BiB 1000 6 month questionnaire

Hello my name is …… from the Born in Bradford project. Thank you for agreeing for us to visit you.

This questionnaire asks about you and your baby. We are interested to know about your baby's health and behaviour as well as how your baby is feeding. We also want to know about your health and your beliefs and practices.

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 (years) …….

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: 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 B4

2. How many times?

☐ Once ☐ Twice ☐ 3-4 ☐ 5 – 10

☐11 or more ☐ 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 C: Feeding your baby

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 4

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?**
   Interviewer: SMA, Cow & Gate, Formula Soya milk, Follow-on formula milk etc.

   ☐ Yes ☐ No ☐ Don't know

   If yes, how old was (child's name) when he/she was first given baby milk formula?

   ☐☐ Days
   ☐☐ Weeks
   ☐☐ Months

5a. Has (child's name) had non-sugary drinks, such as tap or mineral water, unsweetened herbal drink, unsweetened fruit juice, diet drinks low in sugar such as diet cola or diet squash, unsweetened tea?

☐ Yes ☐ No ☐ Don't know

If yes, how old was (child's name) when he/she was given non-sugary drinks?

☐☐ Days
☐☐ Weeks
☐☐ Months

5b.Has (child's name) had sweetened drinks such as cola, squash, lemonade, sweetened tea?

☐ Yes ☐ No ☐ Don't know

If yes, how old was (child's name) when he/she was given sweetened drinks?

☐☐ Days
☐☐ Weeks
☐☐ Months

6a. Has (child's name) been given savoury solids to eat e.g. baby rice, pre-prepared baby foods, pureed vegetables, fruit or rice, lentils/dhal?

☐ Yes ☐ No ☐ Don't know

If yes, how old was (child's name) when he/she was given savoury solids?

☐☐ Days
☐☐ Weeks
☐☐ Months

6b. Has (child's name) been sweet solids to eat e.g. egg custard, rice pudding, sweetened rusks, biscuits, cake?

☐ Yes ☐ No ☐ Don't know

If yes, how old was (child's name) when he/she was given sweet solids?

☐☐ Days
☐☐ Weeks
☐☐ Months

We are interested to know who is involved in feeding (child's name). Can you answer the questions using these statements please?

7a. When your child is at home, how often are you responsible for feeding him/her?

☐ Never ☐ Seldom ☐ Half of the time ☐ Most of the time
☐ Always ☐ Don't know ☐ Refused to answer ☐ N/A

7b. If you answered 'Never', 'Seldom' or 'Half of the time' for question 7a, who else is responsible for feeding your child?

☐ Father ☐ Maternal Grandmother ☐ Sister/brother
☐ Paternal Grandmother ☐ Other: Please specify ……

7c. When your child is at home, how often are you responsible for deciding what he/she is given to eat?

☐ Never ☐ Seldom ☐ Half of the time ☐ Most of the time
☐ Always ☐ Don't know ☐ Refused to answer ☐ N/A

7d. If you answered 'Never', 'Seldom' or 'Half of the time' for question 7c, who else is responsible for feeding your child?

☐ Father ☐ Maternal Grandmother ☐ Sister/brother
☐ Paternal Grandmother ☐ Other: Please specify ……

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

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

8a. Day (6am to 6pm) ……..

8b Night (6pm to 6am) ……..

Section D: 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

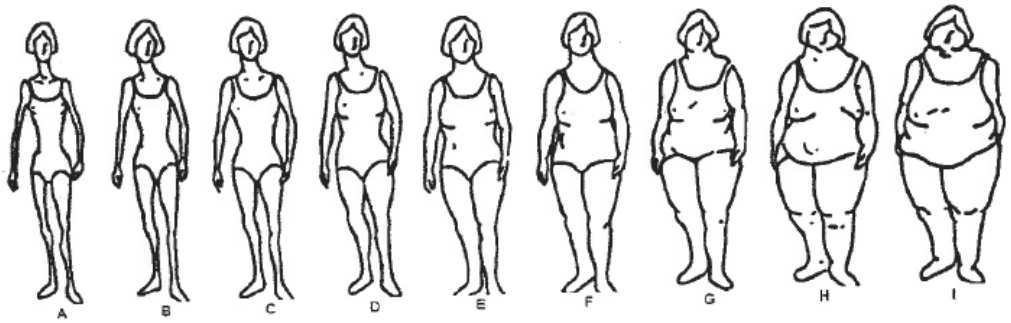
Disagree a lot	Disagree a little	Neither agree nor disagree	Agree a little	Agree a lot
☐	☐	☐	☐	☐

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
☐	☐	☐	☐	☐	☐	☐

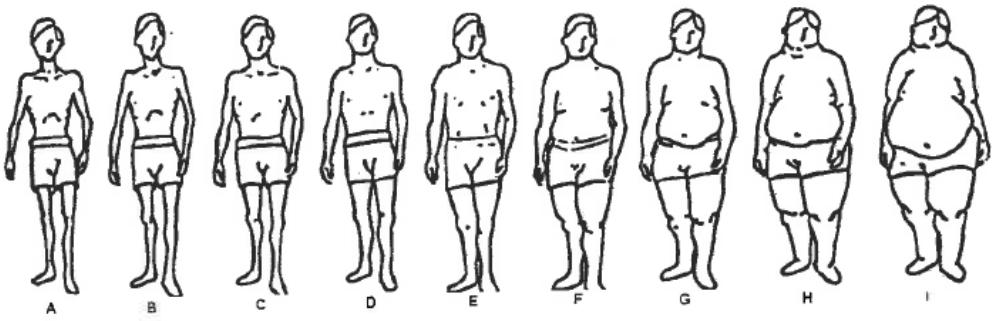
8. *Here are a number of pictures. We want you to select the picture that most looks like you and your husband/partner NOW.*

You



☐ Don't know

Your partner/husband



☐ Don't know

Section E: Who you live with

This section asks about who you and (child's name) live with. Can I just check, has your marital status 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

I would like to ask you about the people who usually live here, even if they are away at present. A household involves living at the same address and sharing cooking facilities and sharing a living room, dining room or kitchen. Please remember that all answers you give me will be completely confidential.

3. Including yourself, how many people live regularly as members of the household you live in?

Number of people …….

Please tell us who you live with and their age:

	Relationship		Age
1.	☐	Your husband/partner	……..
2.	☐	Your boy children	……..
3.	☐	Your girl children	……..
4.	☐	Your mother	……..
5.	☐	Your father	……..
6.	☐	Your husband/partner mother	……..
7.	☐	Your husband/partners father	……..
8.	☐	Your brother	……..
9.	☐	Your sister	……..
10.	☐	Your husband/partners brother	……..
11.	☐	Your husband/partners sister	……..
12.	☐	Your grandmother	……..
13.	☐	Your grandfather	……..
14.	☐	Your husband/partners grandmother	……..
15.	☐	Your husband/partners grandfather	……..
16.	☐	Other adult male relatives of yours (age 16+)	……..
17.	☐	Other adult female relatives of yours (age 16+)	……..
18.	☐	Adult male non-relatives (age 16+)	……..
19.	☐	Adult female non-relatives (age 16+)	……..
20.	☐	Other boy children	……..
21.	☐	Other girl children	……..

Section F: Employment status

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

1. 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: ……)

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

Interviewer: If answer to question F1 is 'In a job and currently working for an employer' or 'on maternity leave from an employer', go to question F3.

If mother does not work and is living with a husband/partner, go to question F7

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

About yourself

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

- ☐ Employee
- ☐ Self-employed with employees
- ☐ Self-employed/freelance without employees (go to question F6)
- ☐ Student/in training

4. 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

5. Do you supervise any other employees?

☐ Yes ☐ No

6. 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:

7. Has your husband/partner ever been employed?

☐ Yes ☐ No

If no, go to next section

8. 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

9. 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

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

☐ Yes ☐ No ☐ Don't know

11. 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 G: Childcare

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

1. **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 ☐ Refused to answer

2. **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?		Does the carer feed your child?		How many other children are present when your child is being looked after?
		Yes	No	Yes	No	
(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	……..	☐	☐	☐	☐	……..
(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 H: Lifestyle

We apologise if any questions in this section cause offence – we are asking everyone the same questions but we realise some religions do not permit certain things.

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

Interviewer: 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

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

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

If yes, how many hours per day ……

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

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

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: Physical activity

The next questions are about any physical activities you may have done in the last week.

1. **In the last week, how many times have your walked *continuously*, for at least 10 minutes, for recreation, exercise or to get to or from places?**

   Number of times: …….. ☐ Not applicable

   Interviewer: stress that this must be **continuous walking**, i.e. for at least 10 minute without stopping

2. **What do you estimate was the total time that you spent walking in this way in the last week?**

   Minutes ……. Hours ……

   Interviewer: If the respondent appears to behaving difficulty in totaling the time over the entire week, you could assist by prompting for a time each day and adding them yourself, e.g. 'Did you walk on Monday? For how long did you spend walking on Monday? And did you walk on Tuesday? For how long?

3. **In the last week, how many times did you do any vigorous gardening or heavy work *around the yard* which made you breathe harder or puff and pant e.g. heavy digging, landscaping?**

   Number of times: …….. ☐ Not applicable

   Interviewer: The types of activities which may be included in this section could include heavy digging, tree lopping, landscaping (e.g. pushing a wheelbarrow or moving large rocks) pushing a lawn mower and using a hand saw.

4. **What do you estimate was the total time that you spent doing vigorous gardening or heavy work *around the yard* in the last week?**

   Minutes ……. Hours ……

   Interviewer: As for the walking question, if the respondent is having trouble providing a total time, assist them by prompting for a time each day.

The next questions exclude household chores, gardening or yard work

5. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant e.g. jogging, cycling, aerobics, competitive tennis?

Number of times: …….. ☐ Not applicable

Interviewer: The types of activities which might be reported here, in addition to the above examples include football (off all types), hockey, squash, cross-country skiing, cross-country hiking (i.e. in rough terrain, netball, gymnastics, using a rowing machine, marital arts, high – impact and step aerobics).

6. What do you estimate was the total time that you spent doing this vigorous physical activity in the last week?

Minutes ……. Hours …….

7. In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned e.g. gentle swimming, social tennis, golf?

Number of times: …….. ☐ Not applicable

8. What do you estimate was the total time that you spent doing these activities in the last week?

Minutes ……. Hours …….

9. To what extent do you agree or disagree with the following statements about physical activity and health?

(a) Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
☐	☐	☐	☐	☐

(b) Half an hour of brisk walking on most days is enough to improve your health.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
☐	☐	☐	☐	☐

(c) To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, three times a week.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
☐	☐	☐	☐	☐

(d) Exercise doesn't have to be done all at one time—blocks of 10 minutes are okay.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
☐	☐	☐	☐	☐

(e) Moderate exercise that increases your heart rate slightly can improve your health.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
☐	☐	☐	☐	☐

Section J: 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
(a) Week day: before 6pm	☐	☐	☐	☐	☐	☐
(b) Week day: after 6pm	☐	☐	☐	☐	☐	☐
(c) Weekend: before 6pm	☐	☐	☐	☐	☐	☐
(d) Weekend: after 6pm	☐	☐	☐	☐	☐	☐

3. Over the last month, on average how many hours per day did (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
(a) Week day: before 6pm	☐	☐	☐	☐	☐	☐
(b) Week day: after 6pm	☐	☐	☐	☐	☐	☐
(c) Weekend: before 6pm	☐	☐	☐	☐	☐	☐
(d) Weekend: after 6pm	☐	☐	☐	☐	☐	☐

Section K: Eating Habits

These next set of questions ask about your eating habits. When we have finished asking these we have a few other sections which we would like you to complete yourself. The first one asks quite a bit more about what you eat on a weekly basis.

1. On average, how many portions of fruit do you eat a day?
e.g. a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits

Number of portions …….. ☐ Not applicable

2. On average, how many portions of vegetables do you eat a day?
e.g.3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli?

Number of portions …….. ☐ Not applicable

3. What milk do you usually 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, specify …….

4a. In the last seven days, on how many days did you eat breakfast at home?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

4b. In the last seven days, on how many days did you eat meals that you or your partner cooked from fresh ingredients?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

4c. In the last seven days, on how many days did you have hot take-away food to eat at home?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

4d. In the last seven days, on how many days did you have a meal away from home e.g. restaurant, relatives house?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

5. What type of milk do you usually drink in your house? Tick one box only.

☐ Whole/full-fat milk ☐ Semi-skimmed milk ☐ Skimmed milk
☐ None ☐ Don't know

6. What type of bread do you usually eat in your house? Tick one box only.

☐ White ☐ High fibre ☐ Wholemeal/granary ☐ None ☐ Don't know

7. What sort of spread do you usually eat in your in your house? Tick one box only.

☐ Butter ☐ Margarine ☐ Low-fat spread ☐ None ☐ Don't know

8a. Compared to other people your age, how would you rate your eating pace?

☐ Slow ☐ Average ☐ Fast

8b. Compared to other people your age, how would you rate your partner's eating pace?

☐ Slow ☐ Average ☐ Fast ☐ Not applicable

9a. How long does it normally take you to eat your evening meal?

☐ 5-10 minutes ☐ 11-20 minutes ☐ 21-30 minutes ☐ More than 30 minutes

9b. How long does it normally take your partner to eat their evening meal?

☐ 5-10 minutes ☐ 11-20 minutes ☐ 21-30 minutes ☐ More than 30 minutes
☐ Not applicable

10a. How often do you regularly have a second helping?

☐ Never ☐ Almost never ☐ Sometimes ☐ Frequently ☐ Always

10b. How often does your partner regularly have a second helping?

☐ Never ☐ Almost never ☐ Sometimes ☐ Frequently ☐ Always
☐ Not applicable

11. Do you usually eat until you are full?

☐ Yes ☐ No

Section L: Parent's diet – Short Form Food Frequency Questionnaire

The following questions ask about some foods & drinks you might have during a 'typical' week, over the past month or so. Do not be concerned if some things you eat or drink are not mentioned. ***Please cross how often you eat 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).*

Please only put one cross, but answer every line.

	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
1. Fruit (tinned/fresh)	☐	☐	☐	☐	☐	☐	☐	☐
2. Salad (not garnishes)	☐	☐	☐	☐	☐	☐	☐	☐
3. Vegetables (tinned/frozen/fresh but not potatoes)	☐	☐	☐	☐	☐	☐	☐	☐
4. Boiled, mashed or jacket potatoes	☐	☐	☐	☐	☐	☐	☐	☐
5. Fried or roasted potatoes	☐	☐	☐	☐	☐	☐	☐	☐
6. Oven-cooked chips	☐	☐	☐	☐	☐	☐	☐	☐
7. Fried chips	☐	☐	☐	☐	☐	☐	☐	☐
8. Fried rice/biriyani	☐	☐	☐	☐	☐	☐	☐	☐
9. Chapattis/parathas/puris/naan with butter	☐	☐	☐	☐	☐	☐	☐	☐
10. Boiled rice	☐	☐	☐	☐	☐	☐	☐	☐
11. Chapattis/parathas/puris/naan without butter	☐	☐	☐	☐	☐	☐	☐	☐
Snacks								
12. Biscuits (chocolate, plain, savoury)	☐	☐	☐	☐	☐	☐	☐	☐
13. Cakes, pastries	☐	☐	☐	☐	☐	☐	☐	☐
14. Crisps/other savoury snacks e.g. Doritos	☐	☐	☐	☐	☐	☐	☐	☐
15. Chevda, Bombay mix etc	☐	☐	☐	☐	☐	☐	☐	☐
16. Indian sweets e.g. burfi, jelabi, gulab jaman	☐	☐	☐	☐	☐	☐	☐	☐
17. Samosas, pakoras, spring rolls	☐	☐	☐	☐	☐	☐	☐	☐

	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
18. Sausage rolls, pork pies, pasties	☐	☐	☐	☐	☐	☐	☐	☐
19. Other snacks	☐	☐	☐	☐	☐	☐	☐	☐
Specify……..								
Drinks								
20. Natural fruit juice e.g. orange, pineapple	☐	☐	☐	☐	☐	☐	☐	☐
21. Mango juice	☐	☐	☐	☐	☐	☐	☐	☐
22. Fruit drinks, squash – sugar-free	☐	☐	☐	☐	☐	☐	☐	☐
23. Fruit drinks, squash – containing sugar	☐	☐	☐	☐	☐	☐	☐	☐
24. Coke/Pepsi/Fanta	☐	☐	☐	☐	☐	☐	☐	☐
25. Diet Coke/Pepsi/Fanta	☐	☐	☐	☐	☐	☐	☐	☐
Supermarket ready meals/Take-away/Chip shop								
26. Meat pies, pasties, vegetarian pies	☐	☐	☐	☐	☐	☐	☐	☐
27. Pizza, quiche, flan	☐	☐	☐	☐	☐	☐	☐	☐
28. Chip-shop meal e.g. fish, chips	☐	☐	☐	☐	☐	☐	☐	☐
29. Beef burgers, veggie burgers	☐	☐	☐	☐	☐	☐	☐	☐
30. Fried chicken take-away	☐	☐	☐	☐	☐	☐	☐	☐
31. Indian take-away	☐	☐	☐	☐	☐	☐	☐	☐
32. Donner kebab	☐	☐	☐	☐	☐	☐	☐	☐
33. Chinese take-away	☐	☐	☐	☐	☐	☐	☐	☐
34. Other ready meal/take-away meal	☐	☐	☐	☐	☐	☐	☐	☐
Specify……..								

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	Not applicable
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	Not applicable
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 N: General Health Questionnaire (28 item)

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions. Thank you very much for your co-operation.

Have you recently:

1	Been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
2	Been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
3	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
4	Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
5	Been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
6	Been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
7	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
8	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
9	Had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
10	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
11	Been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
12	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
13	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
14	Been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

15	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
16	Been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
17	Felt on the whole you were doing things well?	Better than usual	About the same as usual	Less well than usual	Much less well
18	Been satisfied with the way you've carried out your task?	More satisfied than usual	About the same as usual	Less satisfied than usual	Much less satisfied than usual
19	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less than usual
20	Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
21	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
22	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
23	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
24	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
25	Thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
26	Found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
27	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
28	Found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have

Section O: Infant characteristics questionnaire

On the following questions, please CROSS the box of the number that is most typical of your baby. "About average" means how you think the typical baby would be scored.

1. How easy or difficult is it for you to calm or soothe your baby when he/she is upset?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

2. How easy or difficult is it for you to predict when your baby will go to sleep and wake up?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

3. How easy or difficult is it for you to predict when your baby will become hungry?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

4. How easy or difficult is it for you to know what's bothering your baby when he/she cries or fusses?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

5. How many times per day, on the average, does your baby get fussy and irritable—for either short or long periods of time?

1	2	3	4	5	6	7
Never	1-2 times per day	3-4 times per day	5-6 times per day	7-9 times per day	10-14 times per day	More than 15

6. How much does your baby cry and fuss in general?

1	2	3	4	5	6	7
Very little, much less than the average baby			Average amount about as much as the average baby			A lot, much more than the average baby

7. How did your baby respond to his/her first bath?

1	2	3	4	5	6	7
Very well baby loved it			Neither liked nor disliked it			Terribly – didn't like it

8. How did your baby respond to his/her first solid food?

1	2	3	4	5	6	7
Very favourable liked it immediately			Neither liked nor disliked it			Very negatively – did not like it at all

9. How does your baby typically respond to a new person?

1	2	3	4	5	6	7
Almost always responds favourably			Responds favourably about half the time			Negatively at first

10. How does your baby typically respond to being in a new place?

1	2	3	4	5	6	7
Almost always responds favourably			Responds favourably about half of the time			Almost always responds negatively at first

11. How well does your baby adapt to things (such as in items 7-10) eventually?

1	2	3	4	5	6	7
Very well always likes it eventually			Ends up liking it about half the time			Almost always dislikes it in the end

12. How easily does your baby get upset?

1	2	3	4	5	6	7
Very hard to upset even by things that upset most babies			About average			Very easily upset by things that wouldn't bother other babies

13. When your baby gets upset (e.g., before feeding, during nappy changing, etc.), how vigorously or loudly does he/she cry and fuss?

1	2	3	4	5	6	7
Very mild intensity or loudness			Moderate intensity or loudness			Very loud or intense,

14. How does your baby react when you are dressing him/her?

1	2	3	4	5	6	7
Very well likes it			About average – doesn't mind it			Doesn't like it at all

15. How active is your baby in general?

1	2	3	4	5	6	7
Very calm and quiet			Average			Very active and vigorous

16. How much does your baby smile and make happy sounds?

1	2	3	4	5	6	7
A great deal much more than most infants			An average amount			Very little, much less than most infants

17. What kind of mood is your baby generally in?

1	2	3	4	5	6	7
Very happy and cheerful			Neither serious nor cheerful			Serious

18. How much does your baby enjoy playing little games with you?

1	2	3	4	5	6	7
A great deal, really loves it			About average			Very little, doesn't like it very much

19. How much does your baby want to be held?

1	2	3	4	5	6	7
Wants to be free most of the time			Sometimes wants to be held sometimes not			A great deal -wants to be held almost all the time

20. How does your baby respond to disruptions and changes in everyday routine, such as when you go to visit friends or go on outings etc.?

1	2	3	4	5	6	7
Very favourably, doesn't get upset			About average			Very unfavourably, gets quite upset

21. How easy is it for you to predict when your baby will need a nappy change?

1	2	3	4	5	6	7
Very easy			About average			Very difficult

22. How changeable is your baby's mood?

1	2	3	4	5	6	7
Changes seldom and changes slowly when h/she does change			About average			Changes often and rapidly

23. How excited does your baby become when people play with or talk to him/her?

1	2	3	4	5	6	7
Very excited			About average			Not at all

24. Please rate the overall degree of difficulty your baby would present for the average mother.

1	2	3	4	5	6	7
Super easy			Ordinary, some problems			Highly difficult to deal with

Section P: 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 this 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.	☐	☐	☐	☐	☐

Thank you very much for completing the questionnaire.