



## BiB 1000 12 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 (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: 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

**3. Have there been any changes to who lives in your home since our last visit?**

- Yes       No       Don't know

**Interviewer:** If Yes or don't know, go to question B4  
If no go to section C

*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.*

**4. 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:

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

## **Section C: Employment status**

**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 C2

If no go to question C8

**2. 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?**

- 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 C2 is 'In a job and currently working for an employer' or 'on maternity leave from an employer', go to question C4.

If mother does not work and is living with a husband/partner, go to question C8

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

**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

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

- Yes             No             Don't know

If Yes or don't know, go to question C9

If no go to section D

**8. Has your husband/partner ever been employed?**

- Yes             No, never been in employment

**9. 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

**10. 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

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

- Yes             No

**12. 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 D: 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 regular childcare arrangements since our last visit?**

- Yes       No       Don't know

If Yes or don't know, go to question D2. If no go to section E



**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 reason? By regular we mean an arrangement that normally runs for at least five hours a week and has lasted for at least one month.**

Yes       No

Please tell us about your *current* arrangements:

	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?
		<u>Yes</u>	<u>No</u>	<i>Tick if yes</i>	
(a) Husband/wife/partner	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(b) Child's non-resident parent	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(c) Your mother	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(d) Your father	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(e) Your partner's mother	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(f) Your partner's father	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(g) Child's non-resident father's/mother's mother	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(h) Child's non-resident father's/mother's father	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(i) Other relative	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(j) Friends/neighbours	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(k) Live-in nanny/au pair	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(l) Other nanny/au pair	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(m) Registered childminder	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(n) Unregistered childminder	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(o) Workplace/college nursery/crèche	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(p) Local authority day nursery/crèche	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(q) Private day nursery/crèche	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
(r) Other, specify	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

.....

## **Section E: 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 E4

**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. Has (child's name) been given something else to drink apart from breast or formula milk to drink, 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 he/she when first given something else to drink?

Days

Weeks

Months

6. Has (child's name) been given sweetened drinks such as cola, squash, lemonade, sweetened tea?

Yes                       No                       Don't know

If yes, how old was he/she when first given a sweetened drink?

Days

Weeks

Months

7. 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 he/she when first given savoury food?

Days

Weeks

Months

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

- Yes                       No                       Don't know

**If yes, how old was he/she when first given a sweet food?**

- Days  
  Weeks  
  Months

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

**9. 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

**10. If you answered 'Never', 'Seldom' or 'Half of the time' for question 9, who else is responsible for feeding your child?**

- Father                       Sister/brother                       Maternal Grandmother  
 Paternal Grandmother                       Other: Please specify .....

**11. 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

**12. If you answered 'Never', 'Seldom' or 'Half of the time' for question 11, who else is responsible for feeding your child?**

- Father                       Sister/brother                       Maternal Grandmother  
 Paternal Grandmother                       Other: Please specify .....

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

**13. On average, how many hours does your child sleep in 24 hours, including any naps in a baby chair/buggy etc?**

13a. Day (6am to 6pm) .....

13b. Night (6pm to 6am) .....

**Section F: Food frequency questionnaire**

*I am now going to ask you about the breast milk your baby has had in the past 4 weeks.*

**1. Not including expressed breast milk, can you tell me how many days out of the past 4 weeks (28 days) was (child's name) breast fed?**

Number of days .....

**Interviewer:** If answers 0 (zero) days go to question F4.  
If answers one or more, please complete questions F2, F3 and F4.

**2. On average, how many feeds per day did (child's name) receive on these days?**

Number of feeds .....

**3. How long on average was (child's name) actively sucking per day on these days?**

Hours ..... Minutes .....

**4. In the past 4 weeks did (child's name) have any expressed milk?**

Yes             No

**Interviewer:** If answers Yes complete questions F5, F6 and F7

**5. How many days out of the past 4 weeks (28days) did (child's name) have expressed milk?**

Number of days .....

**6. On average, how many times per day did (child's name) have expressed milk on these days?**

Number of times per day .....

**7. What was the average amount of milk per day on these days?**

Quantity (ml) .....

**Interviewer:** 1 oz = 30 mls



**13** \*Did your child eat any jars, tins or pots of baby foods in the past 4 weeks?

Yes                       No

If answers No go to question F20

		Did your baby eat the following foods?		Brand	Frequency								Times per day	Average no. of jars on each occasion	
					Never	1-3 per month	Number of days per week								
		Yes	No				1	2	3	4	5	6			7
<b>14</b>	Breakfast meals such as porridge														
<b>15</b>	Meat or fish-based meals														
<b>16</b>	Vegetable, pasta or rice-based savoury meals														
<b>17</b>	Milk or cereal-based desserts														
<b>18</b>	Fruit-based desserts, not including pure fruit puree														
<b>19</b>	Pure fruit puree														



		Frequency								Times per day	Average amount per serving	
		Never	1-3 per month	Number of days per week								
				1	2	3	4	5	6			7
<b>Bread and crackers</b>												
20	White bread										No. of slices	
21	Brown and wholemeal bread										No. of slices	
22	Crackers, cheese biscuits and breadsticks										No. of crackers	
23	Chapattis made with white flour										No. of pieces	
24	Chapattis made with wholemeal flour										No. of pieces	
<b>Breakfast cereal</b>												
25	Breakfast cereals and porridge*										No. of dsp dried 1 Weetabix = 6	
26	What are the main types of cereal used?	Type									Brand	
		Type									Brand	
		Type									Brand	
<b>Potatoes, rice and pasta</b>												
27	Boiled and baked potatoes										No. of egg size potatoes = 1 1 av. scoop (1/4 cup) = 1	
28	Chips, potato shapes and roast potatoes										McDonald's = 2 1 waffle or 2 croq. = 1	
29	Boiled rice										No. of dsp cooked	
30	Fried rice, pilau, biryani										No. of dsp cooked	
31	Pasta										No. of dsp cooked	
<b>Meat and fish</b>												
32	Chicken or turkey in batter or breadcrumbs										1 nugget = 0.5; 1 stick = 1 1 burger = 3	
33	Beef burgers, including Halal beef burgers										1 burger = 4	
34	Bacon and gammon										1 rasher back/streaky = 1 1 whole rasher = 2	
35	Sausages, including Halal sausages										1 thin chipolata = 1	

		Frequency									Times per day	Average amount per serving
		Never	1-3 per month	Number of days per week								
				1	2	3	4	5	6	7		
												1 large = 2
36	Meat casseroles, stews and curries											No of dessert spoons (not incl. potato topping)
37	Roast, grilled or fried meat, including kebabs											Chicken breast = 4 Average slice = 1
38	Liver, kidney and faggots											Faggot = 4 See drawing
39	Meat pies and sausage rolls											Individual meat pie = 4 See drawing
40	Ham and processed cold meats											Average slice = 1 See drawing
41	Fish in batter or breadcrumbs											Fish finger = 1 Triangle shape = 3 Chip shop fish = 5
42	Other white fish											See drawing 6 dsp = 1
43	Oily fish, e.g. tuna, salmon, mackerel											No. of dessert spoons Std can tuna = 17
<b>Vegetables</b>												
44	Tinned peas, carrots, sweet corn and mixed vegetables											No. of dessert spoons
45	Carrots											No. of dessert spoons
46	Peas and green beans											No. of dessert spoons
47	Sweetcorn (fresh)											No. of dessert spoons
48	Broccoli, cabbage, spring greens and brussel sprouts											No. of dessert spoons
49	Cauliflower											No of dessert spoons
50	Tomatoes											1 dsp tinned = 0.5 Medium tomato = 5
51	Green salad											1 leaf lettuce = 1 3 slices cucumber = 1

		Frequency									Times per day	Average amount per serving
		Never	1-3 per month	Number of days per week								
				1	2	3	4	5	6	7		
52	Beans and pulses											No. of dessert spoons
53	Other vegetables e.g. aubergine, okra											No. of dessert spoons
<b>Other meal items</b>												
54	Vegetarian burgers, sausages and nuggets											1 burger = 2 1 thin saus = 1 1 lg saus = 2 1 nugget = 0.5
55	Pizza											See drawing
56	Quiche and savoury flan											See drawing
57	Eggs											No. of eggs
58	Cheese											1 dsp grated = 0.5; 1 slice (see drawing = 1); 1 dsp cottage = 1 Small triangle = 1
59	Savoury white sauce											No of dessert spoons
<b>Fruit</b>												
60	Tinned fruit											No. of dessert spoons 1 can fruitini = 12 dsp
61	Apples and pears											1 whole fruit = 1 8 dsp cooked fruit = 1
62	Bananas											No. of bananas
63	Oranges and satsumas											Satsuma = 1 Orange = 3
64	Peaches, nectarines, melon											1 peach/nectarine = 3 1 thin slice melon = 1
65	Strawberries, raspberries, mango and kiwi											Kiwi = 1, mango = 3 5 strawberries = 1 15 raspberries = 1
66	Plums, cherries and grapes											Plum = 1 10 cherries/grapes = 1
<b>Desserts</b>												

		Frequency								Times per day	Average amount per serving	
		Never	1-3 per month	Number of days per week								
				1	2	3	4	5	6			7
67	Yoghurt and fromage frais										Weight (grams) Small pot approx 50g Average pot approx 100g	

Please tick the box if your child eats any of the following yoghurt or fromage frais products, or describe if there are any other's that are not listed here

68a) Ordinary whole milk yoghurt and fromage frais <input type="checkbox"/>	68b) Ordinary low-fat yoghurt and fromage frais <input type="checkbox"/>	68c) Danone baby fromage frais made with follow on milk <input type="checkbox"/>	68d) Onky Blok fromage frais with added vitamins <input type="checkbox"/>	68e) Supermarket own brand fromage frais with added vitamins <input type="checkbox"/>	69) Other ..... ..... <input type="checkbox"/>
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		Frequency								Times per day	Average amount per serving	
		Never	1-3 per month	Number of days per week								
				1	2	3	4	5	6			7

**Desserts continued**

70	Other ready-made desserts in pots										Average pot = 1
71	Ice-cream										No. of dessert spoons Mini milk = 3 1 scoop = 6
72	Custard and sweet white sauce										No of dessert spoons
73	Halva (semolina or carrot)										No of dessert spoons
74	Milk puddings e.g. rice puddings, rasmalai										No of dessert spoons
75	Other puddings, e.g. sponge puddings, fruit pies										No of dessert spoons

**Cakes, biscuits and snacks**

76	Cakes, buns and pastries										Small cake e.g. mini-roll = 1 Bun/scone = 2
77	Chocolate and digestive biscuits										Chocolate finger = ½ Digestive size = 1 Wrapped biscuit = 2
78	Other biscuits										No. of average biscuits

		Frequency									Times per day	Average amount per serving
		Never	1-3 per month	Number of days per week								
				1	2	3	4	5	6	7		
79	Chocolate											Fun/treat size Mars etc = 1 3 squares chocolate = 1 Average bag buttons = 2
80	Sweets											Fun size bag = 1 Average size bag = 2
81	Crisps and savoury snacks											1 average bag = 1
<b>Spreads</b>												
82	Marmite and Bovril											No. of teaspoons 1 sl bread = 0.3 tsp
83	Peanut butter											No. of teaspoons 1 sl bread = 2 tsp
84	Jam and sweet spreads											No. of teaspoons 1 sl bread = 2 tsp
85	Butter and margarine											No. of teaspoons 1 sl bread = 1.5 tsp
<b>Miscellaneous</b>												
86	Sugar											No. of teaspoons
<b>Drinks (amount in oz)</b>												
87	Baby juices											
88	Pure fruit juice											
89	Fruit drinks											
90	Ribena, C-vit and high juice blackcurrant squash ( <i>amt. diluted</i> )											

Please choose the main type of blackcurrant squash your child drinks, or describe if there are any other's that are not listed here														
91a) Ordinary Ribena, C-vit and high juice  <input type="checkbox"/>			91b) Ribena Really Light  <input type="checkbox"/>			91c) Low sugar high juice  <input type="checkbox"/>			92) Other .....  .....  <input type="checkbox"/>					
			Frequency								Times per day	Average amount per serving		
			Never	1-3 per month	Number of days per week									
		1			2	3	4	5	6	7				
<b>Drinks continued</b>														
93	Squash, not including low cal ( <i>amt. diluted</i> )													
94	Low cal squash ( <i>amt. diluted</i> )													
95	Fizzy drink, not including low cal													
96	Low calorie fizzy drinks													
97	Tea ( <i>amt. without milk</i> )													
98	Water													
Main type of milk used		Brand/type	Frequency								Times per day	Average amount per serving (oz)		
			Never	1-3 per month	Number of days per week									
		1			2	3	4	5	6	7				
99	Cow's milk	<input type="checkbox"/> Whole/full fat												
		<input type="checkbox"/> Semi-skimmed												
		<input type="checkbox"/> Skimmed												
		<input type="checkbox"/> 1% fat												
100	Goat's milk	<input type="checkbox"/> Whole/full fat												
		<input type="checkbox"/> Semi-skimmed												
		<input type="checkbox"/> Skimmed												
101	Soya milk	<input type="checkbox"/> Original												
		<input type="checkbox"/> Light												
		<input type="checkbox"/> Sweetened												
		<input type="checkbox"/> Unsweetened												

Main type of milk used		Brand/type	Frequency								Times per day	Average amount per serving (oz)	
			Never	1-3 per month	Number of days per week								
					1	2	3	4	5	6			7
102	Formula milk	<input type="checkbox"/> Cow and Gate <input type="checkbox"/> Milupa <input type="checkbox"/> Aptamil <input type="checkbox"/> SMA <input type="checkbox"/> HiPP Organic <input type="checkbox"/> Heinz <input type="checkbox"/> Farleys <input type="checkbox"/> Other .....											
103	Soya Formula	<input type="checkbox"/> Cow and Gate <input type="checkbox"/> Milupa <input type="checkbox"/> Aptamil <input type="checkbox"/> SMA <input type="checkbox"/> HiPP Organic <input type="checkbox"/> Heinz <input type="checkbox"/> Farleys <input type="checkbox"/> Other .....											
<b>Other foods and drinks</b>													
104	Other												





## **Section H: Food in the Home**

*The following questions are about the food eaten in your household in the last 12 months, since (name of current month) and whether you were able to afford the food you need.*

### **Adult stage**

**Interviewer:** If one person in household, use “I” in parenthesis, otherwise use “we”

#### **1. Which of these statements best describes the food eaten in your household in the last 12 months**

- Enough of the kinds of foods we want to eat
- Enough but not always the kinds of foods we want
- Sometimes not enough to eat
- Often not enough to eat
- Does not know or refused

*Now I am going to read you several statements that people have made about their food situation. For these statements please tell me whether the statement was often true, sometimes true, or never true in the last 12 months, that is since last (name of current month).*

#### **2. “(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more”.**

- Often true     Sometimes true     Never true     Don't know/refused

#### **3. “The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more”.**

- Often true     Sometimes true     Never true     Don't know/refused

#### **4. “(I/we) couldn't afford to eat balanced meals.”**

- Often true     Sometimes true     Never true     Don't know/refused

#### **5. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- Yes     No     Don't know

If answers No or don't know, go to question H 6

**5a. If YES ABOVE, ASK: How often did this happen?**

- Almost every month       Some months but not every month  
 Only 1 or 2 months       Don't know

**6. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?**

- Yes       No       Don't know

**7. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?**

- Yes       No       Don't know

**8. In the last 12 months, did you lose weight because there wasn't enough money for food?**

- Yes       No       Don't know

If answers No or don't know go to question H10

**9. In the last months, did (you/you or other adults in the household) ever not eat for a whole day because there wasn't enough money for food?**

- Yes       No       Don't know

**9a. If YES ABOVE, ASK: How often did this happen?**

- Almost every month       Some months but not every month  
 Only 1 or 2 months       Don't know

## **Child Stage**

*I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (your child/children living in the household who are under 18 years old).*

**Interviewer:** If single adult in household, use "I", "my" and "you" in parentheses, otherwise use "we".

**10. "(I/we) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food."**

Often true       Sometimes true       Never true       Don't know/refused

**11. "(I/We) couldn't feed (my/our) child/the children) a balanced meal, because (I/we) couldn't afford that."**

Often true       Sometimes true       Never true       Don't know/refused

**12. "(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food."**

Often true       Sometimes true       Never true       Don't know/refused

**13. In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?**

Yes       No       Don't know

**14. In the last 12 months, did (child's name/any of the children) ever skip meals because there wasn't enough money for food?**

Yes       No       Don't know

If answers Yes go to next question

If answers No or Don't Know go to question H15

**14a. IF YES TO ABOVE, ask how often did this happen**

Almost every month       Some months but not every month  
 Only 1 or 2 months       Don't know

**15. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?**

Yes       No       Don't know

**16. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?**

Yes       No       Don't know

**Interviewer:** Please ask the mother to complete the next two sections herself

## Section I: 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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourage the child to eat by arranging the food to make it more interesting (for example, making smiley faces on the pancakes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ask the child questions about the food during dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tell the child to eat at least a little bit of food on his or her plate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Say something to show your disapproval of the child for not eating dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Allow the child to choose the foods he or she wants to eat for dinner from foods already prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Compliment the child for eating food (for example, "What a good boy! You're eating your beans")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Suggest to the child that he or she eats dinner, for example by saying, "Your dinner is getting cold".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Say to the child "Hurry up and eat your food".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Some times	Most of the time	Always
12. Warn the child that you will take away something <b>other than food</b> if he or she doesn't eat (for example, "If you don't finish your meat, there will be no play time after dinner").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Tell the child to eat something on the plate (for example, "Eat your beans").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Say something positive about the food the child is eating during dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Spoon-feed the child to get him or her to eat dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Help the child to eat dinner (for example, cutting the food into smaller pieces).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Beg the child to eat dinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Section J: 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

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**