



BiB 1000 36 month questionnaire

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

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

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

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

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

Thank you for agreeing to answer these questions.

Administrative details

Age of child (months)

Age of mother (age)

What language was used for administering the questionnaire?

English Mirpuri Urdu Other

Mother's anthropometry

Weight (kg) . Not able to take

Baby's anthropometry

Weight (kg) . Not able to take

Height (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 in the last 12 months because he/she had a problem you were worried about?

Yes No Don't know Refused to answer

Interviewer: If NO, go to Q4

2. How many times?

Once Twice 3-4 times 5 – 10 times
 11 or more times Don't know Refused to answer

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

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

If other, please describe

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

Yes No

If yes, please give details

(b).....

(c).....

(d).....

(e).....

5a) Has (child's name) been admitted to hospital in the last 12 months?

Yes No Don't know Refused to answer

5b) If yes, how many times?

6a) Has (child's name) been to a hospital outpatient clinic in the last 12 months?

Yes No Don't know Refused to answer

6b) If yes, how many times?

7a) Has (child's name) been hurt, injured or had an accident and needed medical attention from a doctor or hospital in the last 12 months?

Yes No Don't know Refused to answer

7b) If yes, how many times?

Section C: Feeding your child

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

1. Was (child's name) ever breast fed?

Interviewer: Include colostrum in first few days and expressed breast milk

Yes No Don't know **If No go to Section D**

2. Is (child's name) still being breastfed? (Cross ONE box only)

Yes No Don't know

Section D: Sleep

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

1. How many hours on average does (child's name) sleep in 24 hours? Please enter number of hours in boxes provided – (this includes any naps in a baby chair/buggy etc) (Cross ONE box only)

1a Day time - 6am to 6pm

1b Night time - 6pm until 6am

Section E: Lifestyle

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

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

If NO, go to question E4

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 NA

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

- Yes No Less than one hour per day / occasionally

4b. If yes, how many hours per day

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

- Yes No Less than one hour per day / occasionally

5b. If yes, how many hours per day

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

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

7. If you have drunk 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	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>
Spirits	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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 F: Parent's diet – Short Form Food Frequency Questionnaire

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

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

	Rarely /never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
1. Fruit (tinned/fresh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Salad (not garnishes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vegetables (tinned/frozen/fresh but not potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Boiled, mashed or jacket potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fried or roasted potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Oven-cooked chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fried chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Fried rice/biriyani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Chapattis/parathas/puris/naan with butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Boiled rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Chapattis/parathas/puris/naan without butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks								
12. Biscuits (chocolate, plain, savoury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cakes, pastries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Crisps/other savoury snacks e.g. Doritos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sweets or chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Chevda, Bombay mix etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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
17. Indian sweets e.g. burfi, jelabi, gulab jaman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Samosas, pakoras, spring rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sausage rolls, pork pies, pasties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Other snacks Specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinks								
21. Natural fruit juice e.g. orange, pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Mango juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Fruit drinks, squash – sugar-free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Fruit drinks, squash – containing sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Coke/Pepsi/Fanta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Diet Coke/Pepsi/Fanta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket ready meals/Take-away/Chip shop								
28. Meat pies, pasties, vegetarian pies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Pizza, quiche, flan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Chip-shop meal e.g. fish, chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Beef burgers, veggie burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fried chicken take-away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Indian take-away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Donner kebab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Chinese take-away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Other ready meal/take-away meal Specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section G: Parent's 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, martial 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

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

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

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

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

Section H: Screen time

1. Does your child have a television in his/her bedroom?

Yes No

2. 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

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

	None	Less than 1 hour a day	1 to 2 hours a day	2-3 hours a day	3-4 hours a day	More than 4 hours a day
Week day: before 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week day: after 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend: before 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend: after 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 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
Week day: before 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week day: after 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend: before 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend: after 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I: Children’s physical activity

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

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

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

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

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

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

- Yes No

4. In the last month, how often has your child played at the park/playground?

- Never 1-3 times per month Once a week 2-3 times a week 5-6 a days Everyday

5. In the last month, how long has your child spent at the park/playground when they have been?

- NA, they haven't been Up to 15 minutes 16-30 minutes 31-60 minutes More than 60 minutes

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

- Yes No

7. In the last month, how often has your child played at indoor play facilities?

- Never 1-3 times per month Once a week 2-3 times a week
 5-6 a days Everyday

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

- NA, they haven't been Up to 15 minutes 16-30 minutes
 31-60 minutes More than 60 minutes

9. Does your child attend any organised/structured physical activity programmes (e.g. swimming/tennis class, dancing/gymnastics club, tumble tots)?

- Yes No

If yes, please describe

<u>Programme</u>	<u>Time per week</u>
.....	Hours Minutes
.....	Hours Minutes
.....	Hours Minutes
.....	Hours Minutes

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

- Full time (30+ hours per week)
 Part time: Hours Minutes

Not applicable, they don't go to nursery

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

Yes No

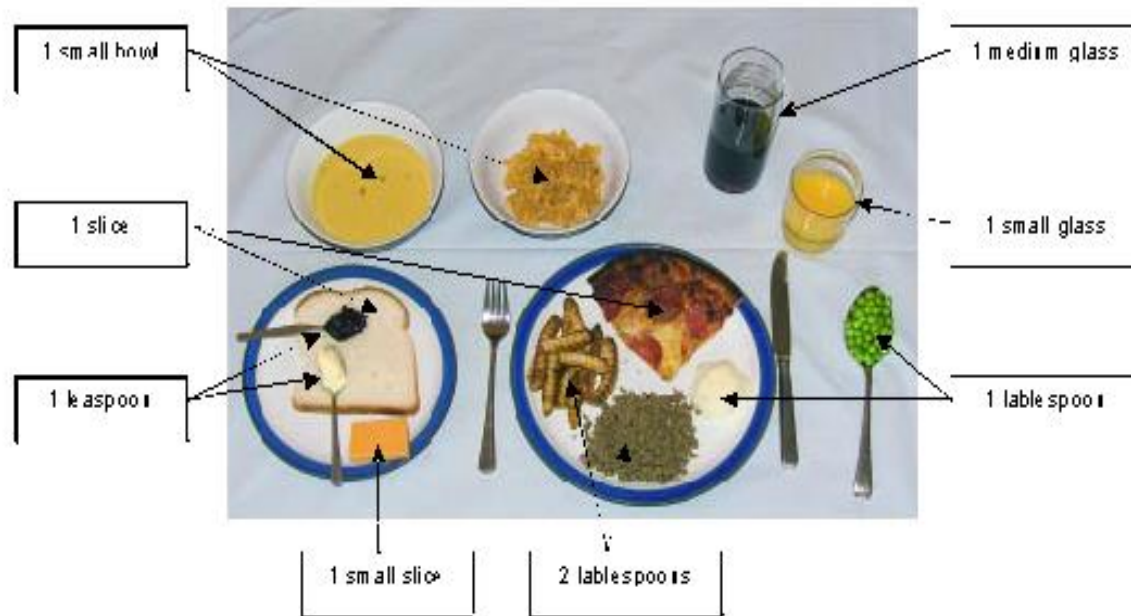
12. Does the nursery/pre-school your child attends have an outdoor play area where your child can be physically active?

Yes No

Section J: Children's diet questionnaire

We would like you to describe your child's diet over the last 2 -3 months. This should include all main meals, snacks, and drinks. You should also include any foods and drinks your child consumed outside your home, e.g. at school or nursery , at out of school clubs, at restaurants or cafes or with friends and other family members.

The questionnaire lists 140 types of foods and drinks. For each food or drink a measure is given which describes a small portion to help you estimate how much your child usually has. The photograph below gives examples of some of these measurements.



			Rarely /never	1 or 2 per month	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
1. Breakfast cereals											
1a)	Unsweetened cereals (e.g. Cornflakes, Shreddies, Weetabix, Rice Krispies)	1 small bowl, 3 tbsp or 1 piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b)	Sweetened cereals (e.g. Frosties, Sugar Puffs, Coco Pops, Honey Nut Loops)	1 small bowl, 3 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c)	Ready brek or porridge	1 small bowl, 3 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d)	Muesli (all types)	1 small bowl, 3 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bread (including sandwiches and toast)											
2a)	White bread or rolls	1 slice/roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b)	Brown or granary bread or rolls	1 slice/roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c)	Wholemeal bread or rolls	1 slice/roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d)	Croissants, garlic bread	1, or 2 slices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e)	Other bread (e.g. pitta, naan, bagel)	1 piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Milk (as a drink or on cereal)											
3a)	Full fat cow's milk	1 small glass/ ¼ pint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b)	Semi-skimmed cows milk	1 small glass/ ¼ pint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c)	Skimmed cow's milk	1 small glass/ ¼ pint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d)	Soya milk	1 small glass/ ¼ pint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e)	Flavoured milk (e.g. chocolate, strawberry, lassi)	1 small glass/ ¼ pint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rarely /never	1 or 2 per month	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
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4. Yoghurt, cheese and eggs

4a)	Drinking yoghurts (e.g. Actimel, Yakult)	1 bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b)	Flavoured yoghurts (e.g. fruit yoghurts, crunch corners, crunchie)	1 small pot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c)	Fromage frais (all flavours)	1 small pot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d)	Natural, low fat or low calorie yoghurt	1 small pot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4e)	Cream (all types)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4f)	Full fat cream cheese (e.g. Philadelphia)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4g)	Cheddar-type cheese, including cheese strings	1 small slice or 1 stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4h)	Edam, Brie or cheese spreads (e.g. Dairylea)	1 slice, 1 piece or 1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4i)	Low fat hard or soft cheese	1 slice or 1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4j)	Eggs, cooked any way	1 egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Meat

5a)	Meat burgers or mince, including kebabs	1 small burger or 1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5b)	Meat sauce (e.g. pasta)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5c)	Frankfurters	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5d)	Fried or grilled sausage	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5e)	Bacon or gammon	1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5f)	Cold ham or turkey	1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5g)	Salami or continental sausage	1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5h)	Stewed, fried, grilled or roast beef, port or lamb (including curried)	1 tbsp or 1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			Rarely /never	1 or 2 per month	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
5i)	Chicken nuggets/chicken stick	1 serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5j)	Casserole, fried, grilled or roast chicken or turkey	1 tbsp or 1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5k)	Meat or chicken pies, pasties or sausage rolls (including Halal), pakoras/samosas	1 individual pie or 1 roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Fish

6a)	Fish fingers	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b)	Fish cakes or fish pie	1 fish cake or 1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c)	Grilled or poached white fish (cod, haddock, plaice)	1 small fillet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d)	White fish fried or cooked in batter, or scampi	1 small fillet or 1 serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e)	Fried oily fish (fresh tuna, salmon, mackerel, herring)	1 small fillet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f)	Smoked oily fish (kippers, mackerel, salmon)	1 small fillet or slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g)	Tinned tuna	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6h)	Tinned salmon, sardines, mackerel, pilchards	1 tbsp or 1 small fillet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6i)	Prawns	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Potatoes, rice and pasta

7a)	Boiled, mashed or baked potatoes	1 tbsp or 1 potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b)	Potato croquettes or waffles	1 piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c)	Roast or fried potatoes	1 potato or 2 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d)	Oven chips	2 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e)	Home-cooked chips	2 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f)	Chips from a chip shop, café or restaurant	1 small bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			Rarely /never	1 or 2 per month	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
7g)	Pasta or couscous	2 tbsp (cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7h)	Rice	2 tbsp (cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7i)	Noodles	2 tbsp (cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Savoury dishes, soups and sauces

8a)	Pizza	1 small (6") pizza or 1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b)	Quiche	1 slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c)	Quorn, soya or tofu products	1 serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d)	Nut roast, nut or vegetable burgers	1 serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e)	Baked beans	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8f)	Other beans or lentils (excluding soups)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8g)	Canned or dried soup	1 small bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8h)	Home-made soup	1 small bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8i)	Bottled sauces (e.g. tomato ketchup)	1 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8j)	Tomato sauces (e.g. for pasta)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8k)	Other sauce (e.g. cheese, white, curry, sweet & sour)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8l)	Gravy	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8m)	Mayonnaise or salad cream	1 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Vegetables (fresh, frozen and tinned)

9a)	Mixed vegetable dishes (e.g. stir-fry, curry)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b)	Peas or green beans	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9c)	Sweet corn	1 tbsp or small cob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9d)	Broccoli	1 tbsp or 2 pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9e)	Cabbage	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9f)	Spinach	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9g)	Other green vegetables (e.g. leeks, courgettes)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9h)	Cauliflower, swede or turnip	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9i)	Raw carrot	½	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9j)	Cooked carrot	½	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9k)	Onions	¼ or 2 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9l)	Tomatoes	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9m)	Peppers	¼	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9n)	Other salad vegetables (e.g. lettuce, cucumber, celery)	1 small serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9o)	Coleslaw	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9p)	Potato salad	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Fruit (fresh, frozen and tinned)

10a)	Fresh fruit salad	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10b)	Tinned fruit (all kinds)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10c)	Apples	1 small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10d)	Oranges	1 small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10e)	Bananas	1 small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10f)	Grapes, melon, pear	1 small serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10g)	Kiwi	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10h)	Other fresh fruit (e.g. peaches, mango, strawberries)	1 small serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10i)	Dried fruit (all kinds)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rarely /never	1 or 2 per month	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
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11. Juices and other drinks

11a)	Pure apple juice	1 small glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11b)	Other pure fruit juice (orange, pineapple)	1 small glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11c)	High juice fruit drinks (Five Alive, Sunny D)	1 small carton, medium glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11d)	Regular fruit juice (e.g. Fruit Shoots, Capri Sun, Ribena cartons, Rubicon)	1 small bottle, pouch or carton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11e)	Other fruit-flavoured drinks included flavoured water (e.g. Calypso carton)	1 carton, small bottle or medium glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11f)	Regular blackcurrant diluting juice	1 medium glass made-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11g)	No added sugar diluting juice	1 medium glass made-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11h)	Regular orange, lemon or other diluting juice	1 medium glass made-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11i)	No added sugar orange, lemon or other diluting juice	1 medium glass made-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11j)	Regular fizzy drinks (e.g. lemonade, Irn Bru)	1 medium glass or ½ can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11k)	Low calorie or diet fizzy drinks	1 medium glass or ½ can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11l)	Drinking chocolate powder	2 tsp or 1 sachet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11m)	Tea (excluding fruit, herbal or green)	1 cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11n)	Tap or mineral water	1 medium glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11o)	Smoothies (all kinds)	1 small bottle or carton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Sugar, jam and other spreads

12a)	Sugar (on cereals, in drinks but not in cooking)	1 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		Rarely /never	1 or 2 per month	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
12b)	Jam, honey or marmalade	1 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12c)	Peanut butter	1 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12d)	Chocolate spread	1 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12e)	Marmite	1 serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12f)	Butter or margarine	1 tsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Crisps, nuts and savoury snacks

13a)	Regular crisps	1 small bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b)	Reduced fat crisps	1 small bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c)	Other savour snacks (Quavers, popcorn)	1 small bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13d)	Peanuts and other nuts, including Bombay mix)	1 small bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13e)	Savour biscuit, crackers or breadsticks	1 biscuit or 2 sticks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Biscuits and cakes

14a)	Plain biscuit (e.g. Rich tea, Digestive, ginger nuts)	1 biscuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14b)	Fancy biscuit (e.g. creams, iced biscuits)	1 biscuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14c)	Chocolate biscuits or cookie (all types)	1 biscuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14d)	Cereal bars or flapjacks	1 biscuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14e)	Scones or pancakes	1 piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14f)	Donuts, muffins or pastries	1 piece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14g)	Fruit cake or malt loaf	1 small slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14h)	Plain cakes	1 small slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14i)	Cakes with icing	1 small slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14j)	Cream cakes or gateaux	1 small slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rarely /never	1 or 2 per month	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
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15. Desserts

15a)	Mousse, blancmange or trifle	1 small pot or 2 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15b)	Jelly	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15c)	Milk puddings (e.g. rice, semolina) including halva	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15d)	Sponge puddings (jam, steamed, syrup etc)	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15e)	Fruit tarts, crumbles or pies, other pastries	1 small slice or 1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15f)	Custard	1 tbsp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15g)	Cheesecake	1 small slice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Sweets, chocolates and ice-creams

16a)	Boiled, chewy or chocolate sweets (e.g. toffee, chews, fruit gums)	1 small packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16b)	Chocolate bars (e.g. Mars, Milky Way, Dairy Milk)	1 small bar or 5x miniature celebrations or 2x fun size bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16c)	Wrapper ice creams (e.g. Solero, Cornetto, choc ice)	1 ice-cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16d)	Other ice cream (all flavours)	1 scoop or 1 small tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16e)	Iced lollies	1 lolly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Other foods (describe)	Amount usually consumed	Once a week	2-3 times a week	4-6 times a week	Once a day	2-3 times a day	4-6 times a day	7+ a day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please give details of the types of any margarine, butter and oil/fat used for home cooking which your child usually has

(a) Margarine	<u>Yes</u>	<u>No</u>
I can't believe it's not butter	<input type="checkbox"/>	<input type="checkbox"/>
Clover Light	<input type="checkbox"/>	<input type="checkbox"/>
Clover Original	<input type="checkbox"/>	<input type="checkbox"/>
Flora Buttery	<input type="checkbox"/>	<input type="checkbox"/>
Flora Light	<input type="checkbox"/>	<input type="checkbox"/>
Flora Original	<input type="checkbox"/>	<input type="checkbox"/>
Flora ProActiv	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket's own sunflower spread	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket's own olive oil spread	<input type="checkbox"/>	<input type="checkbox"/>
Vitalite	<input type="checkbox"/>	<input type="checkbox"/>
Other brand of margarine	<input type="checkbox"/>	<input type="checkbox"/>
Specify		
(b) Butter		
Adams	<input type="checkbox"/>	<input type="checkbox"/>
Anchor	<input type="checkbox"/>	<input type="checkbox"/>
Desi ghee	<input type="checkbox"/>	<input type="checkbox"/>
Ghee	<input type="checkbox"/>	<input type="checkbox"/>
Lurpak butter	<input type="checkbox"/>	<input type="checkbox"/>
Lurpak spread	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket's own butter	<input type="checkbox"/>	<input type="checkbox"/>
Other brand of butter	<input type="checkbox"/>	<input type="checkbox"/>
Specify		
(c) Oil/fat		
Corn oil	<input type="checkbox"/>	<input type="checkbox"/>
Crisp and Dry	<input type="checkbox"/>	<input type="checkbox"/>
Olive oil	<input type="checkbox"/>	<input type="checkbox"/>
Sunflower oil	<input type="checkbox"/>	<input type="checkbox"/>
Vegetable oil	<input type="checkbox"/>	<input type="checkbox"/>
Other brand/type of oil/fat	<input type="checkbox"/>	<input type="checkbox"/>
Specify		

19. Dietary supplements

	<u>Brand name</u>	<u>Amount taken per week</u>	<u>Method of administration (tablets, teaspoons, drops)</u>
(a) Vitamins or multivitamins
(b) Cod liver oil or other oil
(c) Other supplement

20. Does your child follow any of the following diets?

	<u>Yes</u>	<u>No</u>
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-free	<input type="checkbox"/>	<input type="checkbox"/>
Milk-free	<input type="checkbox"/>	<input type="checkbox"/>
Lactose-free	<input type="checkbox"/>	<input type="checkbox"/>
Organic	<input type="checkbox"/>	<input type="checkbox"/>
Halal	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Specify		

Section K: Strengths and Difficulties questionnaire

For each item, please mark the box for 'Not True', 'Somewhat True' or 'Certainly True'. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behavior over the last six months.

	Not true	Somewhat true	Certainly true
1) Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Shares readily with other children (treats, toys, pencils etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Gets on better with adults than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section L: Strengths and Difficulties questionnaire continued

- 1) Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'Yes', please answer the following questions about these difficulties:

- 2) How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3) Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4) Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 5) Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section M: Foods in your home

Please tell us whether you have had any of the following foods or drinks in your home over the past 7 days. Estimate the amount of food based on the greatest amount that you had in your home in that period. **Remember: There is no right or wrong answer.**

Interviewer Note: Use the pictures on the guidance sheet to help you work out the sizes. There are also tips at the bottom of the table to help you decide how much you have of each item.

Food / Drink	Description	Size	Amount			
Fruits						
1. Bananas	Fresh	Individual	0	1-3	4-10	More than 10
2. Apples	Fresh	Individual	0	1-3	4-10	More than 10
3. Melon	Fresh	Whole melon	0	1/2	1	More than 1
4. Grapes	Fresh	Handful	0	1-3	4-10	More than 10
5. Oranges	Fresh	Individual	0	1-3	4-10	More than 10
6. Pears	Fresh	Individual	0	1-3	4-10	More than 10
7. Peaches	Fresh	Individual	0	1-3	4-10	More than 10
8. Canned fruit in syrup	Any fruit	Medium sized can	0	1	2-5	More than 5
9. Canned fruit in juice/ water	Any fruit	medium sized can	0	1	2-5	More than 5
10. Plums	Fresh	Individual	0	1-3	4-10	More than 10
11. Kiwis	Fresh	Individual	0	1-3	4-10	More than 10
12. Pineapple	Fresh	Whole pineapple	0	1/2	1	More than 1
13. Berries or cherries (including strawberries)	Fresh or frozen	Handful	0	1	2	More than 2
14. Grapefruit	Fresh	Whole grapefruit	0	1/2	1-3	More than 3
15. Fruit salad	Fresh	Cup / handful	0	1-3	4-10	More than 10
16. Dried fruit	(e.g. raisins, apricots)	Cup / handful	0	1	2	More than 2
Vegetables						
17. Carrots	Fresh or frozen	Individual	0	1-3	4-10	More than 10
18. Celery	Fresh	Individual stick	0	1-3	4-10	More than 10
19. Greens / spinach	Fresh or frozen	Cup / handful	0	1	2	More than 2
20. Lettuce	Fresh	Individual head or mixed bag	0	1	2	More than 2
21. Sweet corn	Fresh or frozen	Cup / handful	0	1	2	More than 2
22. Peas	Fresh or frozen	Cup / handful	0	1	2	More than 2

Food / Drink	Description	Size	Amount			
			0	1-3	4-10	More than 10
23. Tomatoes	Fresh	Individual	0	1-3	4-10	More than 10
24. Tomatoes	Canned	Medium can	0	1	2-5	More than 5
25. Broccoli	Fresh or frozen	Florets / head	0	1-3	4-10	More than 10
26. Green beans	Fresh or frozen	Cup / handful	0	1	2	More than 2
27. Cabbage	Fresh	Whole cabbage	0	1/2	1	More than 1
28. Other vegetables like aubergine, okra etc.	Fresh	Cup / handful	0	1/2	1	More than 1
29. Canned vegetables	Any	Medium sized can	0	1	2-5	More than 5
Snacks						
30. Crisps, tortilla chips	All varieties	Handful	0	1-3	4-10	More than 10
31. Salted nuts	Including peanuts	Handful	0	½ - 3	4-10	More than 10
32. Biscuits	All varieties	Medium size pack	0	1-15	16-30	More than 30
33. Sweets	Hard and soft	Handful	0	1	2-5	More than 5
34. Chocolate	All varieties	Medium sized bar or handful	0	1	2-5	More than 5
35. Cakes, muffins	All varieties	Medium portion	0	1-3	4-10	More than 10
36. Ice-cream	All varieties	Medium tub	0	1	2	More than 2
Drinks						
37. Fizzy drink (e.g. cola)	Not diet	Medium can / bottle	0	1-5	6-10	More than 10
38. Fizzy drink (e.g. diet cola)	Diet	Medium can / bottle	0	1-5	6-10	More than 10
39. Sports drink (e.g. Lucozade, Gatorade)	All varieties	Medium bottle	0	1-5	6-10	More than 10
40. Fruit drinks (e.g. Sunny Delight, Ribena)	Not 100% fresh	Medium can / bottle	0	1-5	6-10	More than 10