

# BiB Growing Up CHILDREN'S QUESTIONNAIRE

----- TO BE FILLED OUT BY RESEARCHER -----

1a. Participant study ID \_\_\_\_\_

1b. Interviewer code \_\_\_\_\_

1c. Date completing the questionnaire //

1d. Was the questionnaire completed during term time?

Yes

No

1e. What day was the questionnaire completed?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

1f. Where was this questionnaire completed?

Participant's home

Bus

Other (please write in) \_\_\_\_\_

1g. Start time of questionnaire: \_\_\_\_\_

1h. Finish time of questionnaire: \_\_\_\_\_

## SECTION 2 PHYSICAL ACTIVITY/SEDENTARY BEHAVIOUR

2a. On school days how often do you:

|   | Never/<br>rarely         | Some days<br>(1-3 days a<br>week) | Most or all<br>days      |
|---|--------------------------|-----------------------------------|--------------------------|
| Go to sports clubs/lessons after school   | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |
| If yes, what is the club or lesson? _____   |                          |                                   |                          |
| Play out in the garden, yard, or streets around your home   | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |
| Go to the park  | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |
| Go to indoor play areas   | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |
| Walk or run outdoors for exercise (including walking the dog)   | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |
| Watch TV/films  | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |
| Use a computer (including laptop/tablet) for games, the internet and homework, social media, you tube | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |
| Use a mobile phone for messaging, internet, social media, games, you tube                             | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> |

2b. For how long on a school day do you:

|   | Less than<br>an hour     | 1-2<br>hours             | 2-3<br>hours             | 3 or more<br>hours       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Watch TV/films  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a computer (including laptop/tablet) for games, the internet and homework, social media, you tube | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a mobile phone for messaging, internet, social media, games, you tube                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2c. At the weekend, how often do you do these things:

|   | Never/<br>rarely         | Some<br>weekends         | Most or all<br>weekends  |
|---|--------------------------|--------------------------|--------------------------|
| Go to sports clubs/lessons  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what is the club or lesson? _____   |                          |                          |                          |
| Play out in the garden, yard, or streets around your home   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to the park  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go to indoor play areas   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk or run outdoors for exercise (including walking the dog)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watch TV/films  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a computer (including laptop/tablet) for games, the internet and homework, social media, you tube | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a mobile phone for messaging, internet, social media, games, you tube                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2d. For how long on a weekend do you:

|   | Less than<br>an hour     | 1-2<br>hours             | 2-3<br>hours             | 3 or more<br>hours       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Watch TV/films  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a computer (including laptop/tablet) for games, the internet and homework, social media, you tube | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a mobile phone for messaging, internet, social media, games, you tube                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2e. Physical activity in your spare time:**

Have you done any of the following activities in the past 7 days (last week)? If yes, how many times?

|                      | No                       | 1-2                      | 3-4                      | 5-6                      | 7 or more                |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Skipping             | <input type="checkbox"/> |
| Rowing/Canoeing      | <input type="checkbox"/> |
| Walking for exercise | <input type="checkbox"/> |
| Cycling              | <input type="checkbox"/> |
| Jogging or running   | <input type="checkbox"/> |
| Aerobics             | <input type="checkbox"/> |
| Swimming             | <input type="checkbox"/> |
| Football             | <input type="checkbox"/> |
| Baseball/softball    | <input type="checkbox"/> |
| Dance                | <input type="checkbox"/> |
| Badminton            | <input type="checkbox"/> |
| Skateboarding        | <input type="checkbox"/> |
| Volleyball           | <input type="checkbox"/> |
| Floor hockey         | <input type="checkbox"/> |
| Basketball           | <input type="checkbox"/> |
| Ice Skating          | <input type="checkbox"/> |
| Ice hockey           | <input type="checkbox"/> |
| Trampolining         | <input type="checkbox"/> |
| Boxing               | <input type="checkbox"/> |
| Gym activities       | <input type="checkbox"/> |
| Netball              | <input type="checkbox"/> |
| Rounders             | <input type="checkbox"/> |
| Rugby                | <input type="checkbox"/> |
| Tennis               | <input type="checkbox"/> |
| Cricket              | <input type="checkbox"/> |
| Other (1) _____      | <input type="checkbox"/> |
| Other (2) _____      | <input type="checkbox"/> |

**2f. In the last 7 days, on how many days before school, did you do sports, dance, or play games in which you were very active? (tick one box only)**

***If in school holidays: When you are at school, on how many days before school, do you do sports, dance, or play games in which you were very active? (tick one only)***

- None
- 1 time last week
- 2 or 3 times last week
- 4 times a week last week
- 5 times last week

**2g. In the last 7 days, on how many mornings did you actively travel (for example, walking, cycling, scootering and skateboarding) to school? (tick one only)**

***If in school holidays: When you are at school, on how many mornings do you actively travel (for example, walking, cycling, scootering and skateboarding) to school? (tick one only)***

- None
- 1 time last week
- 2 or 3 times last week
- 4 times a week last week
- 5 times last week

**2h. In the last 7 days, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing)? (Tick one only)**

***If in school holidays: When you are at school, during your physical education (PE) classes, how often are you very active (playing hard, running, jumping, throwing)? (tick one only)***

- I don't do PE
- Hardly ever
- Sometimes
- Quite often
- Always

**2i. In the last 7 days, what did you do most of the time *at break time*? (Tick one only)**

***If in school holidays: When you are at school, what do you do most of the time at break time? (Tick one only)***

- Sat down (talking, reading, doing schoolwork)
- Stood around or walked around
- Ran or played a little bit
- Ran around and played quite a bit
- Ran and played hard most of the time

**2j. In the last 7 days, what did you normally do at *lunch* (besides eating)? (Tick one only)**

***If in school holidays: when you are at school what do you normally do at lunch (besides eating)? (Tick one only)***

- Sat down (talking, reading, doing, schoolwork)
- Stood around or walked around
- Ran or played a little bit
- Ran around or played quite a bit
- Ran and played hard most of the time

**2k. In the last 7 days, on how many afternoons did you actively travel (for example, walking, cycling, scootering and skateboarding) from school? (tick one only)**

***If in school holidays: When you are at school, on how many afternoons do you actively travel (for example, walking, cycling, scootering and skateboarding) from school? (tick one only)***

- None
- 1 time last week
- 2 or 3 times last week
- 4 times a week last week
- 5 times last week

**2l. In the last 7 days, on how many days *right after school* (from your last lesson until tea-time), did you do sports, dance or play games in which you were very active? (Tick one only)**

***If in school holidays: When you are at school, on how many days right after school (from your last lesson until tea time) do you do sports, dance, or play games in which you were very active? (Tick one only)***

- None
- 1 time last week
- 2 or 3 times last week
- 4 times a week last week
- 5 times last week

**2m. In the last 7 days, on how many *evenings* (from tea-time until you go to bed) did you do sports, dance, or play games in which you were very active? (Tick one only)**

***If in school holidays: When you are at school, on how many evenings (from tea time until you go to bed), do you do sports, dance, or play games in which you were very active? (Tick one only)***

- None
- 1 time last week
- 2 or 3 times last week
- 4 times a week last week
- 5 times last week

**2n. *On the last weekend* (Saturday and Sunday), how many times did you do sports, dance, or play games in which you were very active? (Tick one only)**

- None
- 1 time
- 2 - 3 times
- 4 - 5 times
- 6 times or more

**2o. Which *one* of the following describes you best for the last 7 days? Listen to *all five* statements before deciding on the *one* answer that describes you.**

- All or most of my free time was spent doing things that involve little physical effort
- I sometimes (1 - 2 times last week) did physical things in my free time (e.g. played sports, went running, swimming, bike riding, did aerobics)
- I often (3 – 4 times last week) did physical things in my free time
- I quite often (5 - 6 times last week) did physical things in my free time
- I very often (7 or more times last week) did physical things in my free time

**2p. Tick how often you did physical activity (like playing sports, games, doing dance, or any other physical activity) for each day last week.**

|                  | None                     | Little bit               | Medium                   | Often                    | Very often               |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Monday</b>    | <input type="checkbox"/> |
| <b>Tuesday</b>   | <input type="checkbox"/> |
| <b>Wednesday</b> | <input type="checkbox"/> |
| <b>Thursday</b>  | <input type="checkbox"/> |
| <b>Friday</b>    | <input type="checkbox"/> |
| <b>Saturday</b>  | <input type="checkbox"/> |
| <b>Sunday</b>    | <input type="checkbox"/> |

**2q. Were you sick last week, or did anything stop you from doing your normal physical activities? (Tick one)**

- Yes
- No

**IF YES:**

**2r. What stopped you?**

(please write in) \_\_\_\_\_

**2s. During a typical week how often have your friends:**

|  | Never                    | Once                     | Sometimes                | Almost everyday          | Everyday                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Encouraged you to do physical activities or sports?                | <input type="checkbox"/> |
| Done physical activities or sports with you?                       | <input type="checkbox"/> |
| Told you that you are doing well at physical activities or sports? | <input type="checkbox"/> |

**2t. During a typical week how often have your parents:**

|   | Never                    | Once                     | Sometimes                | Almost everyday          | Everyday                 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Done a physical activity or sport with you?                                   | <input type="checkbox"/> |
| Provided transport to a place where you can do physical activities or sports? | <input type="checkbox"/> |
| Watched you do physical activities or sports?                                 | <input type="checkbox"/> |
| Told you that you are doing well in physical activities or sports?            | <input type="checkbox"/> |

**2u. During a typical week how often has a teacher at school:**

|  | Never                    | Once                     | Sometimes                | Almost everyday          | Everyday                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Done a physical activity or played sports with you?                                | <input type="checkbox"/> |
| Provided transport to a place where you can do physical activities or play sports? | <input type="checkbox"/> |
| Encouraged you to do physical activities or play sports?                           | <input type="checkbox"/> |
| Told you that you are doing well in physical activities?                           | <input type="checkbox"/> |

**2v. How good are you at these things?**

|                                   | I can't do it            | I am not very good at it | I am okay at it          | I am good at it          | I am excellent at it     |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Catching                          | <input type="checkbox"/> |
| Throwing                          | <input type="checkbox"/> |
| Kicking                           | <input type="checkbox"/> |
| Running                           | <input type="checkbox"/> |
| Jumping                           | <input type="checkbox"/> |
| Riding a bike                     | <input type="checkbox"/> |
| Swimming                          | <input type="checkbox"/> |
| Balancing on one leg              | <input type="checkbox"/> |
| Striking a ball with a racket/bat | <input type="checkbox"/> |

**2w. Do you like doing these things?**

|  | I hate it                | I dislike it             | I don't like or dislike it | I like it                | I love it                |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Team sports (football, netball, cricket)       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Racket sports (tennis, badminton)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual sports (running, cycling, swimming) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Dance/gymnastics                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Martial Arts/self defence                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing active games during school break-times | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| PE lessons at school                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing active computer games (like wii fit)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing active games at home                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Playing at the park                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION 3 DIET

These next questions are about what you ate and drank yesterday.

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**ANSWER THESE QUESTIONS IF YESTERDAY WAS A SCHOOL DAY.  
IF YESTERDAY WAS NOT A SCHOOL DAY, GO TO Q3AG PAGE 16**

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**3a. Yesterday morning did you have something to eat for breakfast?**

- Yes
- No
- Can't remember

**IF YES:**

**3b. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3c. Yesterday morning did you have something to drink for breakfast?**

- Yes
- No
- Can't remember

**IF YES:**

**3d. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**3e. Did you eat anything on the way to school?**

- Yes
- No
- Can't remember

**IF YES:**

**3f. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3g. Did you drink anything on the way to school?**

Yes

No

Can't remember

**IF YES:**

**3h. What did you drink?**

(please write in) \_\_\_\_\_

Can't remember

**3i. Did you have anything to eat at morning break?**

Yes

No

Can't remember

**IF YES:**

**3j. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3k. Did you have anything to drink at morning break?**

Yes

No

Can't remember

**IF YES:**

**3l. What did you drink?**

(please write in) \_\_\_\_\_

Can't remember

**3m. Did you have anything to eat for lunch yesterday?**

- Yes
- No
- Can't remember

**IF YES:**

**3n. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3o. Did you have anything to drink for lunch yesterday?**

- Yes
- No
- Can't remember

**IF YES:**

**3p. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**3q. Did you eat anything when you were travelling home from school?**

- Yes
- No
- Can't remember

**IF YES:**

**3r. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3s. Did you drink anything when you were travelling home from school?**

- Yes
- No
- Can't remember

**IF YES:**

**3t. What did you drink?**

(please write in) \_\_\_\_\_

Can't remember

**3u. Did you have anything to eat between the end of school (apart from the journey home) and your evening meal?**

Yes

No

Can't remember

**IF YES:**

**3v. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3w. Did you have anything to drink between the end of school (apart from the journey home) and your evening meal?**

Yes

No

Can't remember

**IF YES:**

**2x. What did you drink?**

(please write in) \_\_\_\_\_

Can't remember

**3y. Did you have anything to eat for your evening meal yesterday?**

Yes

No

Can't remember

**IF YES:**

**3z. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3aa. Did you have anything to drink for your evening meal yesterday?**

- Yes
- No
- Can't remember

**IF YES:**

**3ab. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**3ac. Did you have anything else to eat between your evening meal and before you went to bed?**

- Yes
- No
- Can't remember

**IF YES:**

**3ad. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3ae. Did you have anything else to drink between your evening meal and before you went to bed?**

- Yes
- No
- Can't remember

**IF YES:**

**3af. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

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**PLEASE GO TO Q3BO PAGE 21**

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**ANSWER THESE QUESTIONS IF YESTERDAY WAS NOT A SCHOOL DAY:**

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**3ag. Yesterday morning did you have something to eat for breakfast?**

- Yes
- No
- Can't remember

**IF YES:**

**3ah. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3ai. Yesterday morning did you have something to drink for breakfast?**

- Yes
- No
- Can't remember

**IF YES:**

**3aj. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**3ak. Did you go anywhere yesterday morning?**

- Yes
- No
- Can't remember

**IF YES:**

**3al. Did you eat anything when you were travelling there/back?**

- Yes
- No
- Can't remember

**IF YES:**

**3am. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3an. Did you drink anything when you were travelling there/back?**

- Yes
- No
- Can't remember

**IF YES:**

**3ao. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**3ap. Did you have anything else to eat in the morning before lunch?**

- Yes
- No
- Can't remember

**IF YES:**

**3aq. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3ar. Did you have anything else to drink in the morning before lunch?**

- Yes
- No
- Can't remember

**IF YES:**

**3as. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**3at. Did you have anything to eat for lunch yesterday?**

- Yes
- No
- Can't remember

**IF YES:**

**3au. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3av. Did you have anything to drink for lunch yesterday?**

Yes

No

Can't remember

**IF YES:**

**3aw. What did you drink?**

(please write in) \_\_\_\_\_

Can't remember

**3ax. Did you go anywhere yesterday afternoon?**

Yes

No

Can't remember

**IF YES:**

**3ay. Did you eat anything when you were travelling there/back?**

Yes

No

Can't remember

**IF YES:**

**3az. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3ba. Did you drink anything when you were travelling there/back?**

Yes

No

Can't remember

**IF YES:**

**3bb. What did you drink?**

(please write in) \_\_\_\_\_

Can't remember

**3bc. Did you have anything to eat in the afternoon (apart from on a journey) before your evening meal?**

Yes

No

Can't remember

**IF YES:**

**3bd. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3be. Did you have anything to drink in the afternoon (apart from on a journey) before your evening meal?**

Yes

No

Can't remember

**IF YES:**

**3bf. What did you drink?**

(please write in) \_\_\_\_\_

Can't remember

**3bg. Did you have anything to eat for your evening meal yesterday?**

Yes

No

Can't remember

**IF YES:**

**3bh. What did you eat?**

(please write in) \_\_\_\_\_

Can't remember

**3bi. Did you have anything to drink for your evening meal yesterday?**

- Yes
- No
- Can't remember

**IF YES:**

**3bj. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**3bk. Did you have anything else to eat between your evening meal and before you went to bed?**

- Yes
- No
- Can't remember

**IF YES:**

**3bl. What did you eat?**

- (please write in) \_\_\_\_\_
- Can't remember

**3bm. Did you have anything else to drink between your evening meal and before you went to bed?**

- Yes
- No
- Can't remember

**IF YES:**

**3bn. What did you drink?**

- (please write in) \_\_\_\_\_
- Can't remember

**ALL CHILDREN TO ANSWER:**

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**3bo. At lunchtime at school what do you usually have:**

- School meal
- Packed lunch
- Sometimes a school meal and sometimes a packed lunch
- Can't remember

**3bp. How often do you have a meal from a takeaway?**

- More than once a week
- Once a week
- Less than once a week
- Occasionally
- Never

## SECTION 4 ACCULTURATION

### 4a. What languages do you speak at home?

|                               | Yes                      | No                       |
|-------------------------------|--------------------------|--------------------------|
| English                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Urdu                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Punjabi                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Mirpuri                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Gujarati                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Bengali                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Hinko                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Polish                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Pushto                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please write in) _____ |                          |                          |

**4b. How much do you like doing these things...?**

|   | I hate it                | I dislike it             | I don't like or dislike it | I like it                | I love it                | Don't know               | I don't ever do this     |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speaking in English   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking in (language stated above) Urdu/Punjabi/ Mirpuri/Gujarati/Bengali/Hinko/ Polish/Pushto | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening to Asian/Indian/Bollywood music   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening to religious songs/music  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening to music in English   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watching Asian/Indian television programmes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watching religious television programmes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Watching television programmes in English   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading in Arabic/Urdu/Punjabi/Gujarati/Bengali/Hinko/Polish                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading in English  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wearing traditional Asian clothes ( e.g. Salawar kameez/kurta)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wearing Western clothes (e.g Trousers. T-Shirts, Jeans and Jumpers                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4c.**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Does your family eat traditional Asian food (e.g. desi foods such as chappatis, curry, haandi/roti ) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your family eat traditional Western food (e.g. Fish and chips, pies and pasta)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you and your family celebrate Eid?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you and your family celebrate Christmas?  | <input type="checkbox"/> | <input type="checkbox"/> |

4d.

|  | None of my<br>friends    | A few of my<br>friends   | Most of my<br>friends    | All of my<br>friends     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| How many of your friends celebrate<br>Eid with their families?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How many of your friends celebrate<br>Christmas with their families? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**END OF QUESTIONNAIRE**

## SECTION 5    QUALITY CONTROL

Please let us know if there were any problems completing this questionnaire that might make the responses less reliable.

*Check any that apply.*

Interpretation of questions:

Reasons for unanswered questions:

Issues with other people present:

Issues with translation of questions:

Other issues (e.g. Ramadan):