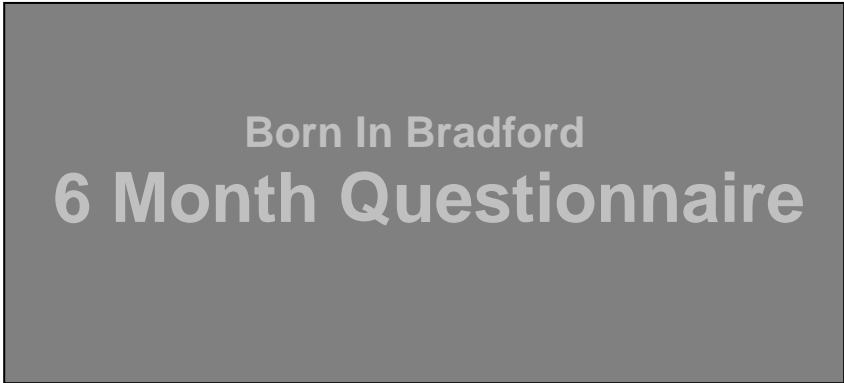


Study ID

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Date completed

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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.

This questionnaire asks about you and your baby. We are interested to know about your baby's health and behaviour as well as how your baby is feeding. We also want to know about your health and your beliefs and practices.

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.

Interviewer name/code

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

CHILDHOOD ILLNESSES

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

1. Has (child's name) seen a doctor or nurse since birth because he/she had a problem you were worried about? (Cross ONE box only)

Yes No Don't know Refused

Interviewer: If NO, 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"/>
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 birth? (Cross ONE box only)
(Child must have been in hospital for at least 24 hours)

Yes No Don't know Refused

Interviewer: If YES how many times?

6. Has (child's name) been to a hospital outpatient clinic since birth? (Cross ONE box only)

Yes No Don't know Refused

Interviewer: If YES how many times?

7. Since birth, has (child's name) 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

If YES, how many times?

SECTION C

FEEDING YOUR BABY

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

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

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

Yes No Don't know

Interviewer If YES go to question 4

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

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

 Still having breast milk

 Days

 Weeks

 Months

 Don't know

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

Interviewer: SMA, Cow & Gate. Formula Soya milk, Follow-on formula milk etc

(Cross ONE box only)

 Still not had formula milk

 Days

 Weeks

 Months

 Don't know

5a. How old was (child's name) when he/she was given something else to drink apart from breast or formula milk to drink, such as tap or mineral water, unsweetened herbal drink, unsweetened fruit juice, diet drinks low in sugar such as diet cola or diet squash, unsweetened tea? (Cross ONE box only)

- Still not had anything else to drink
- Days
- Weeks
- Months
- Don't know

5b. How old was (child's name) when he/she was given something else to drink apart from breast or formula milk to drink, such as sweetened drinks like cola, squash, lemonade, sweetened tea? (Cross ONE box only)

- Still not had anything else to drink
- Days
- Weeks
- Months
- Don't know

6a. How old was (child's name) when he/she was given solids to eat . Savoury baby foods in a jar, packet, tin or homemade (e.g. baby rice, pre-prepared baby foods, pureed vegetables, fruit or rice, lentils/dahl etc.) (Cross ONE box only)

- Still not had any savoury solids
- Days
- Weeks
- Months
- Don't know

6b. How old was (child's name) when he/she was given solids to eat. Sweet baby foods in a jar, packet, tin or homemade (e.g. egg custard, rice pudding, sweetened rusks, biscuits, cake etc.) (Cross ONE box only)

- Still not had any solids
- Days
- Weeks
- Months
- Don't know

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

Statement	<i>Never</i>	<i>Seldom</i>	<i>Half of the time</i>	<i>Most of the time</i>	<i>Always</i>	<i>Doesn't know</i>	<i>Refuse to answer</i>	<i>N/A</i>
7a. When your baby is at home how often are you responsible for feeding him/her?								

7b) If you answered 'Never', 'Seldom' or 'Half of the time'– who else is responsible for feeding him/her? (Cross ONE box only)

- Father Maternal Grandmother Sister /brother Paternal Grandmother
-

Other : Please specify

.....
(Cross ONE box only)

Statement	<i>Never</i>	<i>Seldom</i>	<i>Half of the time</i>	<i>Most of the time</i>	<i>Always</i>	<i>Doesn't know</i>	<i>Refuse to answer</i>	<i>N/A</i>
7c. When your baby is at home how often are you responsible for deciding what your baby is given to eat?								

7d) If you answered 'Never' 'Seldom' or 'Half of the time'– who decides what your baby is fed? (Cross ONE box only)

Father	Maternal Grandmother	Sister /brother	Paternal Grandmother
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other : Please specify

.....

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 – 6am to 6pm

1b Night time After 6pm until 6am

SECTION D INFANT GROWTH AND GROWTH PERCEPTION

We would like to know how you feel your baby has been growing in the past six months

(Cross ONE box only)

1. At this moment in time, how do you see the body weight of your child?

Much too low A little too low Just right A little too high Much too high

2. At this moment in time how would you classify your child's weight?

Very underweight Underweight Average Overweight Very overweight

3. Compared with other children his/her age, what is your child's weight?

Much thinner A little bit thinner About the same A little heavier Much more heavier

4. Compared with other children his/her age, how quickly has your child gained weight?

Much slower A little slower About the same A little quicker Much more quickly

5. I am worried my child will become overweight

Disagree a lot Disagree a little Neither agree Nor disagree Agree a little Agree a lot

6. I would be concerned if my baby was under-eating and not gaining weight

Disagree a lot Disagree a little Neither agree Nor disagree Agree a little Agree a lot

7. At this moment in time how would you describe yourself?

Very Overweight Moderately overweight Slightly overweight Just right Slightly underweight Moderately underweight Very underweight

Interviewer: For question 8 please show card with male and female pictures and note the figure chosen in the table.

8. Here are a number of pictures. We want you to select the picture that most looks like you and your husband/partner NOW. If you do not know please put 'don't know' in the column instead of the picture letter.

	Please insert the letter from the picture that looks most like you and the picture that looks most like your husband/partner
You	
Your husband/partner	

This next section asks about who you and (child's name) live with

SECTION E: WHO YOU LIVE WITH

Can I just check, has your marital status changed since we last saw you?

1. Are you: (CROSS one box only)

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

2. Are you:

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

I would like to ask you about the people who usually live here, even if they are away at present. A household involves living at the same address and sharing cooking facilities and sharing a living room, dining room or kitchen. Please remember that all answers you give me will be completely confidential.

3. Including yourself, how many people live regularly as members of the household you live in?

Number of people

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

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

What is the first name of that person?

And what is their relationship to you?

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

Is this person male or female?

Do you know their date of birth?

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

Do you know their age at their last birthday?

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

What is the first name of that person?

Born inBradford_6mths_BiB1000_20160526

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

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

SECTION F: EMPLOYMENT STATUS

1. I'd like to ask you some questions about how (child's name) is looked after, but first can you tell me which of the things on this card best describes what you are currently doing?

Interviewer: (Cross ONE box only)

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

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

Other

Interviewer: Write in 'doing something else' answer (description of activity).

2. Can I just check, have you returned to work since (child's name) was born, or are you still on leave

- Yes, has returned to work
- No, still on leave

ENDIF

Interviewer: If answers:

a. 'In a job and currently working for an employer'

OR

'on maternity leave from an employer'

-ask question **F3**

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

-ask question **F7**

EMPLOYMENT STATUS CONT.

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

About yourself

Employed or self-employed

3. Do you work as an employee or are you self employed? (Cross ONE box only)

- | | |
|--|--------------------------|
| Employee | <input type="checkbox"/> |
| Self employed with employees | <input type="checkbox"/> |
| Self employed/freelance without employees (go to F6) | <input type="checkbox"/> |
| Student/in training | <input type="checkbox"/> |

Number of employees

4. For employees: 'How many people work for your employer at the place where you work?'

For self employed: 'How many people do you employ?'

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

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> 1-24 | <input type="checkbox"/> 25 or more |
|-------------------------------|-------------------------------------|

Supervisory status

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

(Cross ONE box only)

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Occupation

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

(Cross ONE box only)

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

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

About your partner/husband

7. Is/was your partner/husband employed? (Cross ONE box only)

Yes Never been in employment Not applicable

If 'Never been in employment' go to next section

Employed or self-employed

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

- Employee
- Self employed with employees
- Self employed/freelance without employees (go to **F11**)
- Student/in training

Number of employees

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

For self employed: 'How many people do/did he employ?'

Interviewer: Go to **F11** when you have completed this question.)

- 1-24
- 25 or more

Supervisory status

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

(Cross ONE box only)

Yes No

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

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

SECTION G

CHILDCARE

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

1. 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

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

	How many hours per week on average?	In your home		Does the carer feed your baby?		How many other children Are present when your baby is being looked after?
		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"/>
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"/>	

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"/>	<input type="checkbox"/> <input type="checkbox"/>

SECTION H

LIFESTYLE

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.

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 since giving birth to (child's name)?
(Cross ONE box only)

None	1-5 a day	6-10 a day	11-20 a day	Over 20 a day
<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

|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

If yes – Hours

ALCOHOL

6. Have you drunk alcohol since (child's name) was born? (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 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. Since the (child's name) was born how often did you consume 5 or more units of alcohol one occasion? (Cross ONE box only)

Every day	<input type="checkbox"/>	1-3 times per month	<input type="checkbox"/>
Nearly every day	<input type="checkbox"/>	Rarely	<input type="checkbox"/>
1-4 times per week	<input type="checkbox"/>	Never	<input type="checkbox"/>

SECTION I: 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 (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

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)

9(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
-------------------	----------	----------------------------	-------	----------------

9(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
-------------------	----------	----------------------------	-------	----------------

9(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
-------------------	----------	----------------------------	-------	----------------

9(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
-------------------	----------	----------------------------	-------	----------------

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

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Agree strongly
-------------------	----------	----------------------------	-------	----------------

Interviewer: Please administer the next sections of the questionnaire

SECTION J:

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 video 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 3 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 3 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 K

EATING HABITS

These next set of questions ask about your eating habits. When we have finished asking these we have a few other sections which we would like you to complete yourself. The first one asks quite a bit more about what you eat on a weekly basis.

1. On average, how many portions of FRUIT do you eat a day?

(examples include a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits). _

No of portions =

2. On average, how many portions of VEGETABLES do you eat a day? (examples include: 3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli).

No of portions =

3. What milk do you usually use or drink, such as in hot & cold drinks or on cereal?

(including tea, coffee, hot milk, milk shakes, or on cereal)

Whole / full-fat milk	<input type="checkbox"/>	Semi-skimmed milk	<input type="checkbox"/>
Skimmed milk	<input type="checkbox"/>	Rarely/never use milk	<input type="checkbox"/>
Condensed milk	<input type="checkbox"/>		
Other (please write its name)			

Please circle the appropriate number

4. Your meals in the last seven days	Number of days								
	0	1	2	3	4	5	6	7	
4a In <u>the last seven days</u> , on how many days did you eat breakfast at home?									
4b In <u>the last seven days</u> , on how many days did you eat meals that you or your partner cooked from fresh ingredients?									
4c In <u>the last seven days</u> how often did you have hot take-away food to eat at home?									
4d In <u>the last seven days</u> how often did you have a meal away from home (restaurant, relative's house etc)?									

Please tick all that apply

5 What type of milk do you usually drink in your house? Cross ONE box only

Full-cream	Semi - skimmed	Skimmed	None	Don't know

6 What sort of bread do you usually eat in your house? Cross ONE box only

White	High-fibre white	Wholemeal/ Granary	None	Don't know

7 What sort of spread do you usually eat in your house? Cross ONE box only

Butter	Margarine	Low-fat spread	None	Don't know

Please place Cross in ONE box only

8 Compared to other people your age, how would you rate your eating pace:

	Slow	Average	Fast
You			
Partner (if applicable)			

Please place Cross in ONE box only

9 How long does it normally take to eat your evening meal?

	5-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes
You				
Partner (if applicable)				

Please place Cross in ONE box only

10 How often do you and your partner regularly ask for or take a second helping?					
	Never	Almost never	Sometimes	Frequently	Always
You					
Partner (if applicable)					

11 Do you usually eat until you are full?

Yes

No

SECTION L

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						
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)						
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 M: CAREGIVER'S FEEDING STYLES QUESTIONNAIRE

These questions deal with YOUR interactions with your preschool child during the dinner meal. Circle the best answer that describes how often these things happen. If you are not certain, make your best guess.

How often during the dinner meal do YOU....

		Never	Rarely	Somet imes	Most of the time	Always
1.	Physically struggle with the child to get him or her to eat (for example, physically putting the child in the chair so he or she will eat).	1	2	3	4	5
2.	Promise the child something other than food if he or she eats (for example, "If you eat your beans, we can play ball after dinner").	1	2	3	4	5
3.	Encourage the child to eat by arranging the food to make it more interesting (for example, making smiley faces on the pancakes).	1	2	3	4	5
4.	Ask the child questions about the food during dinner.	1	2	3	4	5
5.	Tell the child to eat at least a little bit of food on his or her plate.	1	2	3	4	5
6.	Reason with the child to get him or her to eat (for example, "Milk is good for your health because it will make you strong").	1	2	3	4	5
7.	Say something to show your disapproval of the child for not eating dinner.	1	2	3	4	5
8.	Allow the child to choose the foods he or she wants to eat for dinner from foods already prepared.	1	2	3	4	5
9.	Compliment the child for eating food (for example, "What a good boy! You're eating your beans").	1	2	3	4	5
10.	Suggest to the child that he or she eats dinner, for example by saying, "Your dinner is getting cold".	1	2	3	4	5
11.	Say to the child "Hurry up and eat your food".	1	2	3	4	5

		Never	Rarely	Somet imes	Most of the time	Always
12.	Warn the child that you will take away something other than food if he or she doesn't eat (for example, "If you don't finish your meat, there will be no play time after dinner").	1	2	3	4	5
13.	Tell the child to eat something on the plate (for example, "Eat your beans").	1	2	3	4	5
14.	Warn the child that you will take a food away if the child doesn't eat (for example, "If you don't finish your vegetables, you won't get fruit").					
15.	Say something positive about the food the child is eating during dinner.	1	2	3	4	5
16.	Spoon-feed the child to get him or her to eat dinner.	1	2	3	4	5
17.	Help the child to eat dinner (for example, cutting the food into smaller pieces).	1	2	3	4	5
18.	Encourage the child to eat something by using food as a reward (for example, "If you finish your vegetables, you will get some fruit").	1	2	3	4	5
19.	Beg the child to eat dinner.	1	2	3	4	5

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:

SECTION A				
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

=SECTION 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

SECTION C				
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

SECTION D				
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 O: INFANT CHARACTERISTICS QUESTIONNAIRE

On the following questions, please **CROSS** the box of the number that is most typical of your baby. “About average” means how you think the typical baby would be scored.

1. How easy or difficult is it for you to calm or soothe your baby when he/she is upset?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

2. How easy or difficult is it for you to predict when your baby will go to sleep and wake up?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

3. How easy or difficult is it for you to predict when your baby will become hungry?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

4. How easy or difficult is it for you to know what’s bothering your baby when he/she cries or fusses?

1	2	3	4	5	6	7
Very Easy			About Average			Difficult

5. How many times per day, on the average, does your baby get fussy and irritable—for either short or long periods of time?

1	2	3	4	5	6	7
Never	1-2 times per day	3-4 times per day	5-6 times per day	7-9 times per day	10-14 times per day	More than 15

6. How much does your baby cry and fuss in general?

1	2	3	4	5	6	7
Very little, much less than the average baby			Average amount about as much as the average baby			A lot, much more than the average baby

7. How did your baby respond to his/her first bath?

1	2	3	4	5	6	7
Very well baby loved it			Neither liked nor disliked it			Terribly – didn't like it

8. How did your baby respond to his/her first solid food?

1	2	3	4	5	6	7
Very favourable liked it immediately			Neither liked nor disliked it			Very negatively – did not like it at all

9. How does your baby typically respond to a new person?

1	2	3	4	5	6	7
Almost always responds favourably			Responds favourably about half the time			Negatively at first

10. How does your baby typically respond to being in a new place?

1	2	3	4	5	6	7
Almost always responds favourably			Responds favourably about half of the time			Almost always responds negatively at first

11. How well does your baby adapt to things (such as in items 7-10) eventually?

1	2	3	4	5	6	7
Very well always likes it eventually			Ends up liking it about half the time			Almost always dislikes it in the end

12. How easily does your infant get upset?

1	2	3	4	5	6	7
Very hard to upset even by things that upset most babies			About average			Very easily upset by things that wouldn't bother other babies

13. When your baby gets upset (e.g., before feeding, during nappy changing, etc.), how vigorously or loudly does he/she cry and fuss?

1	2	3	4	5	6	7
Very mild intensity or loudness			Moderate intensity or loudness			Very loud or intense,

14. How does your baby react when you are dressing him/her?

1	2	3	4	5	6	7
Very well likes it			About average – doesn't mind it			Doesn't like it at all

15. How active is your baby in general?

1	2	3	4	5	6	7
Very calm and quiet			Average			Very active and vigorous

16. How much does your baby smile and make happy sounds?

1	2	3	4	5	6	7
A great deal much more than most infants			An average amount			Very little, much less than most infants

17. What kind of mood is your baby generally in?

1	2	3	4	5	6	7
Very happy and cheerful			Neither serious nor cheerful			Serious

18. How much does your baby enjoy playing little games with you?

1	2	3	4	5	6	7
A great deal, really loves it			About average			Very little, doesn't like it very much

19. How much does your baby want to be held?

1	2	3	4	5	6	7
Wants to be free most of the time			Sometimes wants to be held sometimes not			A great deal -wants to be held almost all the time

20. How does your baby respond to disruptions and changes in everyday routine, such as when you go to visit friends or go on outings etc.?

1	2	3	4	5	6	7
Very favourably, doesn't get upset			About average			Very unfavourably, gets quite upset

21. How easy is it for you to predict when your baby will need a nappy change?

1	2	3	4	5	6	7
Very easy			About average			Very difficult

22. How changeable is your baby's mood?

1	2	3	4	5	6	7
Changes seldom and changes slowly when h/she does change			About average			Changes often and rapidly

23. How excited does your baby become when people play with or talk to him/her?

1	2	3	4	5	6	7
Very excited			About average			Not at all

24. Please rate the overall degree of difficulty your baby would present for the average mother.

1	2	3	4	5	6	7
Super easy			Ordinary, some problems			Highly difficult to deal with

SECTION P:

PARENTING PRACTICES

Now there are some questions about being a parent. These are for you to fill out yourself. Don't spend too long thinking about the answers because often your first thoughts are the best.

Cross ONE box for each question.

1. Overall as a parent, do you feel that you are: *(Cross ONE box only)*

- Not very good at being a parent
- A person who has some trouble being a parent
- An average parent
- A better than average parent
- A very good parent

Please CROSS ONE BOX for how much this describes the way you generally feel or behave with this child

	Not at all how I feel										Exactly how I feel
	1	2	3	4	5	6	7	8	9	10	
2. I feel I am very good at keeping this child amused											
3. I feel that I am very good at calming this child when he/she is upset											
4. I feel I am very good at keeping this child busy while I am doing housework											
5. I feel that I am very good at routine tasks of caring for this child (feeding him/her, changing his or her nappies and giving him/her a bath)											

We are just asking about parents' views on child rearing.

	Never/ Almost Never	Rarely	Sometimes	Often	Always/ Almost Always
6. How often do you express affection by hugging, kissing and holding this child?					
7. How often do you hug or hold this child for no particular reason?					
8. How often do you tell this child how happy he/she makes you?					
9. How often do you have warm, close times together with this child?					
10. How often do you enjoy doing things with this child?					
11. How often do you feel close to this child both when he/she is happy and he/she is upset?					

Now thinking about the last 4 weeks, how much do these statements describe how you have been feeling or behaving with this child?

	Not at All									All the time
	1	2	3	4	5	6	7	8	9	10
12. I have been angry with this child										
13. I have rased my voice with or shouted at this child										
14. When this child cries, he/she gets on my nerves										
15. I have lost my temper with this child.										
16. I have left this child alone in his/her bedroom when he/she was particularly upset										

To what extent do you agree or disagree with the following statements? If you have never left this baby with a babysitter, please answer about how you *would* feel if you left this baby with someone else.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
18. I always check on child immediately when he/she is crying.					
19. Child is happier with me than with babysitters.					
20. When away from child, I worry about whether or not the babysitter/carer is able to soothe and comfort the child if he/she is lonely or upset.					
21. Only a mother just naturally knows how to comfort her distressed child.					
22. I worry when someone else cares for child.					
23. I am naturally better at keeping child safe than any other person.					
24. A child is likely to get upset when he/she is left with a babysitter or carer.					

Thank you very much for completing the questionnaire.