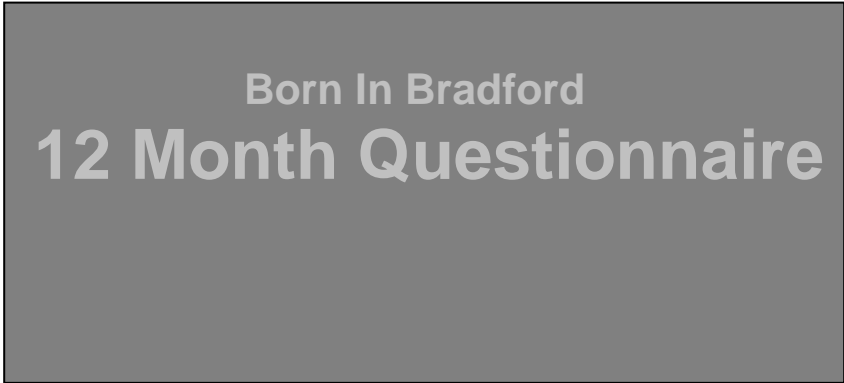


Study ID -

Baby's date of birth  -  -

Date of completion  -  -

Baby position:  Singleton/1st Twin/1st Triplet  2nd Twin/2nd Triplet  Third Triplet



General Instructions:

1. Questions to be read to respondents in **bold**
2. Instructions to interviewers marked: **Interviewer**
3. Instructions meant to be read to respondents are in *italics*
4. For multiple choice questions: CROSS boxes
5. For single response questions: enter value in drop down box

*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.*

## BiB 1000- 12 MONTH QUESTIONNAIRE

What language was used for administering the questionnaire?

English  Mirpuri  Urdu  Other

Mother's date of birth  -  -

MOTHER'S Weight (kg) . Not able to take

### BABY'S

Weight (kg) . Not able to take

Length (cm) . Not able to take

### SKINFOLDS

Triceps (mm) . Not able to take

Sub scapular (mm) . Not able to take

Thigh (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, has your marital status changed since we last saw you?*

### 1. Are you: (CROSS one box only)

- Married
- Re-married
- Single (never married)
- Separated (but still legally married)
- Divorced
- Widowed

### 2. Are you:

- Living with the baby's father
- Living with another partner
- Not living with a partner but in a relationship (e.g. partner living abroad or in another property)
- Not living with a partner and not in a relationship

### 3. Have there been any changes to the people living in your home since our last visit?

Yes  No  Don't know  Refused

**Interviewer:** If Yes, go to Q4  
If Don't Know go to Q4

If No, go to Section C - EMPLOYMENT STATUS

*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

*I would now like to ask you a few details about each person you live with. We can start with whoever you like.*

[Complete form on next page for each of the questions below]

**What is the first name of that person?**

**And what is their relationship to you?**

**Interviewer:** Please show Prompt Card 1. If gender not obvious ask:

**Is this person male or female?**

**Do you know their date of birth?**

**Interviewer:** Enter month and year only. If date of birth not known ask:

**Do you know their age at their last birthday?**

*Now moving on to the next person in your house...*

**What is the first name of that person?**

	Name	Sex M/F	Date of birth	Age
Your husband/partner			___/___-	
Your boy children			___/___	
Your girl children			___/___	
Your mother			___/___	
Your father			___/___	
Your husband's/partner's mother			___/___	
Your husband's /partner's father			___/___	
Your brother			___/___	
Your sister			___/___	
Your husband's/partner's brother			___/___	
Your husband's/partner's sister			___/___	
Your grandmother			___/___	
Your grandfather			___/___	
Your husband's/partner's grandmother			___/___	
Your husband's/partner's grandfather			___/___	
Other adult male relatives of yours (adult here means 16 or over)			___/___	
Other adult female relatives of yours			___/___	
Adult male non-relatives			___/___	
Adult female non- relatives			___/___	
Other boy children			___/___	
Other girl children			___/___	

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

## SECTION C

## EMPLOYMENT STATUS

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

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

Yes  No  Don't know  Refused

If Yes go to Q2

If Don't Know go to Q2

If No go to Q8

### 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?

**Interviewer:** (Cross ONE box only)

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

- In a job and currently working for an employer
- On maternity leave from an employer
- Self employed
- Full time student
- Looking after the home and family
- Doing something else

**Interviewer:** If answers:

'In a job and currently working for an employer' OR 'on maternity leave from an employer'

-ask questions in **Employment Status** section for mother (from Q4)

If mother does not work and living with a husband/partner

-go to **Employment Status** section and ask from Q8

*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? (Cross ONE box only)**

- Employee
- Self employed with employees
- Self employed/freelance without employees (go to Q6)
- Student/in training

**Number of employees**

**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?'**

**Interviewer:** Go to Q6 when you have completed this question.)

- 1-24
- 25 or more

**5. Do you supervise any other employees (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis).**

(Cross ONE box only)

- Yes
- No, not manager/supervisor/ other employee

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

(Cross ONE box only)

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

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



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

Yes  No  Don't know

If Yes go to Q9

If Don't Know go to Q9

If NO, go to Section D - CHILDCARE

**8. Has your husband or partner ever been employed?** (Cross ONE box only)

Yes  Never been in employment

**9. Does/did he work as an employee or is/was he self-employed?** (Cross ONE box only)

Employee

Self-employed with employees

Self-employed/freelance without employees (go to Q11)

Student/in training

**10. For employees: 'How many people work/ed for his employer at the place where he work/ed?'**

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

**Interviewer:** (Go to Q12 when you have completed this question.)

1-24  25 or more

**11. Does/did he supervise any other employees (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis).**

(Cross ONE box only)

Yes  No

**12. What best describes the sort of work he does/did?( Cross ONE box only)**

- 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 CHILD CARE**

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

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

Yes  No  Don't know  Refused

**Interviewer:** If Yes, go to Q2  
 If Don't Know go to Q2  
 If NO, go to Section E – HOW ARE YOU FEELING

**2. Have you ever made any *regular* arrangement for your baby to be looked after, either while you are at work or for any other reasons? (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

**2a) If your husband/wife/partner looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Husband/Wife/Partner	<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) If the baby's non-resident father/mother looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Baby's non-resident father/mother	<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) If your mother looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Your mother	<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) If your father looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Your father	<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) If your partner's mother looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Your partner's mother	<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"/>

**2f) If your partner's father looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Your partner's father	<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"/>

**2g) If the baby's non-resident father's/mother's mother looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Baby's non-resident father's/mother's mother	<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"/>

**2h) If the baby's non-resident father's/mother's father looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Baby's non-resident father's/mother's father	<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"/>

**2i) If another relative looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Other relative	<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"/>

**2j) If friends/neighbours looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Friends/neighbours	<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"/>

**2k) If a live-in nanny/au pair looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Live-in nanny/au pair	<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"/>

**2l) If another nanny-au-pair looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Other nanny-au pair	□□	□	□	□	□	□□	□

**2m) If a registered childminder relative looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Registered childminder	□□	□	□	□	□	□□	□

**2n) If an unregistered childminder relative looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Unregistered childminder	□□	□	□	□	□	□□	□

**2o) If a workplace/college nursery/crèche relative looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Workplace/college nursery/crèche	□□	□	□	□	□	□□	□

**2p) If a local authority day nursery/crèche relative looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Local authority day nursery/crèche	□□	□	□	□	□	□□	□

**2q) If a private day nursery/crèche relative looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Private day nursery/crèche	□□	□	□	□	□	□□	□

**2r) If YES, who looks after (child's name)? This question is about *current* arrangements. (Please complete ALL that apply)**

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children are present?	Does not apply
		Yes	No	Yes	No		
Other (please specify) .....	□□	□	□	□	□	□□	□

**SECTION E**

**FEEDING YOUR BABY**

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

**1. Was (child's name) ever breastfed?** (Cross ONE box only)

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

Yes  No  Don't know

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

Yes  No  Don't know

**3. How old was (child's name) when he/she completely stopped being breastfed?**

**Interviewer:** Include expressed breast milk (Cross ONE box only)

Still having breast milk

Don't know

Stopped recently

Days  Does not apply

Weeks  Does not apply

Months  Does not apply

**4. How old was (child's name) when he/she was first given baby milk formula to**

**drink? Interviewer:** SMA, Cow & Gate. Formula Soya milk, Follow-on formula milk etc  
(Cross ONE box only)

Still not had formula milk

Don't know

First given

Days  Does not apply

Weeks  Does not apply

Months  Does not apply

**5. How old was (child's name) when he/she was 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? (Cross ONE box only)**

- Still not had anything else to drink
- Don't know
- Had something else to drink
  
- Days  Does not apply
- Weeks  Does not apply
- Months  Does not apply

**6. How old was (child's name) when he/she was given something else to drink apart from breast or formula milk , such as sweetened drinks like cola, squash, lemonade, sweetened tea? (Cross ONE box only)**

- Still not had anything else to drink
- Don't know
- Had something else to drink
  
- Days  Does not apply
- Weeks  Does not apply
- Months  Does not apply

**7. How old was (child's name) when he/she was given solids to eat? Savoury baby foods in a jar, packet, tin or homemade (e.g. baby rice, pre-prepared baby foods, pureed vegetables, fruit or rice, lentils/dahl etc.) (Cross ONE box only)**

- Still not had any savoury solids
- Don't know
- Has some savoury solids
  
- Days  Does not apply



Weeks

Does not apply

Months

Does not apply

8. How old was (child's name) when he/she was given solids to eat? Sweet baby foods in a jar, packet, tin or homemade (e.g. egg custard, rice pudding, sweetened rusks, biscuits, cake etc.) (Cross ONE box only)

Still not had any sweet solids

Don't know

Had some sweet solids

Days

Does not apply

Weeks

Does not apply

Months

Does not apply

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

Statement	Never	Seldom	Half of the time	Most of the time	Always	Doesn't know	Refuse to answer	N/A
9. When your baby is at home how often are you responsible for feeding him/her?								

10. If you answered 'Never', 'Seldom' or 'Half of the time'— who else is responsible for feeding him/her? (Cross ONE box only)

Father

Maternal Grandmother

Sister/brother

Paternal Grandmother

Other: Please specify

.....  
(Cross ONE box only)

Statement	Never	Seldom	Half of the time	Most of the time	Always	Doesn't know	Refuse to answer	N/A



**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?**

days  Does not apply

**Interviewer:** If answers 0 (zero) days go to Q4.  
If answers one or more, please complete Q2, Q3 and Q4.

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

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 Q5, Q6 and Q7

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

days

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

feeds

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

Milk quantity (mls)  mls

**Interviewer:** 1 oz = 30 mls

Now I am going to ask you about the foods your baby has eaten in the past 4 weeks. I will ask you how often he/she has eaten certain foods and also the amount of food eaten. You should only include food actually eaten, do not include food that was left over or spilled. For some foods, I will show you drawings and models to help you estimate the amount of food. Your baby may sometimes be fed by a relative, friend or someone else. If you know the type of food and approximate amount eaten at these times please include them. Interviewer: explain the use of spoons, cups, bowl and diagrams.

8 \*Did your baby eat any dried baby foods in the past 4 weeks?

Yes  No

If answers No go to Q13

	Brand code	1-3 per month	Number of days per week							Average no. of times per day	Average no. of dessert spoons <u>dried</u> on each occasion			
			1	2	3	4	5	6	7					
9	Dried baby cereals													
10	Dried meat or fish based meals													
11	Dried vegetable, pasta or rice based meals													
12	Dried desserts													

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

Yes  No

If answers No go to Q20

		Brand code	1-3 per month	Number of days per week							Average no. of times per day	Size of jar/ tin A – 125 g B – 200g C – 250 g	Average no. of jars on each occasion						
				1	2	3	4	5	6	7									
14	Breakfast meals such as porridge																		
15	Meat or fish-based meals																		
16	Vegetable, pasta or rice-based savoury meals																		
17	Milk or cereal-based desserts																		
18	Fruit-based desserts, not including pure fruit puree																		
19	Pure fruit puree																		

	Food	Never	1-3 per month	Number of days per week							Times per day	Average amount per serving			
				1	2	3	4	5	6	7					
Bread and crackers															
20	White bread											No. of slices	<input type="text"/>	<input type="text"/>	
21	Brown and wholemeal bread											No. of slices	<input type="text"/>	<input type="text"/>	
22	Crackers, cheese biscuits and breadsticks											No. of crackers	<input type="text"/>	<input type="text"/>	
23	Chapattis made with white flour											No. of pieces	<input type="text"/>	<input type="text"/>	
24	Chapattis made with wholemeal flour											No. of pieces	<input type="text"/>	<input type="text"/>	
Breakfast cereal															
25	Breakfast cereals and porridge*											No. of dsp dried 1 Weetabix = 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
26. What are the main types of cereal used?	Type										Brand Code				
	Type										Brand Code				
	Type										Brand Code				
Potatoes, rice and pasta															
27	Boiled and baked potatoes											No. of egg size potatoes = 1 1 av. scoop (1/4 cup) = 1	<input type="text"/>	<input type="text"/>	
28	Chips, potato shapes and roast potatoes											McDonald's = 2 1 waffle or 2 croq. = 1	<input type="text"/>	<input type="text"/>	
29	Boiled rice											No. of dsp cooked	<input type="text"/>	<input type="text"/>	
30	Fried rice, pilau, biryani											No. of dsp cooked	<input type="text"/>	<input type="text"/>	

\*interviewer : not baby cereals but include cereals like Coco Pops, Sugar Puffs, Weetabix etc)

	Food	Never	1-3 per month	Number of days per week							Times per day	Average amount per serving				
				1	2	3	4	5	6	7						
Potatoes rice and pasta cont.																
31	Pasta											No. of dsp cooked	<input type="text"/>	.	<input type="text"/>	
Meat and fish																
32	Chicken or turkey in batter or breadcrumbs											1 nugget = 0.5 1 stick = 1 1 burger = 3	<input type="text"/>	.	<input type="text"/>	
33	Beef burgers, including Halal beef burgers											1 burger = 4	<input type="text"/>	.	<input type="text"/>	
34	Bacon and gammon											1 rasher back/streaky = 1 1 whole rasher = 2	<input type="text"/>	.	<input type="text"/>	
35	Sausages, including Halal sausages											1 thin chipolata = 1 1 large = 2	<input type="text"/>	.	<input type="text"/>	
36	Meat casseroles, stews and curries											No of dessert spoons (not incl. potato topping)	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
37	Roast, grilled or fried meat, including kebabs											Chicken breast = 4 Average slice = 1	<input type="text"/>	.	<input type="text"/>	
38	Liver, kidney and faggots											Faggot = 4 See drawing	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
39	Meat pies and sausage rolls											Individual meat pie = 4 See drawing	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
40	Ham and processed cold meats											Average slice = 1 See drawing	<input type="text"/>	.	<input type="text"/>	
41	Fish in batter or breadcrumbs											Fish finger = 1 Triangle shape = 3 Chip shop fish = 5	<input type="text"/>	.	<input type="text"/>	
42	Other white fish											See drawing 6 dsp = 1	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
43	Oily fish, e.g. tuna, salmon, mackerel											No. of dessert spoons Std can tuna = 17	<input type="text"/>	<input type="text"/>	.	<input type="text"/>

	Food	Never	1-3 per month	Number of days per week							Times per day	Average amount per serving		
				1	2	3	4	5	6	7				
Vegetables														
44	Tinned peas, carrots, sweet corn and mixed vegetables											No. of dessert spoons	<input type="text"/>	<input type="text"/>
45	Carrots											No. of dessert spoons	<input type="text"/>	<input type="text"/>
46	Peas and green beans											No. of dessert spoons	<input type="text"/>	<input type="text"/>
47	Sweetcorn (fresh)											No. of dessert spoons	<input type="text"/>	<input type="text"/>
48	Broccoli, cabbage, spring greens and brussel sprouts											No. of dessert spoons	<input type="text"/>	<input type="text"/>
49	Cauliflower											No of dessert spoons	<input type="text"/>	<input type="text"/>
50	Tomatoes											1 dsp tinned = 0.5 Medium tomato = 5	<input type="text"/>	<input type="text"/>
51	Green salad											1 leaf lettuce = 1 3 slices cucumber = 1	<input type="text"/>	<input type="text"/>
52	Beans and pulses											No. of dessert spoons	<input type="text"/>	<input type="text"/>
53	Other vegetables like aubergine, okra											No. of dessert spoons	<input type="text"/>	<input type="text"/>



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

	Food	Never	1-3 per month	Number of days per week							Times per day	Average amount per serving				
				1	2	3	4	5	6	7						
Desserts																
67	Yoghurt and fromage frais											Weight (grams) Small pot approx 50g Average pot approx 100g	<input type="text"/>	<input type="text"/>	<input type="text"/>	
68a)	Ordinary whole milk	68b)	Ordinary low fat	68c)	Danone baby fromage frais made with follow on milk			68d)	Onky Blok fromage frais with added vitamins		68e)	Supermarket own brand fromage frais with added vitamins		69) Other .....		
70	Other ready made desserts in pots											Average pot = 1	<input type="text"/>	.	<input type="text"/>	
71	Ice-cream											No. of dessert spoons Mini milk = 3 1 scoop = 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	
72	Custard and sweet white sauce											No of dessert spoons	<input type="text"/>	<input type="text"/>	<input type="text"/>	
73	Halva (semolina or carrot)											No of dessert spoons	<input type="text"/>	<input type="text"/>	<input type="text"/>	
74	Milk puddings e.g. rice puddings, rasmalai											No of dessert spoons	<input type="text"/>	<input type="text"/>	<input type="text"/>	
75	Other puddings, e.g. sponge puddings, fruit pies											No of dessert spoons	<input type="text"/>	<input type="text"/>	<input type="text"/>	

	Food	Never	1-3 per month	Number of days per week							Times per day	Average amount per serving		
				1	2	3	4	5	6	7				
Cakes, biscuits and snacks														
76	Cakes, buns and pastries											Small cake e.g. mini-roll = 1 Bun/scone = 2	<input type="text"/>	<input type="text"/>
77	Chocolate and digestive biscuits											Chocolate finger = ½ Digestive size = 1 Wrapped biscuit = 2	<input type="text"/>	<input type="text"/>
78	Other biscuits											No. of average biscuits	<input type="text"/>	<input type="text"/>
79	Chocolate											Fun/treat size Mars etc = 1 3 squares chocolate = 1 Average bag buttons = 2	<input type="text"/>	<input type="text"/>
80	Sweets											Fun size bag = 1 Average size bag = 2	<input type="text"/>	<input type="text"/>
81	Crisps and savoury snacks											1 average bag = 1	<input type="text"/>	<input type="text"/>
Spreads														
82	Marmite and Bovril											No. of teaspoons 1 sl bread = 0.3 tsp	<input type="text"/>	<input type="text"/>
83	Peanut butter											No. of teaspoons 1 sl bread = 2 tsp	<input type="text"/>	<input type="text"/>
84	Jam and sweet spreads											No. of teaspoons 1 sl bread = 2 tsp	<input type="text"/>	<input type="text"/>
85	Butter and margarine											No. of teaspoons 1 sl bread = 1.5 tsp	<input type="text"/>	<input type="text"/>
Miscellaneous														
86	Sugar											No. of teaspoons	<input type="text"/>	<input type="text"/>

	Food	Never	1-3 per month	Number of days per week							Times per day	Average amount per serving Standard beaker approx 8oz		
				1	2	3	4	5	6	7		No. of ozs		
Drinks														
87	Baby juices													
88	Pure fruit juice													
89	Fruit drinks													
90	Ribena, C-vit and high juice blackcurrant squash ( <i>amt. diluted</i> )													
91	What is the main type?	91a) Ordinary Ribena, C vit and hi juice	91b) Ribena really light							91c) Low sugar hi juice blackcurrant		92. Other .....		
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 cal fizzy drinks													
97	Tea ( <i>amt. without milk</i> )													
98	Water													

**What re the main types of milk used?**

	Milk	Never	1-3 per month	Number of days per week							Times per day	Brand Code	Average amount per serving (ozs)		
				1	2	3	4	5	6	7			Amnt per serving = no. ozs		
99	Cow's milk												Amnt per serving = no. ozs	<input type="text"/>	<input type="text"/>
100	Goat's milk												Amnt per serving = no. ozs	<input type="text"/>	<input type="text"/>
101	Soya milk												Amnt per serving = no. ozs	<input type="text"/>	<input type="text"/>
102	Formula milk												Amnt per serving = no. ozs	<input type="text"/>	<input type="text"/>
103	Soya Formula												Amnt per serving = no. ozs	<input type="text"/>	<input type="text"/>

		Brand/Description	Code	Number of days per week							Times per day	Average amount per serving		Weight	
				1	2	3	4	5	6	7					
104	Other											<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
105	Other											<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
106	Other											<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
107	Other											<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## SECTION G

## SCREEN TIME

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

Weekdays

Weekends

Please write number of hours

**2. TV or DVD viewing of mother: how long did you watch TV or DVD per day on average over the last month?**

Hours of TV or DVD watching per day	On average over the last month					
	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
2a. On a week day before 6pm						
2b. On a week day after 6pm						
2c. On a weekend day before 6pm						
2d. On a weekend day after 6pm						

**3. TV or DVD viewing of baby: how long did (child's name) watch TV or DVD per day on average over the last month?**

Hours of TV or DVD watching per day	On average over the last month					
	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
3a. On a week day before 6pm						
3b. On a week day after 6pm						
3c. On a weekend day before 6pm						
3d. On a weekend day after 6pm						

## 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.*

**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).*

**The first statement is:**

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

**2. Was that often true, sometimes true, or never true in the last 12 months, that is since last (name of current month)?**

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



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

Was that often true, sometimes true, or never true in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don’t know or refused

4 “(I/we) couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don’t know or refused

**Adult Stage**

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 Q6

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 H10

### **Adult Stage 3**

**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 in the last 12 months 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.”**

**Was that often, sometimes, or never true for (you/your household) in the last 12 months?**

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

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

**Was that often, sometimes, or never true for (you/your household) in the last 12 months?**

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

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

**Was that often, sometimes, or never true for (you/your household) in the last 12 months?**

- Often true
- Sometimes true
- Never true
- Don't know or 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 Q15

14a [IF YES TO ABOVE] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- 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

**END OF SECTION**

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

## SECTION I CAREGIVER'S FEEDING STYLES QUESTIONNAIRE

These questions deal with YOUR interactions with your preschool child during the dinner meal. Select 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).	1	2	3	4	5
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").	1	2	3	4	5
3.	Encourage the child to eat by arranging the food to make it more interesting (for example, making smiley faces on the pancakes).	1	2	3	4	5
4.	Ask the child questions about the food during dinner.	1	2	3	4	5
5.	Tell the child to eat at least a little bit of food on his or her plate.	1	2	3	4	5
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").	1	2	3	4	5
7.	Say something to show your disapproval of the child for not eating dinner.	1	2	3	4	5
8.	Allow the child to choose the foods he or she wants to eat for dinner from foods already prepared.	1	2	3	4	5
9.	Compliment the child for eating food (for example, "What a good boy! You're eating your beans").	1	2	3	4	5
10.	Suggest to the child that he or she eats dinner, for example by saying, "Your dinner is getting cold".	1	2	3	4	5
11.	Say to the child "Hurry up and eat your food".	1	2	3	4	5
12.	Warn the child that you will take away something other than food if he or she doesn't eat (for example, "If you don't	1	2	3	4	5

	finish your meat, there will be no play time after dinner”).					
<b>13.</b>	Tell the child to eat something on the plate (for example, “Eat your beans”).	1	2	3	4	5
<b>14.</b>	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”).	1	2	3	4	5
<b>15.</b>	Say something positive about the food the child is eating during dinner.	1	2	3	4	5
<b>16.</b>	Spoon-feed the child to get him or her to eat dinner.	1	2	3	4	5
<b>17.</b>	Help the child to eat dinner (for example, cutting the food into smaller pieces).	1	2	3	4	5
<b>18.</b>	Encourage the child to eat something by using food as a reward (for example, “If you finish your vegetables, you will get some fruit”).	1	2	3	4	5
<b>19.</b>	Beg the child to eat dinner.	1	2	3	4	5

**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  
                                                                               

**THIS IS THE END - THANK YOU VERY MUCH FOR COMPLETING THE QUESTIONNAIRE**

**SECTION K                    INTERVIEWERS FEEDBACK**

