

# Born In Bradford 3 year 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. Children grow so quickly, and change so much.*

*We are interested to know about what your child 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 apologise if any questions in this section cause offence – we are asking everyone the same questions but we realize some religions do not permit certain things.*

*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

-

This child is:  Singleton/First twin/Triplet  Second Twin/Triplet  Third triplet

Interviewer ID

Child's date of birth

-  -

Date of completion

-  -

Completed by:

Mother  Father  Carer

What language was used for administering the questionnaire?

English  Mirpuri  Urdu  Other

Other.....

Mother's date of birth

-  -

MOTHER'S Weight

. Not able to take

CHILD'S

Weight

. Not able to take

Height

. 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 child's general health*

**1. I would now like to ask you about your health. How would you describe your own health generally? Would you say it is .....**

Excellent

Very Good

Good

Fair

Poor

**2. I would now like to ask you about your child's health. How would you describe his/her general health? Would you say it is .....**

Excellent

Very Good

Good

Fair

Poor

**SECTION B**

**CHILDHOOD ILLNESSES**

*We would like to know about any health problems (child's name) has been taken to the GP surgery for. How many separate health problems, if any, has (child's name) had, not counting any accidents or injuries?*

**1. Has your son/daughter seen a doctor/nurse in the last twelve months 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 B4

**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 in the last twelve months ? (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 in the last twelve months? (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. Has your son/daughter been hurt, injured or had an accident and needed medical attention from a doctor or hospital in the last twelve months? (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 C

**SECTION C**

**FEEDING YOUR CHILD**

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

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

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

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

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

Yes                       No                       Don't know

**SECTION D**

**SLEEP**

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

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

1a    Day time    -    6am to 6pm                     

1b    Night time    -    6pm until 6am

**SECTION E**

**LIFESTYLE**

**SMOKING**

**1. Have you ever regularly smoked cigarettes; that is at least one cigarette a day?**  
(Cross ONE BOX ONLY)

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

If NO, go to question 4

**2. Do you smoke cigarettes nowadays?** (Cross ONE box only.)

Yes                       No

**2a. If no, when did you stop smoking?**

Age  Years old                      Don't remember

**3. If yes, how many cigarettes do/did you smoke in the last year? (Cross ONE box only)**

None	1-5 a day	6-10 a day	11-20 a day	Over 20 a day	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Are you exposed to other peoples' smoke at work or at home and if YES, for how many hours per day approx**

Yes                       No     Less than one hour per day/occasionally

4a. If yes – Hours

5. Is (child's name) exposed to other peoples' smoke and if YES, how many hours per day approx?

Yes  Less than one hour per day/occasionally  No

5a. If yes – Hours

### ALCOHOL

6. Have you drunk alcohol in the last year? (Cross ONE box only)

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

7. If once per week or more, what is the weekly average and maximum number of units at one time, in a week?

	Average number of units per week	Maximum units at one time
Beer/Lager	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wine	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Spirits	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Don't remember	<input type="checkbox"/>	<input type="checkbox"/>

8. In the last year how often did you consume 5 or more units of alcohol one occasion? (Cross ONE box only)

Every day  1-3 times per month   
Nearly every day  Rarely   
1-4 times per week  Never



**SECTION F**

**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
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 G

## PARENT'S PHYSICAL ACTIVITY

*The next questions are about any physical activities you may have done in the last week:*

1. **In the last week, how many times have your walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?**

Times

Does not apply

**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**

Hours

Does not apply

Minutes

Does not apply

**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

Does not apply

**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

Hours  Does not apply

Minutes  Does not apply

**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  Does not apply

**Interviewer:** The types of activities which might be reported here, in addition to the above examples include football (off all types), hockey, squash, cross-country skiing, cross-country hiking (i.e. in rough terrain, netball, gymnastics, using a rowing machine, marital 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

Hours  Does not apply

Minutes  Does not apply

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  Does not apply

**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       Does not apply

Hours       Does not apply

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

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

## SECTION H

## SCREEN TIME

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

Yes

No

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

Weekdays      Weekends

Please write number of hours

3. TV or DVD viewing of mother

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
On a week day before 6pm						
On a week day after 6pm						
On a weekend day before 6pm						
On a weekend day after 6pm						

4. TV or DVD viewing of your child

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
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 I

## CHILDREN'S PHYSICAL ACTIVITY

### Activity in the home

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

1. In the last month, how many days each week and for how long each day would you say your child has spent doing the following activities at home? (please tick)

	Less than Once a week	How often	For how long each day			
			Up to 15 mins/day	16-30 mins/day	31-60 mins/day	More than 60 mins/day, please estimate time
Colouring/drawing/ craft		...../7				Hrs... Mins...
Sitting playing with toys (e.g. dolls/puzzles educational play)		...../7				Hrs... Mins...
Watching TV/DVDs		...../7				Hrs... Mins...
Playing on the computer (not physically active games such as Nintendo)		...../7				Hrs... Mins...

Wii)						
Sitting listening/singing to music		...../7				Hrs... Mins...
Reading/being read to		...../7				Hrs... Mins...
Playing actively inside the house (dancing, crawling, running, sit and ride toys, push toys, physically active computer games such as Nintendo Wii)		...../7				Hrs...  Mins...
Playing actively in the garden/yard		...../7				Hrs... Mins...
Engaging in physical activity/active play that makes them sweat or breathe harder		...../7				Hrs...  Mins...

## Transport

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

	How often		For how long each day			
	Less Than once a week	Number of days each week. If never put a zero	Up to 15 mins/day	16-30 mins/day	31-60 mins/day	More than 60 mins/day. Please estimate time
In their buggy/pushchair		<i>17</i>				Hrs... Mins...
Walking		<i>17</i>				Hrs... Mins...
Being carried		<i>17</i>				Hrs... Mins...
In the car		<i>17</i>				Hrs... Mins...
On public transport		<i>17</i>				Hrs... Mins...

### Activity outside of the home

**3. Is there free space for your child to play outside in the surrounding neighbourhood e.g. parks and playgrounds? (Please circle)**      Yes      No

**4. In the last month, how often has your child played at the park/playground?**  
(please tick one box)

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

**5. In the last month, how long has your child spent at the park or playground when they have been? (please tick one box)**

- N/A, they haven't been
- Up to 15 minutes
- 16 – 30 minutes
- 31 – 60 minutes
- More than 60 minutes

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

*(please circle)*

Yes

No

**7. In the last month how often has your child played at indoor play facilities (playgroups and soft play centres, not nursery or pre-school)?** *(please tick one box)*

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

**8. In the last month, how long has your child spent at indoor play facilities when they have been?** *(please tick one box)*

- N/A, they haven't been
- Up to 15 minutes
- 16 – 30 minutes
- 31 – 60 minutes
- More than 60 minutes

**9. Does your child attend any organised/structured physical activity programmes (e.g. swimming/tennis class, dancing/gymnastics club, tumble tots). How many hours and minutes a week do they attend each programme for?**

Programme	Time/week in hours and minutes
.....	Hrs.....Mins.....
.....	Hrs.....Mins.....
.....	Hrs.....Mins.....

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

*(please tick one box)*

- Full time 30 hours or more per week
- Part time, how many Hours ... and Minutes .....
- They don't go

**11. Does the nursery/pre-school your child attends have an indoor movement area where your child can be physically active?** *(please circle)*

- Yes       No       Not Applicable

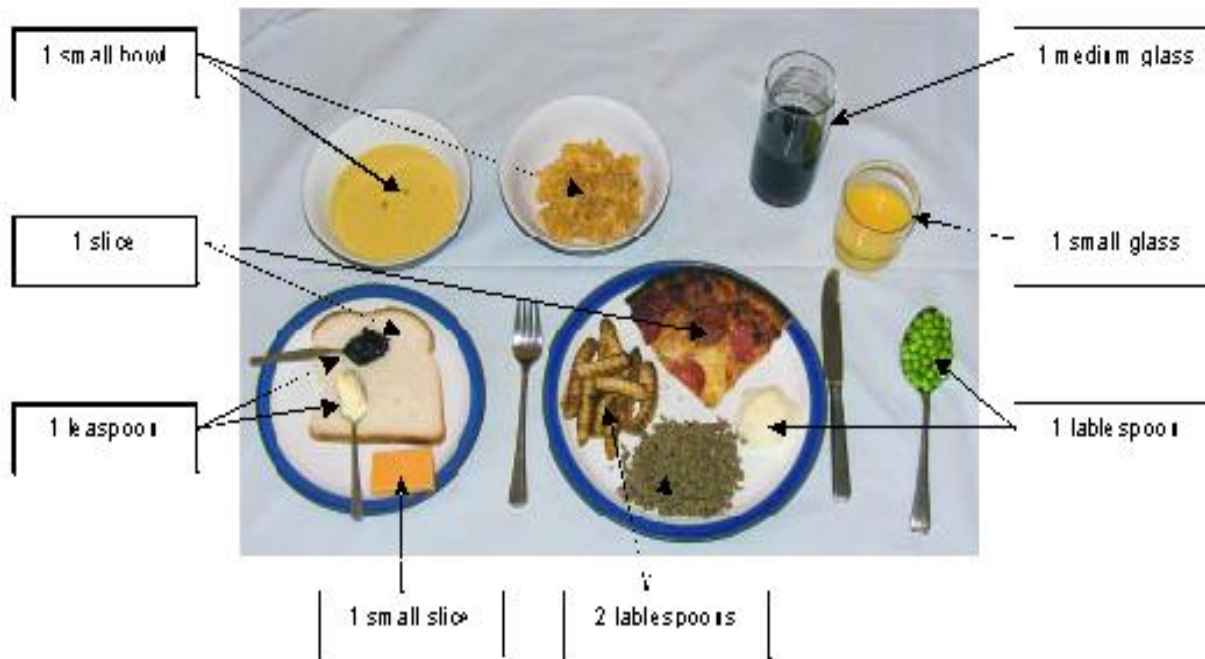
**12. Does the nursery/pre-school your child attends have an outdoor play area where your child can be physically active?** *(please circle)*

- Yes       No       Not Applicable

## Section J: Diet questionnaire for children

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

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



### How to complete the questionnaire

**Please take a few minutes to read the instruction carefully.**

Please use black or blue pen to complete the questionnaire: do not use pencil.

For every line in the questionnaire, you need to tick

one box to say how many times your child usually has this food or drink.

Born in Bradford\_3 yrs\_BiB1000\_20160526

- If your child does not usually have any of this food or drink, please tick the first box (rarely or never).
- If your child has the food or drink more than once a month but less than once a week, please tick the next box (one or two per month).
- If your child has the food or drink every week but not every day, please tick one of the weekly boxes to indicate how many measures of this food or drink he/she has in a typical week (1 per week, 2-3 per week or 4-6 per week).
- If your child has the food and drink every day, please tick one of the daily choices (1 per day, 2 per day, 4-6 per day or 7 or more per day).

For dishes that are made up of more than one food you may have to split it up into its separate part e.g. a ham sandwich (2 slices of white bread, 1 teaspoon of butter and 2 slices of ham).

For a few foods, your child may have more than one measure on several days a week but not every day. For these foods please use the daily choices which give approximately the same total intake per week, e.g. for 8-10 measures per week please tick 1 per day (see example below).

Example: if your child has a piece of Weetabix every day, three medium glasses of regular blackcurrant diluting juice every day, two slices of white bread 5 days a week, an apple twice a week, but never has peanut butter, your answer should look like this:

Food	Measure	Rarely or never	One or two per month	1 per week	2-3 per week	4-6 per week	1 per day	2-3 per day	4-6 per day	7 or more per day
Unsweetened cereals (e. g. cornflakes, Shreddles, Weetabix, Rice Krispies)	1 small bowl, 3 tablespoons or 1 piece						√			
Regular blackcurrant diluting juice	1 medium glass							√		
White Bread or rolls	1 slice or roll						√			
Apple	1 small apple				√					
Peanut butter	1 teaspoon	√								

If you want to change an answer, simply cross out your first tick and add another one in the right box.

If your child has any foods or drinks which are not listed, or if you are not sure about where to add any foods or drinks, please use section 17 ('other foods') at the end of the questionnaire.



Food	Measure	Rarely or never	One or two per month	1 per week	2 – 3 per week	4 – 6 per week	1 per day	2 -3 per day	4 –6 per day	7 or more per day
<b>1. Breakfast cereals</b>										
<b>1a.</b> Unsweetened cereals (e. g. Cornflakes, Shreddles, Weetabix, Rice krispies)	1 small bowl, 3 tablespoons or 1 piece									
<b>1b.</b> Sweetened cereals ( e.g. Frosties, Suger Puffs, Coco Pops, Honey Nut Loops)	1 small bowl or 3 tablespoons									
<b>1c.</b> Ready Brek or porridge	1 small bowl or 3 tablespoons									
<b>1d.</b> Muesli (all types)	1 small bowl or 3 tablespoons									
<b>2. Bread ( including sandwiches and toast)</b>										
<b>2a.</b> White bread or rolls	1 slice or roll									
<b>2b.</b> Brown or granary bread or rolls	1 slice or roll									
<b>2c.</b> Wholemeal bread or rolls	1 slice or roll									
<b>2d.</b> Croissants, garlic bread	1 slice or 2 slice									
<b>2e.</b> Other bread (e.g. Pitta. Naan, tortilla, bagel, Chapatti/roti)	1 piece									
<b>3. Milk ( in drinking and on cereals)</b>										
<b>3a.</b> Full fat cow's milk	1 small glass or ¼ pint									

<b>3b.</b> Semi-skimmed cow's milk	1 small glass or ¼ pint									
<b>3c.</b> Skimmed cow's milk	1 small glass or ¼ pint									
<b>3d.</b> Soya milk	1 small glass or ¼ pint									
<b>3e.</b> Flavoured milk ( e.g. chocolate, strawberry, Lassi)	1 small glass or ¼ pint									
<b>4. Yogurt, cheese and eggs</b>										
<b>4a.</b> Drinking yogurts ( Actimel, Yakult)	1 bottle									
<b>4b.</b> Flavoured yogurts ( e.g. all fruit yogurts, crunch corners, crunchie)	1 small pot									
<b>4c.</b> Fromage frais ( all flavours)	1 small pot									
<b>4d.</b> Natural, low fat or low calories yogurt	1 small pot									
<b>4e.</b> Cream (all types)	1 tablespoon									
<b>4f.</b> Full fat cream cheese (e.g. Philadelphia)	1 tablespoon									
<b>4g.</b> Cheddar-type cheese (including cheese strings)	1 small slice or 1 stick									
<b>4h.</b> Edam, Brie or cheese spreads ( e.g. Dairylea)	1 slice, 1 piece or 1 tablespoon									
<b>4i.</b> Low fat hard or soft cheese	1 slice or 1 tablespoon									
<b>4j.</b> Eggs ( boiled, fried, scrambled or omelette)	1 egg									

Food	Measure	Rarely or never	One or two per month	1 per week	2 – 3 per week	4 – 6 per week	1 per day	2 -3 per day	4 –6 per day	7 or more per day
<b>5. Meat (excluding Quorn and Soya)</b>										
<b>5a.</b> Meat burgers or mince Including kebabs	1 small burger or 1 tablespoon									
<b>5b.</b> Meat sauce ( e.g. pasta)	1 tablespoon									
<b>5c.</b> Frankfurters	1 sausage									
<b>5d.</b> Fried or grilled sausage	1 sausage									
<b>5e.</b> Bacon or gammon	1 slice									
<b>5f.</b> Cold ham or turkey	1 slice									
<b>5g.</b> Salami or continental sausage	1 slice									
<b>5h.</b> Stewed, fried, grilled or roast beef, pork or lamb(including curried)	1 tablespoon or 1 slice									
<b>5i.</b> Chicken nuggets/ Chicken stick	1 serving									
<b>5j.</b> Casserole, fried, grilled or roast chicken or turkey	1 tablespoon or 1 slice									
<b>5k.</b> Meat or chicken pies, pasties or sausage rolls (Halal also) Including Pakoras/ samosas	1 individual pie or 1 roll									

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

Food	Measure	Rarely or never	One or two per month	1 per week	2 – 3 per week	4 – 6 per week	1 per day	2 -3 per day	4 –6 per day	7 or more per day
<b>7. Potatoes, rice and pasta</b>										
<b>7a.</b> Boiled, mashed or baked potatoes	1 tablespoon or 1 potato									
<b>7b.</b> Potato croquettes or waffles	1 piece									
<b>7c.</b> Roast or fried potatoes	1 potato or 2 tablespoons									
<b>7d.</b> Oven chips	2 tablespoons									
<b>7e.</b> Home-cooked chips	2 tablespoons									
<b>7f.</b> Chips from a chip shop, cafe or restaurant	1 small bag									
<b>7g.</b> Spaghetti and other pasta or couscous	2 tablespoons (cooked)									
<b>7h.</b> Rice (all types)	2 tablespoons (cooked)									
<b>7i.</b> Noodles (all types)	2 tablespoons (cooked)									
<b>8. Savoury dishes, soups and sauces</b>										
<b>8a.</b> Pizza	1 small (6 inch) pizza or 1 slice									
<b>8b.</b> Quiche	1 slice									
<b>8c.</b> Quorn, soya or tofu products ( all types)	1 serving									
<b>8d.</b> Nut roast, nut burgers or vegetable	1 serving									

burgers										
<b>8e.</b> Baked beans	1 tablespoon									
<b>8f.</b> Other beans or lentils (excluding soups)	1 tablespoon									
<b>8g.</b> Canned or dried soup	1 small bowl									
<b>8h.</b> Home-made soup	1 small bowl									
<b>8i.</b> Bottled sauces ( e.g. tomato ketchup )	1 teaspoon									
<b>8j.</b> Tomato sauces ( e.g. for pasta)	1 tablespoon									
<b>8k.</b> Other sauce ( e.g. cheese, white, curry, sweet & sour)	1 tablespoon									
<b>8l.</b> Gravy	1 tablespoon									
<b>8m.</b> Mayonnaise or salad cream	1 teaspoon									
<b>Food</b>	<b>Measure</b>	<b>Rarely or never</b>	<b>One or two per month</b>	<b>1 per week</b>	<b>2 – 3 per week</b>	<b>4 – 6 per week</b>	<b>1 per day</b>	<b>2 -3 per day</b>	<b>4 –6 per day</b>	<b>7 or more per day</b>
<b>9. Vegetables ( fresh, frozen and tinned)</b>										
<b>9a.</b> Mixed vegetable dishes ( e.g. stir fry, curry)	1 tablespoon									
<b>9b.</b> Peas or green beans	1 tablespoon									
<b>9c.</b> Sweet corn	1 tablespoon or 1 small cob									
<b>9d.</b> Broccoli	1 tablespoon or 2 pieces									
<b>9e.</b> Cabbage	1 tablespoon									

<b>9f.</b> Spinach	1 tablespoon									
<b>9g.</b> Other green vegetables (e.g. leeks, courgettes)	1 tablespoon									
<b>9h.</b> Cauliflower, Swede (neeps) or turnip	1 tablespoon									
<b>9i.</b> Raw carrot	½ carrot									
<b>9j.</b> Cooked carrot	½ carrot									
<b>9k.</b> Onions	¼ onions or 2 teaspoons									
<b>9l.</b> Tomatoes	1 tomato									
<b>9m.</b> peppers	¼ pepper									
<b>9n.</b> Other salad vegetables (e.g. lettuce, cucumber, celery)	1 small serving									
<b>9o.</b> Coleslaw	1 tablespoon									
<b>9p.</b> Potato salad	1 tablespoon									
<b>10. Fruit ( fresh, frozen and tinned )</b>										
<b>10a.</b> Fresh fruit salad	1 tablespoon									
<b>10b.</b> Tinned fruit (all kinds )	1 tablespoon									
<b>10c.</b> Apples	1 small apple									
<b>10d.</b> Oranges	1 small orange									
<b>10e.</b> Bananas	1 small banana									
<b>10f.</b> Grapes, melon, pear	1 small serving									

<b>10g.</b> kiwi	1 fruit									
<b>10h.</b> Other fresh fruit (e.g. peaches, strawberries, mango etc.)	1 small serving									
<b>10i.</b> Dried fruit ( all kinds )	1 tablespoon									
<b>Food</b>	<b>Measure</b>	<b>Rarely or never</b>	<b>One or two per month</b>	<b>1 per week</b>	<b>2 – 3 per week</b>	<b>4 – 6 per week</b>	<b>1 per day</b>	<b>2 -3 per day</b>	<b>4 –6 per day</b>	<b>7 or more per day</b>
<b>11. Juice and other drinks</b>										
<b>11a.</b> Pure apple juice	1 small glass									
<b>11b.</b> Other pure fruit juice (orange, pineapple etc.)	1 small glass									
<b>11c.</b> High juice fruit drinks (five alive, Sunny Delight etc.)	1 small carton, medium glass									
<b>11d.</b> Regular fruit juice drinks ( e.g. fruit shoots, Capri sun, Ribena cartons, Rubicon Mango Juice etc.)	1 small bottle, pouch or carton									
<b>11e.</b> Other fruit flavoured drinks including flavoured water ( e.g. Calypso Carton)	1 carton, small bottle or medium glass									
<b>11f.</b> Regular blackcurrant diluting juice	1 medium glass made-up									
<b>11g.</b> No added sugar diluting juice	1 medium glass made-up									
<b>11h.</b> Regular orange, lemon or other diluting	1 medium glass made-									



juice	up									
<b>11i.</b> No added sugar orange, lemon or other diluted juice	1 medium glass made-up									
<b>11j.</b> Regular fizzy drinks ( e.g. lemonade, Irn Bru, Cola)	1 medium glass or ½ can									
<b>11k.</b> Low calorie or diet fizzy drinks	1 medium glass or ½ can									
<b>11l.</b> Drinking chocolate powder	2 teaspoons or 1 sachet									
<b>11m.</b> Tea (excluding fruit, herbal or green)	1 cup									
<b>11n.</b> Tap or mineral water ( not in other drinks)	1 medium glass									
<b>11o.</b> Smoothies ( all kinds)	1 small bottled or carton									
<b>12. Sugar, jam and other spreads</b>										
<b>12a.</b> Sugar (on cereals and in drinks but not in cooking)	1 teaspoon									
<b>12b.</b> Jam, honey or marmalade	1 teaspoon									
<b>12c.</b> Peanut butter	1 teaspoon									
<b>12d.</b> Chocolate spread	1 teaspoon									
<b>12e.</b> Marmite	1 serving									
<b>12f.</b> Butter or margarine	1 teaspoon									
<b>13. Crips, nuts and savoury snacks</b>										
<b>13a.</b> Regular crisps (all types)	1 small bag									
<b>13b.</b> Reduced fat crisps (all types)	1 small bag									
<b>13c.</b> Other savoury snacks (Quavers, popcorn etc.)	1 small bag									

<b>13d.</b> Peanuts and other nuts Inc. Bombay mix	1 small bag									
<b>13e.</b> Savoury biscuit, crackers or breadsticks	1 biscuit or 2 sticks									

Food	Measure	Rarely or never	One or two per month	1 per week	2-3 per week	4-6 per week	1 per day	2-3 per day	4-6 per day	7 or more per day
<b>14. Biscuit and cakes</b>										
<b>14a.</b> Plain biscuit (e.g. Rich tea, Digestive, ginger nuts)	1 biscuit									
<b>14b.</b> fancy biscuit ( e.g. creams, iced biscuits)	1 biscuit									
<b>14c.</b> Chocolate biscuits or cookies ( all types)	1 biscuit									
<b>14d.</b> Cereal bars or flapjacks	1 biscuit									
<b>14e.</b> Scones or pancakes	1 piece									
<b>14f.</b> Doughnuts, muffins or pastries	1 piece									
<b>14g.</b> Fruit cake or malt loaf	1 small slice									
<b>14h.</b> Plain cakes	1 small slice									
<b>14i.</b> Cakes with icing	1 small slice									
<b>14j.</b> Cream cakes or gateaux	1 small slice									
<b>15. Desserts</b>										
<b>15a.</b> Mousse, blancmange or trifle	1 small pot or 2 tablespoon									
<b>15b.</b> Jelly	1 tablespoon									
<b>15c.</b> Milk puddings (e.g. rice, semolina) Including Halva	1tablesoon									
<b>15d.</b> Sponge puddings (jam, steamed, syrup etc.)	1 tablespoon									
<b>15e.</b> Fruit tarts, crumbles or pies , other pastries	1 small slice or 1 tablespoon									

<b>15f.</b> Custard	1 tablespoon									
<b>15g.</b> cheesecake	1 small slice									
<b>16. Sweets, chocolates and ice-creams</b>										
<b>16a.</b> Boiled, chewy or chocolate sweets (e.g. toffee, chews, fruit gums)	1 small packet									
<b>16b.</b> Chocolate bars (e.g. Mars, milky way, Dairy Milk)	1 small bar or 5x miniature celebrations or 2 x fun size bars									
<b>16c.</b> Wrapper ice creams (e.g. Solero, Cornetto, choc ice)	1 ice- cream									
<b>16d.</b> Other ice cream (all flavours)	1 scoop or 1 small tub									
<b>16e.</b> Iced lollies	1 lolly									

### 17. Other foods

<b>Food or drink description</b>	<b>Amount usually consumed</b>	<b>1 per week</b>	<b>2-3 per week</b>	<b>4-6 per week</b>	<b>1 per day</b>	<b>2-3 per day</b>	<b>4-6 per day</b>	<b>7 or more per day</b>


**18. Other foods** Please enter details of any foods or drinks which your child has at least once a week which have not been included in the questionnaire above

.....

**19. Brand details**

Please give full details of the types (including brand name if possible) of any of the following foods which your child usually has

**18a. Margarine (e.g. Flora Buttery)**

Margarine, please specify

.....

**18b. Butter**

Butter , Please specify.....

**18c. Oil or fat used for home cooking (e.g. Tesco corn oil)**

Please Specify.....

**19. Dietary supplements**

Please give as full details as possible (including brand name and amount used) of any supplements

	Brand name and strength	Amount usually taken per week (e.g. 7 tablets, 5 Drops or 2 teaspoons)
<b>19a.</b> Vitamins or multivitamins		
<b>19b.</b> Cod liver oil or other oil		
<b>19c.</b> Other supplement		

**20. Any other information on your child's diet**

Diabetic	<input type="checkbox"/>	Gluten free	<input type="checkbox"/>
Milk Free	<input type="checkbox"/>	Lactose free	<input type="checkbox"/>
Organic	<input type="checkbox"/>	Halal	<input type="checkbox"/>
Other	<input type="checkbox"/>		

.....

## Section K STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

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

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children (treats, toys, pencils etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 17. Kind to younger children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Often argumentative with adults                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Picked on or bullied by other children                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Often volunteers to help others (parents, teachers, other children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Can stop and think things out before acting                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Can be spiteful to others   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Gets on better with adults than other children                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Many fears, easily scared   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Sees tasks through to the end, good attention span                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Section L: Strengths and Difficulties (SDQ)

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

No Difficulties	Yes - minor difficulties	Yes- more serious difficulties	Yes- Severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

How long have they been present?

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

3. Do the difficulties upset or distress your child?

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

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

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

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

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

## Section M - Foods in your home –

Please tell us whether you have had any of the following foods or drinks in your home over the past 7 days. Estimate the amount of food based on the greatest amount that you had in your home in that period.

Use the pictures on the guidance sheet to help you work out the sizes.

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
- There are also tips at the bottom of the table to help you decide how much you have of each item.

Remember: There are no wrong or right answers.

Food / Drink	Description	Size	Amount			
<b>Fruits</b>						
1. Bananas	Fresh	Individual	0	1-3	4-10	>10
2. Apples	Fresh	Individual	0	1-3	4-10	>10
3. Melon	Fresh	Whole melon	0	1/2	1	>1
4. Grapes	Fresh	Handful	0	1-3	4-10	>10
5. Oranges	Fresh	Individual	0	1-3	4-10	>10
6. Pears	Fresh	Individual	0	1-3	4-10	>10

Food / Drink	Description	Size	Amount			
			0	1-3	4-10	>10
7. Peaches	Fresh	Individual	0	1-3	4-10	>10
8. Canned fruit in syrup	Any fruit	Medium sized can	0	1 can	2-5	>5
9. Canned fruit in juice/water	Any fruit	medium sized can	0	1 can	2-5	>5
10. Plums	Fresh	Individual	0	1-3	4-10	>10
11. Kiwis	Fresh	Individual	0	1-3	4-10	>10
12. Pineapple	Fresh	Whole pineapple	0	1/2	1	>1
13. Berries or cherries (including strawberries)	Fresh or frozen	Handful	0	1	2	>2
14. Grapefruit	Fresh	Whole grapefruit	0	1/2	1-3	>3
15. Fruit salad	Fresh	Cup / handful	0	1-3	4-10	>10
16. Dried fruit	(e.g. raisins, apricots)	Cup / handful	0	1	2	>2
<b>Vegetables</b>						
17. Carrots	Fresh or frozen	Individual	0	1-3	4-10	>10

Food / Drink	Description	Size	Amount			
			0	1-3	4-10	>10
18. Celery	Fresh	Individual stick	0	1-3	4-10	>10
19. Greens / spinach	Fresh or frozen	Cup / handful	0	1	2	>2
20. Lettuce	Fresh	Individual head or mixed bag	0	1	2	>2
21. Sweet corn	Fresh or frozen	Cup / handful	0	1	2	>2
22. Peas	Fresh or frozen	Cup / handful	0	1	2	>2
23. Tomatoes	Fresh	Individual	0	1-3	4-10	>10
24. Tomatoes	Canned	Medium can	0	1	2-5	>5
25. Broccoli	Fresh or frozen	Florets / head	0	1-3	4-10	>10
26. Green beans	Fresh or frozen	Cup / handful	0	1	2	>2
27. Cabbage	Fresh	Whole cabbage	0	1/2	1	>1
28. Other vegetables like aubergine, okra etc.	Fresh	Cup / handful	0	1/2	1	>1

Food / Drink	Description	Size	Amount			
			0	1 can	2-5	>5
29. Canned vegetables	Any vegetable	Medium sized can	0	1 can	2-5	>5
<b>Snacks</b>						
30. Crisps, tortilla chips	All varieties	Handful	0	1-3	4-10	>10
31. Salted nuts	Including peanuts	Handful	0	½ - 3	4-10	>10
32. Biscuits	All varieties	Medium size pack	0	1-15	16-30	>30
33. Sweets	Hard and soft	Handful	0	1	2-5	>5
34. Chocolate	All varieties	Medium sized bar or handful	0	1	2-5	>5
35. Cakes, muffins	All varieties	Medium portion	0	1-3	4-10	>10
36. Ice-cream	All varieties	Medium tub	0	1	2	>2
<b>Drinks</b>						
37. Fizzy drink (e.g. cola)	Not diet	Medium can / bottle	0	1-5	6-10	>10
38. Fizzy drink (e.g. diet cola)	Diet	Medium can / bottle	0	1-5	6-10	>10
39. Sports drink (e.g. Lucozade, Gatorade)	All varieties	Medium bottle	0	1-5	6-10	>10

Food / Drink	Description	Size	Amount			
40. Fruit drinks (e.g. Sunny Delight, Ribena)	Not 100% fresh	Medium can / bottle	0	1-5	6-10	>10

