

# Born In Bradford 18 Month Questionnaire

## 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 your 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.*

Study ID -

Interviewer ID -

Baby's date of birth  -  -

Date of completion  -  -

What language was used for administering the questionnaire?

English  Mirpuri  Urdu  Other

Mother's date of birth  -  -

MOTHER'S Weight . Not able to take

**BABY'S**

Weight . Not able to take

Length . Not able to take

**SKINFOLDS**

Triceps . Not able to take

Sub scapular . Not able to take

Thigh . 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**

**CHILDCARE**

*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 or REFUSED, go to Section C – CHILDHOOD ILLNESS

**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 YES, who looks after (child's name)? This question is about *all* 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 does the carer usually look after at the same time as your baby?
		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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children does the carer usually look after at the same time as your baby?
		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"/>
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"/>
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"/>
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"/>
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"/>
Other 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"/>
Registered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Unregistered childminder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Workplace/college nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Local authority day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Private day nursery/crèche	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other 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 C**

**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. Since your daughter/son was 6 months old, has she/he seen a doctor/nurse because he/she had a problem you were worried about?** (Cross ONE box only)

Yes  No  Don't know  Refused

**Interviewer:** If NO, DON'T KNOW or REFUSED go to Q4

**2. How many times?** (Cross ONE box only)

Once  Twice  3-4  5 - 10   
11 or more  Don't know  Refused

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

	Yes and saw A doctor	Yes but did not did not see a doctor
Tummy upset/wind/colic	<input type="checkbox"/>	<input type="checkbox"/>
Diarhoea	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Crying	<input type="checkbox"/>	<input type="checkbox"/>
High temperature	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/fits	<input type="checkbox"/>	<input type="checkbox"/>
Snuffles/cold	<input type="checkbox"/>	<input type="checkbox"/>
Chest infection	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Breathing problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear Problems	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
Thrush	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>
Not gaining enough weight	<input type="checkbox"/>	<input type="checkbox"/>
Gaining too much weight	<input type="checkbox"/>	<input type="checkbox"/>
Accident	<input type="checkbox"/>	<input type="checkbox"/>
Other Please describe	<input type="checkbox"/>	<input type="checkbox"/>

.....  
**4. Has (child’s name) been given any medical diagnosis?**

Yes  No

Please list a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**5. Has (child's name) been admitted to hospital since she/he was 6 months old? (Cross ONE box only)**

Yes  No  Don't know  Refused

**5a. If YES how many times?**

**Interviewer:** If NO, DON'T KNOW or REFUSED go to question 6

**6. Has (child's name) been to a hospital outpatient clinic since she/he was 6 months old? (Cross ONE box only)**

Yes  No  Don't know  Refused

**6a. If YES how many times?**

**Interviewer:** If NO, DON'T KNOW or REFUSED go to question 7

**7. Since your daughter/son was 6 months old, has she/he been hurt, injured or had an accident and needed medical attention from a doctor or hospital? (Cross ONE box only)**

Yes  None  Don't know  Refused

**7a. If YES, how many times?**

**Interviewer:** If NO, DON'T KNOW or REFUSED go to section D

**SECTION D**

**SLEEP**

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

**8. How many hours on average does (child's name) sleep in 24 hours? 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      FOOD FREQUENCY QUESTIONNAIRE**

**I am now going to ask you about the breast milk your child 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 (28days) was (child's name) breast fed?**

Days

Not Applicable

*If answers not applicable go to question 2.*

**1a) On average, how many feeds per day did (child's name) receive on these days?**

Feeds

**1b) How long on average was (child's name) actively sucking per day on these days.**

Hours       Minutes

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

Yes

No

**2a) How many days out of the past 4 weeks (28days) did (child's name) have expressed milk?**

Days

**2b) On average, how many times per day did (child's name) have expressed milk on these days?**

Feeds

**2c) What was the average amount of milk per day on these days?**

Total volume per day  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. *Explain the use of spoons, cups, bowl and diagrams.*

3. \*Did your baby eat any dried baby foods in the past 4 weeks? **Yes**   
**No**  go to question 8

		Never	1-3 per month	Number of days per week							Number of times per day	Brand	Average no. of Dessert spoons dried on each occasion					
				1	2	3	4	5	6	7								
4	Dried baby cereals																	
5	Dried meat or fish based meals																	
6	Dried vegetable, pasta or rice based meals																	
7	Dried desserts																	

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

Yes

No  go to question 15

		Never	1-3 per month	Number of days per week							Number of times per day	Brand	Size of jar/tin	Average no. of jars on each occasion						
				1	2	3	4	5	6	7										
9	Breakfast meals such as porridge																			
10	Meat or fish based meals																			
11	Vegetable, pasta or rice based savory meals																			
12	Milk or cereal based desserts																			
13	Fruit based desserts, not including pure fruit puree																			
14	Pure fruit puree																			

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving	
				1	2	3	4	5	6	7			
<b>Bread and crackers</b>													
15	White bread											No. of slices	<input type="checkbox"/> . <input type="checkbox"/>
16	Brown and whole meal bread											No. of slices	<input type="checkbox"/> . <input type="checkbox"/>
17	Crackers, cheese biscuits and breadsticks											No. of crackers	<input type="checkbox"/> . <input type="checkbox"/>
18	Chapattis made with white flour											No. of pieces	<input type="checkbox"/> . <input type="checkbox"/>
19	Chapattis made with whole meal flour											No. of pieces	<input type="checkbox"/> . <input type="checkbox"/>
<b>Breakfast cereal</b>													
20	Breakfast cereals and porridge											No. of dessert spoons dried 1 Weetabix = 6	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
What are the main types of cereal used?		Type								Brand			
		Type								Brand			
		Type								Brand			
<b>Potatoes, rice and pasta</b>													
21	Boiled and baked potatoes											No. of egg size potatoes 1 av. Scoop (1/4 cup) = 1	<input type="checkbox"/> . <input type="checkbox"/>
22	Chips, potato shapes and roast potatoes											McDonald's = 2 1 waffle or 2 croquettes. = 1	<input type="checkbox"/> . <input type="checkbox"/>
23	Boiled rice											No. of dessert spoons cooked	<input type="checkbox"/> . <input type="checkbox"/>
24	Fried rice, pilau, biryani											No. of dessert spoons cooked	<input type="checkbox"/> . <input type="checkbox"/>

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving
				1	2	3	4	5	6	7		
Potatoes rice and pasta cont.												
25	Pasta											No. of dessert spoons cooked <input type="checkbox"/> . <input type="checkbox"/>
Meat and fish												
26	Chicken or turkey in batter or breadcrumbs											1 nugget = 0.5, 1 stick = 1, 1 burger = 3 <input type="checkbox"/> . <input type="checkbox"/>
27	Beef burgers, including Halal											1 burger = 4 <input type="checkbox"/> . <input type="checkbox"/>
28	Bacon and gammon											1 rasher back/streaky = 1, 1 whole rasher = 2 <input type="checkbox"/> . <input type="checkbox"/>
29	Sausages, including Halal											1 thin chipolata = 1, 1 large = 2 <input type="checkbox"/> . <input type="checkbox"/>
30	Meat casseroles, stews and curries											No of dessertspoons (not incl. potato topping) <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
31	Roast, grilled or fried meat, including kebabs											Chicken breast = 4, Average slice = 1 <input type="checkbox"/> . <input type="checkbox"/>
32	Liver, kidney and faggots											Faggot = 4 See drawing <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
33	Meat pies and sausage rolls											Individual meat pie = 4 See drawing <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
34	Ham and processed cold meats											Average slice = 1 See drawing <input type="checkbox"/> . <input type="checkbox"/>

35	Fish in batter or breadcrumbs												Fish finger = 1, Triangle shape = 3, Chip shop fish = 5 <input type="checkbox"/> . <input type="checkbox"/>
36	Other white fish												4 dessert spoons = 1 See drawing <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
37	Oily fish, e.g. tuna, salmon, mackerel												No. of dessertspoons, Std can tuna = 17 <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving	
				1	2	3	4	5	6	7			
Vegetables													
38	Tinned peas, carrots, sweetcorn and mixed vegetables												No. of dessert spoons <input type="checkbox"/> . <input type="checkbox"/>
39	Carrots												No. of dessert spoons <input type="checkbox"/> . <input type="checkbox"/>
40	Peas and green beans												No. of dessert spoons <input type="checkbox"/> . <input type="checkbox"/>
41	Sweetcorn (fresh)												No. of dessert spoons <input type="checkbox"/> . <input type="checkbox"/>
42	Broccoli, cabbage, spring greens and brussel sprouts												No. of dessert spoons <input type="checkbox"/> . <input type="checkbox"/>
43	Cauliflower												No of dessert spoons <input type="checkbox"/> . <input type="checkbox"/>
44	Tomatoes												1 dessert spoons tinned = 1, Medium tomato = 5 <input type="checkbox"/> . <input type="checkbox"/>
45	Green salad												1 leaf lettuce = 1, 3 slices cucumber = 1 <input type="checkbox"/> . <input type="checkbox"/>

46	Beans and pulses												No. of dessert spoons	<input type="checkbox"/> . <input type="checkbox"/>
47	Other vegetables like aubergine, okra												No. of dessert spoons	<input type="checkbox"/> . <input type="checkbox"/>

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving		
				1	2	3	4	5	6	7				
Other meal items														
48	Vegetarian burgers, sausages and nuggets												1 burger = 2, 1 thin sausage = 1 1 large sausage = 2, 1 nugget = 0.5	<input type="checkbox"/> . <input type="checkbox"/>
49	Pizza												(See drawing)	<input type="checkbox"/> . <input type="checkbox"/>
50	Quiche and savory flan												(See drawing)	<input type="checkbox"/> . <input type="checkbox"/>
51	Eggs												No. of eggs	<input type="checkbox"/> . <input type="checkbox"/>
52	Cheese												1 dessert spoons grated = 0.5, 1 slice (see drawing) = 1 1 dessert spoons cottage = 1, Small triangle = 1	<input type="checkbox"/> . <input type="checkbox"/>
53	Savory white sauce												No of dessert spoons	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>
Fruit														
54	Tinned fruit												No. of dessert spoons 1 can fruitini = 12 dessert spoons	<input type="checkbox"/> . <input type="checkbox"/>
55	Apples and pears												1 whole fruit = 1 8 dessert spoons cooked fruit = 1	<input type="checkbox"/> . <input type="checkbox"/>
56	Bananas												No. of bananas	<input type="checkbox"/> . <input type="checkbox"/>
57	Oranges and Satsuma's												1 satsuma = 1, 1 orange = 3	<input type="checkbox"/> . <input type="checkbox"/>

58	Peaches, nectarines, melon											1 peach/nectarine = 3, 1 thin slice melon = 1	<input type="text"/> . <input type="text"/>
59	Strawberries, raspberries, mango and kiwi											Kiwi = 1, mango = 3, 5 strawberries = 1, 15 raspberries = 1	<input type="text"/> . <input type="text"/>
60	Plums, cherries and grapes											Plum = 1, 10 cherries/grapes = 1	<input type="text"/> . <input type="text"/>

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving	
				1	2	3	4	5	6	7			
Desserts													
61	Yoghurt and fromage frais											Weight ( <b>grams</b> ) Small pot approx 50g Average pot approx 100g	<input type="text"/> <input type="text"/> <input type="text"/> g
62a)	Ordinary whole milk yoghurt and fromage frais	62b)	Ordinary low fat yoghurt and fromage frais	62c)	Danone baby fromage frais made with follow on milk	62d)	Onky Blok fromage frais with addes vitamins	62e)	Supermarket own brand fromage frais with added vitamins	62f)	Other ..... ..... <i>For multiple types use 77</i>		
63	Other ready made desserts in pots											Average pot = 1	<input type="text"/> . <input type="text"/>
64	Ice-cream											No. of dessert spoons Mini milk = 3, 1 scoop = 6	<input type="text"/> <input type="text"/> . <input type="text"/>
65	Custard and sweet white sauce											No of dessert spoons	<input type="text"/> <input type="text"/> . <input type="text"/>
66	Halva (semolina or carrot)											No of dessert spoons	<input type="text"/> <input type="text"/> . <input type="text"/>
67	Milk puddings e.g. rice puddings, rasmalai											No of dessert spoons	<input type="text"/> <input type="text"/> . <input type="text"/>
68	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							Number of times per day	Average amount per serving	
				1	2	3	4	5	6	7			
<b>Cakes, biscuits and snacks</b>													
69	Cakes, buns and pastries											Small cake e.g. mini-roll = 1 Bun/scone = 2	<input type="checkbox"/> . <input type="checkbox"/>
70	Chocolate covered (including digestive) biscuits											Chocolate finger = ½, Digestive size = 1 Wrapped biscuit = 2	<input type="checkbox"/> . <input type="checkbox"/>
71	Other biscuits											No. of average biscuits	<input type="checkbox"/> . <input type="checkbox"/>
72	Chocolate											fund/treat size Mars etc = 1, 3 squares chocolate = 1 Average bag buttons = 2	<input type="checkbox"/> . <input type="checkbox"/>
73	Sweets											fun size bag = 1, average bag = 2	<input type="checkbox"/> . <input type="checkbox"/>
74	Crisps and savory snacks											1 average bag	<input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
<b>Spreads</b>													
75	Marmite and Bovril											No. of teaspoons 1 sl bread = 0.3 tsp	<input type="checkbox"/> . <input type="checkbox"/>
76	Peanut butter											No. of teaspoons 1 sl bread = 2 tsp	<input type="checkbox"/> . <input type="checkbox"/>
77	Jam and sweet spreads											No. of teaspoons 1 sl bread = 2 tsp	<input type="checkbox"/> . <input type="checkbox"/>
78	Butter and margarine											No. of teaspoons 1 sl bread = 1.5 tsp	<input type="checkbox"/> . <input type="checkbox"/>
<b>Miscellaneous</b>													
79	Sugar											No. of teaspoons	<input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving	
				1	2	3	4	5	6	7		No. of ozs	
Drinks													
80	Baby juices												□□ . □
81	Pure fruit juice												□□ . □
82	Fruit drinks												□□ . □
83	Ribena, C-vit and high juice blackcurrant squash ( <i>amt. diluted</i> )												□□ . □
<b>What is the main type?</b>		84a) Ordinary Ribena, C vit and hi juice		84b) Really light Ribena			84c) Low sugar hi juice blackcurrant				84d) Other .....		
85	Squash, <b>not</b> including low calorie ( <i>amt. diluted</i> )												□□ . □
86	Low calorie squash ( <i>amt. diluted</i> )												□□ . □
87	Fizzy drink, <b>not</b> including low calorie												□□ . □
88	Low calorie fizzy drinks												□□ . □
89	Tea ( <i>amt. without milk</i> )												□□ . □
90	Water												□□ . □

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving	
				1	2	3	4	5	6	7		Number of ounces	
Milk													
91	Cows Milk	Whole Full fat											□□ . □
		Semi-skimmed											□□ . □
		Skimmed											□□ . □
		Other (please specify) .....											□□ . □
92	Goats Milk	Whole											□□ . □
		Semi-skimmed											□□ . □
		Skimmed											□□ . □
		Other (please specify) .....											□□ . □
93	Soya Milk	Original											□□ . □
		Light (Low kcal)											□□ . □

	Food	Never	1-3 per month	Number of days per week							Number of times per day	Average amount per serving	
				1	2	3	4	5	6	7		Number of ounces	
Milk													
	Soya Milk	Sweetened											□□ . □
		unsweetened											□□ . □
		Other please specify .....											□□ . □
94	Formula	Cow & Gate											□□ . □
		Millupa											□□ . □
		Aptamil											□□ . □
		SMA											□□ . □
		Hipp Organic											□□ . □
		Heinz											□□ . □
		Farleys											□□ . □
		Other please specify .....											□□ . □
95	Soya Formula	Cow & Gate											□□ . □
		Millupa											□□ . □
		Aptamil											□□ . □

		SMA																		□□ . □
		Hipp Organic																		□□ . □
		Heinz																		□□ . □
		Farleys																		□□ . □
		Other please specify .....																		□□ . □
96	Other	Other please specify .....																		□□ . □

97. Is there anything else he/she has had to eat or drink 4 or more times (that is, about once a week or more) in the past 4 weeks that we have not already included?

Yes

No  go to section F

Brand/description	Number of days per week							Number of times per day	Average amount per serving	Code	Weight
	1	2	3	4	5	6	7				
98.											
99.											
100.											
101.											
102.											
103.											

## SECTION F

## 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**

Hours of TV or DVD watching per day	In 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
On a week day before 6pm						
On a week day after 6pm						
On a weekend day before 6pm						
On a weekend day after 6pm						

**3. TV or DVD viewing of baby**

Hours of TV or DVD watching per day	In 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
On a week day before 6pm						
On a week day after 6pm						
On a weekend day before 6pm						
On a weekend day after 6pm						

## SECTION G

## 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?

Times

**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?

In hours and minutes

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?

Times

**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?

In hours and/or minutes

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 *yardwork*:

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)

Times

**Interviewer:** The types of activities which might be reported here, in addition to the above examples include football (of 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?

In hours and/or minutes

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)

Times



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

**In hours and/or minutes**

Minutes

Hours

**9. To what extent do you agree or disagree with the following statements about physical activity and health? (Circle as appropriate)**

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

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Agree strongly
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**(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	Agree strongly
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**(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	Agree strongly
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**(e) Moderate exercise that increases your heart rate slightly can improve your health.**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Agree strongly
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**SECTION H Parents Diet**

# Short Form Food Frequency Questionnaire

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

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

*(Please only put one CROSS, but answer EVERY line)*

	Rarely or never	Less than 1 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
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"/>
Salad (not garnish added to sandwiches or accompaniment )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Boiled, mashed or jacket potatoes baked in the oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
Fried rice/biryani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chapattis/parathas/puris/nan 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"/>
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"/>
Chapattis/nan 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	Rarely or never	Less than 1 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
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Snacks	Rarely or never	Less than 1 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
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"/>
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"/>
Crisps and other savoury snacks (Doritos, cheese puffs 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"/>
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"/>
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"/>
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"/>
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"/>
Other snacks ( please 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	Rarely or never	Less than 1 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
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"/>
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"/>
Fruit drinks or squash – sugar free (with sweetener)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drinks or 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"/>
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"/>
Diet coke/diet Pepsi/diet 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"/>

Ready meals (take-away, chip shop, supermarket chilled meals etc)	Rarely or never	Less than 1 a Week	Once a Week	2-3 times a Week	4-6 times a Week	7+ times a week
Meat pies/pasties, vegetarian pies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, quiche, flan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal from chip-shop, e.g. chips, fish & chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef burgers/veggie burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kentucky-fried chicken or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian food take-away e.g. curry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donner kebab (meat, chicken etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese food take-away e.g. chow mein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ready meals/take-away meals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION I**

**GENERAL HEALTH QUESTIONNAIRE**

**Please read this carefully:**

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

Have you recently:

<b>SECTION A</b>				
been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>SECTION B</b>				
lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

<b>SECTION C</b>				
been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
felt on the whole you were doing things well?	Better than usual	About the same as usual	Less well than usual	Much less well
been satisfied with the way you've carried out your task?	More satisfied	About the same as usual	Less satisfied than usual	Much less satisfied
felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less than usual
felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
<b>SECTION D</b>				
been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely has

## SECTION J

## 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			
<b>Fruits</b>						
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 10
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

Food / Drink	Description	Size	Amount			
			0	1 can	2-5	More than 5
8. Canned fruit in syrup	Any fruit	Medium sized can	0	1 can	2-5	More than 5
9. Canned fruit in juice/water	Any fruit	medium sized can	0	1 can	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
<b>Vegetables</b>						



Food / Drink	Description	Size	Amount			
			0	1-3	4-10	More than 10
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
23. Tomatoes	Fresh	Individual	0	1-3	4-10	More than 2
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

Food / Drink	Description	Size	Amount			
			0	1/2	1	More than 1
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
<b>Snacks</b>						
29. Crisps, tortilla chips	All varieties	Handful	0	1-3	4-10	More than 10
30. Salted nuts	Including peanuts	Handful	0	½ - 3	4-10	More than 10
31. Biscuits	All varieties	Medium size pack	0	1-15	16-30	More than 30
32. Sweets	Hard and soft	Handful	0	1	2-5	More than 5
33. Chocolate	All varieties	Medium sized bar or handful	0	1	2-5	More than 5
34. Cakes, muffins	All varieties	Medium portion	0	1-3	4-10	More than 10
35. Ice-cream	All varieties	Medium tub	0	1	2	More than 2

<b>Drinks</b>						
36. Fizzy drink (e.g. cola)	Not diet	Medium can / bottle	0	1-5	6-10	More than 10
37. Fizzy drink (e.g. diet cola)	Diet	Medium can / bottle	0	1-5	6-10	More than 10
38. Sports drink (e.g. Lucozade, Gatorade)	All varieties	Medium bottle	0	1-5	6-10	More than 10
39. Fruit drinks (e.g. Sunny Delight, Ribena)	Not 100% fresh	Medium can / bottle	0	1-5	6-10	More than 10

### **Tips for filling out this form**

- Individual fruits are single pieces (e.g. 1 apple, 1 banana)
- Individual tomatoes refer to regular size tomatoes. If you have cherry tomatoes, count each one as 2.
- A medium can of coke has 330ml of coke
- 1 handful of crisps is about the same amount as a regular individual sized bag of crisps
- ½ handful of salted nuts is about the same amount as a small individual sized bag of peanuts



2 broccoli florets



1 handful grapes



1 medium banana



1 cup (about the size of a mans fist)



1 medium can



1 cup of peas



1 medium can of fizzy drink



Medium sized pack of biscuits



1 medium muffin

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

**Additional measures at 18 months:**  
Home food availability inventory (direct observation)

