☐	☐
22. Vegetables (tinned/frozen/fresh but not potatoes)	☐	☐	☐	☐	☐	☐	☐	☐
23. Boiled, mashed or jacket potatoes	☐	☐	☐	☐	☐	☐	☐	☐
24. Fried or roasted potatoes	☐	☐	☐	☐	☐	☐	☐	☐
25. Oven-cooked chips	☐	☐	☐	☐	☐	☐	☐	☐
26. Fried chips	☐	☐	☐	☐	☐	☐	☐	☐
27. Fried rice/biriyani	☐	☐	☐	☐	☐	☐	☐	☐
28. Chapattis/parathas/puris/naan with butter	☐	☐	☐	☐	☐	☐	☐	☐
29. Boiled rice	☐	☐	☐	☐	☐	☐	☐	☐
30. Chapattis/parathas/puris/naan without butter	☐	☐	☐	☐	☐	☐	☐	☐
Snacks								
31. Biscuits (chocolate, plain, savoury)	☐	☐	☐	☐	☐	☐	☐	☐
32. Cakes, pastries	☐	☐	☐	☐	☐	☐	☐	☐
33. Crisps/other savoury snacks e.g. Doritos	☐	☐	☐	☐	☐	☐	☐	☐
34. Sweets or chocolate	☐	☐	☐	☐	☐	☐	☐	☐
35. Chevda, Bombay mix etc	☐	☐	☐	☐	☐	☐	☐	☐
36. Indian sweets e.g. burfi, jelabi, gulab jaman	☐	☐	☐	☐	☐	☐	☐	☐

	Rarely /never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
37. Samosas, pakoras, spring rolls	☐	☐	☐	☐	☐	☐	☐	☐
38. Sausage rolls, pork pies, pasties	☐	☐	☐	☐	☐	☐	☐	☐
39. Other snacks Specify……..	☐	☐	☐	☐	☐	☐	☐	☐
Drinks								
40. Natural fruit juice e.g. orange, pineapple	☐	☐	☐	☐	☐	☐	☐	☐
41. Mango juice	☐	☐	☐	☐	☐	☐	☐	☐
42. Fruit drinks, squash – sugar-free	☐	☐	☐	☐	☐	☐	☐	☐
43. Fruit drinks, squash – containing sugar	☐	☐	☐	☐	☐	☐	☐	☐
44. Coke/Pepsi/Fanta	☐	☐	☐	☐	☐	☐	☐	☐
45. Diet Coke/Pepsi/Fanta	☐	☐	☐	☐	☐	☐	☐	☐
46. Water	☐	☐	☐	☐	☐	☐	☐	☐
Supermarket ready meals/Take-away/Chip shop								
47. Meat pies, pasties, vegetarian pies	☐	☐	☐	☐	☐	☐	☐	☐
48. Pizza, quiche, flan	☐	☐	☐	☐	☐	☐	☐	☐
49. Chip-shop meal e.g. fish, chips	☐	☐	☐	☐	☐	☐	☐	☐
50. Beef burgers, veggie burgers	☐	☐	☐	☐	☐	☐	☐	☐
51. Fried chicken take-away	☐	☐	☐	☐	☐	☐	☐	☐
52. Indian take-away	☐	☐	☐	☐	☐	☐	☐	☐
53. Donner kebab	☐	☐	☐	☐	☐	☐	☐	☐
54. Chinese take-away	☐	☐	☐	☐	☐	☐	☐	☐
55. Other ready meal/take-away meal Specify……..	☐	☐	☐	☐	☐	☐	☐	☐

56. On average, how many portions of FRUIT does your child eat a day?
(examples include a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits)

No of portions ……

57. **On average, how many portions of VEGETABLES does your child eat a day?**
(examples include: 3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli).

No of portions ……

58. **What milk does your child <u>usually</u> use or drink, such as in hot & cold drinks or on cereal?** (including tea, coffee, hot milk, milk shakes, or on cereal)

☐ Whole/full fat milk ☐ Semi-skimmed milk ☐ Skimmed milk

☐ Condensed milk ☐ Rarely/never use milk

☐ Other (excluding formula milk), specify ……

Section N: Children's physical activity

These questions are about different activities that your child might do in a typical week. As you answer the questions please think about the sorts of activities that your child has been doing in the last month.

1. Compared with children of the same age and sex, do you think your child is:

☐ Generally less active ☐ Similarly active ☐ Generally more active

2. Do you agree or disagree with the following statements about your child's activity?

	Disagree	Neither agree nor disagree	Agree
(a) I think my child enjoys being physically active	☐	☐	☐
(b) I think it's important that my child doesn't watch too much TV	☐	☐	☐
(c) I think it's important that my child is physically active	☐	☐	☐

3. In the last month, how often have you or your partner:

	Never	1-3 times	Once a week	2-4 times a week	5-6 times a week	Every day
(a) Encouraged your child to play physically active games?	☐	☐	☐	☐	☐	☐
(b) Done a physical activity or played in a physically active way with your child?	☐	☐	☐	☐	☐	☐
(c) Taken your child to places where he/she can be physically active?	☐	☐	☐	☐	☐	☐

4. In the last month, how often has your child:

	Never	1-3 times	Once a week	2-4 times a week	5-6 times a week	Every day
(a) Watched TV at meal times	☐	☐	☐	☐	☐	☐
(b) Gone to bed at a regular time	☐	☐	☐	☐	☐	☐
(c) Played ball games in the house	☐	☐	☐	☐	☐	☐
(d) Eaten snacks while watching TV	☐	☐	☐	☐	☐	☐
(e) Ran or ridden a tricycle in the house	☐	☐	☐	☐	☐	☐

5. **In the last month, how often have you or your partner limited the time your child spends doing the following activities?**

	Never	1-3 times	Once a week	2-4 times a week	5-6 times a week	Every day
(a) Watching TV/DVDs	☐	☐	☐	☐	☐	☐
(b) Playing on the computer	☐	☐	☐	☐	☐	☐
(c) Playing outside	☐	☐	☐	☐	☐	☐

6. **In the past month how often has your child been limited from doing a physical activity because**:

	Never	1-3 times	Once a week	2-4 times a week	5-6 times a week	Every day
(a) Of the cost of clubs or facilities	☐	☐	☐	☐	☐	☐
(b) It is difficult to travel to places where my child can be physically active	☐	☐	☐	☐	☐	☐
(c) Of the weather	☐	☐	☐	☐	☐	☐
(d) I am too busy	☐	☐	☐	☐	☐	☐
(e) I am scared that my child will get hurt	☐	☐	☐	☐	☐	☐
(f) There are no other children to play with	☐	☐	☐	☐	☐	☐
(g) There is no adult to supervise the child whilst playing	☐	☐	☐	☐	☐	☐

7. Which of the following types of toys does your child have <u>at home</u> to play with?

	Yes	No
(a) Cuddly toys/dolls	☐	☐
(b) Light, sound and music toys	☐	☐
(c) Swing	☐	☐
(d) Slide/climbing frame/tunnels	☐	☐
(e) Trampoline	☐	☐
(f) Toy vehicles (cars) and construction toys (building blocks)	☐	☐
(g) Jigsaw puzzles/shape sorter/stacking toys	☐	☐
(h) Books	☐	☐
(i) Balls	☐	☐
(j) Push toys (e.g. pram or trolley)	☐	☐
(k) Tricycle/scooter/sit and ride toys	☐	☐
(l) Role play equipment (e.g. kitchen toys)	☐	☐
(m) Ball/sand pit or paddling pools	☐	☐
(n) Educational toys (alphabet, numbers, games)	☐	☐
(o) Musical instruments	☐	☐
(p) Art and craft equipment (crayons/paints)	☐	☐
(q) Computer games (not including physically active games e.g. Nintendo Wii)	☐	☐
(r) Physically active computer games (e.g. Nintendo Wii)	☐	☐

8. Is there space for your child to play active games (tag/playing with a ball, sit and ride toys or push toys) inside the home?

☐ Yes ☐ No

9. Do you have a garden/yard where your child can play outside at home?

☐ Yes ☐ No

9a. If yes, in the last month how often has your child played outside in your garden/yard?

☐ Never ☐ 1-3 times this month ☐ Once a week ☐ 2-3 times a week
☐ 5-6 times a week ☐ Every day

10. In the last month has the time your child has spent doing the following activities been different between week days and weekend days?

	My child has spent more time doing this on **week days**	My child has spent more time doing this on **weekend days**	There's been **no difference** between week days and weekend days
(a) Playing actively (dancing, running, playing with active toys	☐	☐	☐
(b) Sitting playing with toys (dolls, puzzles)	☐	☐	☐
(c) Watching TV/DVDs and playing on the computer	☐	☐	☐

11. Is there free space for your child to play outside in the surrounding neighbourhood e.g. parks and playgrounds?

☐ Yes ☐ No

12. In the last month, how often has your child played at the park/playground? (any playground)

☐ Never ☐ 1-3 times this month ☐ Once a week ☐ 2-3 times a week
☐ 5-6 times a week ☐ Every day

13. In the last month, how long has your child spent at the park or playground when they have been?*)*

☐ Not applicable ☐ Up to 15 minutes ☐ 16-30 minutes
☐ 31-60 minutes ☐ More than 60 minutes

14. Do you feel that your neighbourhood is an unsafe place for your child to play in terms of criminal activity/anti-social behaviour?

☐ Yes ☐ No

15. Are there any indoor facilities for your child to play inside in the surrounding neighbourhood? e.g. Playgroups and activity centres (not nursery or pre-school)?

☐ Yes ☐ No

16. In the last month how often has your child played at indoor play facilities (playgroups and soft play centres, not nursery or pre-school)?

☐ Never ☐ 1-3 times this month ☐ Once a week
☐ 2-3 times a week ☐ 5-6 times a week ☐ Every day

17. In the last month, how long has your child spent at indoor play facilities when they have been?

☐ Not applicable ☐ Up to 15 minutes ☐ 16-30 minutes
☐ 31-60 minutes ☐ More than 60 minutes

18. In the last month, how much time has your child spend at nursery/pre-school each week?

☐ Full time (30+ hours per week)
☐ Part time: Hours …… Minutes ……
☐ Not applicable, they don't go to nursery

19. Does the nursery/pre-school your child attends have an indoor movement area where your child can be physically active? (By this we mean a dedicated indoor open area.

☐ Yes ☐ No ☐ Don't know

20. Does the nursery/pre-school your child attends have an outdoor play area where your child can be physically active?

☐ Yes ☐ No ☐ Don't know

21. In the last month when your child has been travelling short distances that an adult could walk on foot in about 10 minutes (for example, to go to the local shop/school/park), how has your child normally travelled?

☐ In their buggy/pushchair ☐ Walked ☐ Carried ☐ In the car
☐ On public transport ☐ Other, specify ……..

22. In the last month has the time your child has spent sitting down travelling (e.g in the car/buggy/public transport) been different between week days and weekend days?

☐ My child has spent more time in seated travel on weekdays
☐ My child has spent more time in seated travel on weekend days
☐ There has been no difference between week days and weekend days

Section O: Parenting practices

Now there are some questions about being a parent. These are for you to fill out yourself. Don't spend too long thinking about the answers because often your first thoughts are the best. Cross ONE box for each question.

1. Overall as a parent, do you feel that you are:

- ☐ Not very good at being a parent
- ☐ A person who has some trouble being a parent
- ☐ An average parent
- ☐ A better than average parent
- ☐ A very good parent

Please CROSS ONE BOX for how much this describes the way you generally feel or behave with <u>this</u> child

	Not at all how I feel									Exactly how I feel
	1	2	3	4	5	6	7	8	9	10
2. I feel I am very good at keeping this child amused	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. I feel that I am very good at calming this child when he/she is upset	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. I feel I am very good at keeping this child busy while I am doing housework	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. I feel that I am very good at routine tasks of caring for this child (feeding him/her, changing his or her nappies and giving him/her a bath)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

We are just asking about parents' views on child rearing.

	Never/ almost never	Rarely	Sometimes	Often	Always/ almost always
6. How often do you express affection by hugging, kissing and holding this child?	☐	☐	☐	☐	☐
7. How often do you hug or hold this child for no particular reason?	☐	☐	☐	☐	☐
8. How often do you tell this child how happy he/she makes you?	☐	☐	☐	☐	☐
9. How often do you have warm, close times together with this child?	☐	☐	☐	☐	☐
10. How often do you enjoy doing things with this child?	☐	☐	☐	☐	☐
11. How often do you feel close to this child both when he/she is happy and he/she is upset?	☐	☐	☐	☐	☐

Now thinking about the <u>last 4 weeks</u>, how much do these statements describe how you have been feeling or behaving with this child?

	Not at all how I feel									Exactly how I feel
	1	2	3	4	5	6	7	8	9	10
12. I have been angry with this child	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. I have raised my voice with or shouted at this child	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14. When this child cries, he/she gets on my nerves	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15. I have lost my temper with this child.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16. I have left this child alone in his/her bedroom when he/she was particularly upset	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

To what extent do you agree or disagree with the following statements? If you have never left this baby with a babysitter, please answer about how you *would* feel if you left this baby with someone else.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
17. I always check on child immediately when he/she is crying.	☐	☐	☐	☐	☐
18. Child is happier with me than with babysitters.	☐	☐	☐	☐	☐
19. When away from child, I worry about whether or not the babysitter/carer is able to soothe and comfort the child if he/she is lonely or upset.	☐	☐	☐	☐	☐
20. Only a mother just naturally knows how to comfort her distressed child.	☐	☐	☐	☐	☐
21. I worry when someone else cares for child.	☐	☐	☐	☐	☐
22. I am naturally better at keeping child safe than any other person.	☐	☐	☐	☐	☐
23. A child is likely to get upset when he/she is left with a babysitter or carer.	☐	☐	☐	☐	☐

Section P: How you have felt over the last 30 days

The next few questions are about how you have felt over the last 30 days.

1. During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? (CROSS one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

2. During the last 30 days about how often did you feel hopeless?
(CROSS one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

3. During the last 30 days about how often did you feel restless or fidgety?
(CROSS one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

4. During the last 30 days, about how often did you feel that everything was an effort?
(CROSS one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

5. During the last 30 days, about how often did you feel worthless?
(CROSS one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

6. During the last 30 days, about how often did you feel nervous?
(CROSS one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Section Q

These last few questions ask about how being in Born in Bradford may have effected you and what your main health concerns are for your child.

1. Has being part of the Born in Bradford project made you more aware of the health of you and your child?

☐ Yes ☐ No ☐ Don't know

2. Has being part of Born in Bradford encouraged you to adopt a healthier life style?

☐ Yes ☐ No ☐ Don't know

3. What would your priorities be for future health research for Born in Bradford?

Area of research	Yes	No
Diabetes	☐	☐
Autism	☐	☐
Asthma	☐	☐
Childhood Accidents	☐	☐
Eczema	☐	☐
Childhood infections	☐	☐
Behavioural disorders	☐	☐
Childhood obesity	☐	☐
Dental health for children	☐	☐

Other …….

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE