

SWS Serial Number



# **3 YEAR CHILD QUESTIONNAIRE**

Mother's forename only: \_\_\_\_\_

Child's forename only: \_\_\_\_\_

***[Nurse to refer to salmon card to ensure child's name is correct, and record any changes thereon. Also to request additional telephone number, for tracing purposes if family move]***

Child's date of birth

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex    M=Male    ☐  
           F=Female

Date of interview

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interviewer

<input type="text"/>	<input type="text"/>
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To be completed by the nurse if the mother was not the person interviewed:

*Why was the mother not available?*

1. *Has left the family home*
2. *Still lives in family home, but was unavailable for interview*
3. *Has died*
4. *Is ill or in hospital*
8. *Other, specify* \_\_\_\_\_
9. *Don't know*

☐

*Who was interviewed?*

1. *Study child's father*
2. *Mother's partner (if not father)*
3. *Study child's grandparent*
4. *Other family member*
5. *Mother "figure" (eg father's partner/step-mother)*
6. *Family friend*
8. *Other, specify* \_\_\_\_\_

☐

# 1. FOOD FREQUENCY

Now I am going to ask you about the **foods** your child has eaten in the **past 3 months**. I will ask you how often he/she has eaten certain foods and also the amount of food eaten. For some foods, I will show you drawings and models to help you estimate the amount of food. Your child may sometimes have eaten food away from home. If you know the type of food and approximate amount eaten at these times please include them.

*Explain the use of spoons, cups, bowl and diagrams.*

## 1.1

	food	never	less than once per month	1-3 times per month	number of times per week							more than once per day	no. of times per day	average amount per serving	
					1	2	3	4	5	6	7				
<b>bread and crackers</b>															
1	white bread	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of slices	<input type="text"/> . <input type="text"/>
2	brown & wholemeal bread	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of slices	<input type="text"/> . <input type="text"/>
3	crackers, cheese biscuits & breadsticks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of crackers / breadsticks	<input type="text"/>
<b>breakfast cereals</b>															
4	weetabix	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of weetabix	<input type="text"/> . <input type="text"/>
5	other breakfast cereals	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tbsp	<input type="text"/> <input type="text"/>
What are the main types of breakfast cereal used?		type					brand					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		type					brand					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
		type					brand					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	average amount per serving
					1	2	3	4	5	6	7			
<b>potatoes, rice &amp; pasta</b>														
6	<b>boiled &amp; baked potatoes</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of egg size 1 ave scoop or (¼ cup) mashed = 1 <input type="text"/> . <input type="text"/>
7	<b>chips, waffles and potato shapes</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions 1 waffle or 2 croq = 1 <input type="text"/> . <input type="text"/> 1 reg McDonald's = 2
8	<b>roast potatoes</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of egg size <input type="text"/> . <input type="text"/>
9	<b>pasta – boiled &amp; tinned</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tbsp cooked 1 small tin spag = 12 <input type="text"/> <input type="text"/>
10	<b>Rice – boiled &amp; fried</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tbsp cooked <input type="text"/> <input type="text"/>
<b>meat</b>														
11	<b>chicken and turkey – roast, in batter or breadcrumbs</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions 1 med 3" slice = 0.5 <input type="text"/> . <input type="text"/> <i>see drawing</i> 4 nuggets = 1; 1 animal burger = 1
12	<b>chicken and turkey casseroles &amp; curries</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons not including potato topping/vegetables <input type="text"/> <input type="text"/>
13	<b>beef, pork and lamb - roast meats</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions 1 med 3" slice = 0.5 <input type="text"/> . <input type="text"/> <i>see drawing</i>
14	<b>beef, pork and lamb – casseroles and curries</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons not including potato topping/vegetables <input type="text"/> <input type="text"/>

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	average amount per serving
					1	2	3	4	5	6	7			
15	beefburgers	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of 2oz burgers quarterpounder = 2 <input type="text"/> . <input type="text"/>
16	bacon & gammon	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of rashers streaky = 1 <input type="text"/> 1 middle rasher = 2
17	sausages	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	1 thin chipolata = 1 <input type="text"/> . <input type="text"/> 1 large = 2
18	liver, kidney & faggots	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	No. of slices liver <input type="text"/> . <input type="text"/> 1 kidney/faggot = 2 paté on 1 slice = 0.5
19	meat pies and sausage rolls	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	1 buffet pork pie = 1 <input type="text"/> . <input type="text"/> 1 std s/roll = 1 Med pasty/indiv meat pie = 2 <i>see drawing</i>
20	ham & processed cold meats	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of slices <input type="text"/> . <input type="text"/> <i>see drawing</i>
fish														
21	fish in batter or breadcrumbs	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of fish fingers <i>see drawing</i> 1 chip shop fish = 5 <input type="text"/> . <input type="text"/> 1 fishcake = 2 1 fishbite/nugget/mini fishcake=0.5
22	other white fish	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions <input type="text"/> . <input type="text"/> 1 sm fillet (3oz) = 1 <i>see drawing</i>
23	oily fish	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions <input type="text"/> . <input type="text"/> 1 sm can tuna = 4 salmon in sandwich = 1

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	Average amount per serving
					1	2	3	4	5	6	7			
other meal items														
24	quiche & savoury flans	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	see drawing <input type="text"/> . <input type="text"/>
25	pizza	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	see drawing <input type="text"/> . <input type="text"/>
26	vegetarian burgers, sausages & nuggets	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions 1 nugget = 0.5 <input type="text"/> . <input type="text"/> 1 burger/ thin sausage = 1 1 lge sausage = 2
27	eggs	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of eggs <input type="text"/> . <input type="text"/>
28	cheese	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	tbsp grated = 0.5 <input type="text"/> . <input type="text"/> small triangle = 1 cheese per slice = 1 see drawing
29	cottage cheese	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tbsp <input type="text"/> <input type="text"/>
30	soup	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of small bowls <input type="text"/> . <input type="text"/>
31	savoury white sauce	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tbsp <input type="text"/> <input type="text"/>
32	tomato pasta sauce	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tbsp <input type="text"/> <input type="text"/>

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	Average amount per serving
					1	2	3	4	5	6	7			
vegetables														
33	tinned vegetables	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
34	carrots	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
35	peas & green beans	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
36	sweetcorn & mixed veg	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
37	broccoli, cauliflower, courgettes and marrow	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons 1 broccoli floret = 2 1 courgette = 6 <input type="text"/> <input type="text"/>
38	cabbage spring greens, spinach, kale and brussels sprouts	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons 4 sprouts = 2 <input type="text"/> <input type="text"/>
39	parsnips, turnip and swede	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
40	tomatoes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. cherry tomatoes 1 tbsp tinned = 1 medium tomato = 5 <input type="text"/> <input type="text"/>
41	salad	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	1 lettuce leaf = 1 3 slices cucumber = 1 <input type="text"/> <input type="text"/> <i>Add portions if eaten together</i>

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	Average amount per serving
					1	2	3	4	5	6	7			
42	baked beans	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of small tins small tin = 200g <input type="text"/> . <input type="text"/> <input type="text"/>
43	other beans and pulses	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons cooked <input type="text"/> <input type="text"/>
	fruit													
44	tinned fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
45	apples & pears	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of whole fruit <input type="text"/> . <input type="text"/>
46	bananas	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of bananas 1" slice = 0.2 <input type="text"/> . <input type="text"/>
47	oranges, satsumas and grapefruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions satsuma = 0.5 <input type="text"/> . <input type="text"/> orange = 1, grapefruit = 2
48	peaches, nectarines and melon	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions peach/nectarine = 1 <input type="text"/> . <input type="text"/> 1 thin slice melon = 1
49	strawberries, raspberries, mango, kiwi and pineapple	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions kiwi /1 slice mango = 1 5 strawberries = 1 <input type="text"/> . <input type="text"/> 15 raspberries = 1
50	plums, cherries & grapes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions plum = 1 <input type="text"/> . <input type="text"/> 10cherries/grapes = 1



	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	average amount per serving
					1	2	3	4	5	6	7			
51	dried fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions 2 dates/apricots = 1 <input type="text"/> . <input type="text"/> 1 tbsp or small box raisins = 1
52	cooked/stewed fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
53	nuts	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. portions 10 peanuts = 1 <input type="text"/> . <input type="text"/> sm bag peanuts = 2.5 <input type="text"/> 10 pistachios = 1
	desserts													
54	yoghurt & fromage frais	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of grams av pot approx 150g <input type="text"/> <input type="text"/> <input type="text"/>
55	other ready made desserts in pots	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of grams av pot approx 150g <input type="text"/> <input type="text"/> <input type="text"/>
56	ice-cream	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/> 1scoop = 4 1 choc ice/Fab/Mars i/c etc = 4
57	ice lollies	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of medium lollies eg Calippo funsize = 0.5 <input type="text"/> . <input type="text"/>
58	custard and sweet white sauce	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>
59	other puddings	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tablespoons <input type="text"/> <input type="text"/>

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	average amount per serving
					1	2	3	4	5	6	7			
<b>cakes &amp; biscuits</b>														
60	cakes, buns & pastries	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of small cakes mini-roll/cakebar = 1 <input type="text"/> <input type="text"/> bun / scone = 2
61	chocolate & digestive biscuits	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	chocolate finger = 0.5 digestive size = 1 <input type="text"/> <input type="text"/> wrapped biscuit = 2
62	other biscuits	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of average biscuits <input type="text"/> <input type="text"/>
<b>sweets &amp; snacks</b>														
63	chocolate	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	fun/treat size Mars etc = 1 3 sqs chocolate = 1 <input type="text"/> <input type="text"/> ave bag buttons = 2
64	sweets	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	fun size bag = 1 <input type="text"/> <input type="text"/> average bag = 2
65	crisps & savoury snacks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	1 average bag <input type="text"/> <input type="text"/>
<b>spreads and pickles</b>														
66	marmite & bovril	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of teaspoons 1 sl bread = 0.3 tsp <input type="text"/> <input type="text"/>
67	peanut butter	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of teaspoons 1 sl bread = 2 tsp <input type="text"/>
68	jam & sweet spreads	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of teaspoons 1 sl bread = 2 tsp <input type="text"/>

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	average amount per serving	
					1	2	3	4	5	6	7				
69	butter & margarine	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of teaspoons 1 sl bread = 1.5 tsp	<input type="text"/> . <input type="text"/>
	What are the main types of spread? .....												<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	.....												<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	.....												<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
70	sausages and salad dressings	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of teaspoons	<input type="text"/>
<b>drinks</b>															
71	pure fruit juice	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers (approx. 200 ml) 1 carton = 1	<input type="text"/> . <input type="text"/>
72	fruit drinks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers	<input type="text"/> . <input type="text"/>
	What are the main types of fruit drink? .....												<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	.....												<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

	food	never	less than once per month	1-3 per month	number of times per week							more than once per day	no. of times per day	average amount per serving	
					1	2	3	4	5	6	7				
73	<b>Ribena, C-vit &amp; high juice blackcurrant squash</b> ( <i>diluted amount</i> )	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers (approx. 200 ml) 1 carton = 1.3	<input type="text"/> . <input type="text"/>
What is the main type?		1) ordinary Ribena, C-vit and hi juice blackcurrant			2) Ribena light		3) Ribena tooth friendly		4) low sugar high juice blackcurrant			5) other .....		<input type="text"/>	
74	<b>squash</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers ( <i>diluted amount</i> ) 1 carton = 1.3	<input type="text"/> . <input type="text"/>
75	<b>low calorie squash</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers ( <i>diluted amount</i> )	<input type="text"/> . <input type="text"/>
76	<b>fizzy drinks</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers Average can = 1.5	<input type="text"/> . <input type="text"/>
77	<b>low calorie fizzy drinks</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers	<input type="text"/> . <input type="text"/>
78	<b>tea &amp; coffee</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers ( <i>black amount only</i> )	<input type="text"/> . <input type="text"/>
79	<b>milky drinks</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers	<input type="text"/> . <input type="text"/>
What are the main types of milky drink?		<div>.....</div> <div>.....</div>													
80	<b>water</b>	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers	<input type="text"/> . <input type="text"/>

Now I would like to ask in more detail about some specific foods

**1.2** \* Which types of milk has your child used regularly in drinks and added to breakfast cereals over the past 3 months? (list up to 3 below)

0. None
1. Whole pasteurised
2. Semi-skimmed pasteurised
3. Skimmed pasteurised
4. Whole UHT
5. Semi-skimmed UHT
6. Skimmed UHT
7. Breast milk
8. Other

Milk 1 ☐ If "Other", specify \_\_\_\_\_

Milk 2 ☐ If "Other", specify \_\_\_\_\_

Milk 3 ☐ If "Other", specify \_\_\_\_\_

**1.3** \* On average over the last 3 months how much of each milk has he/she consumed per day? (1 average beaker = 0.35 pints; 1 pint = 20oz)

Milk 1  .  pints

Milk 2  .  pints

Milk 3  .  pints

**1.4** Does your child have sugar added to his/her breakfast cereals, tea & coffee, etc ?

☐

0. No go to 1.6
1. Yes

**1.5** Approximately how many teaspoons of sugar are added to his/her food and drinks each day?

**1.6** \* When your child eats meat, how much of the fat is usually cut off (including chicken skin)?

☐

0. none 0%
1. some 30%
2. most 60%
3. all 100%
8. not applicable

**1.7** Is there anything else he/she has had to eat or drink once a week or more in the past 3 months that we have not already included?  
*[Prompt for information on fortified products not included in FFQ– eg Nutrigrain bars, fruit squooshes & Winders]*

0. No            *go to 1.9*  
 1. Yes

☐

**1.8**

brand/description	number of times per week							more than once a day	no. of times per day	average amount per serving	code	weight
	1	2	3	4	5	6	7					
	1	2	3	4	5	6	7	8	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1	2	3	4	5	6	7	8	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1	2	3	4	5	6	7	8	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1	2	3	4	5	6	7	8	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	1	2	3	4	5	6	7	8	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

*[Nurse to explain food diary now]*

**1.9** In an average week over the past 3 months, how many **meals per week** did your child have away from home (do not include snacks, eg biscuits, crisps, drinks, etc)?

None - 0 *go to 1.11*

No of times

 

**1.10** \* How many of these **meals** away from home were you able to include in the previous questions?

0. None

1. Some

2. Most

3. All

**1.11** In an average week over the past 3 months, how many **snacks** (biscuits, crisps, drinks, etc) **per week** did your child have away from home?

None - 0 *go to 1.13*

No of times

 

**1.12** \* How many of these **snacks** away from home were you able to include in the previous questions?

0. None

1. Some

2. Most

3. All

**1.13** During the past 3 months have you given him/her any vitamins or minerals, including iron and fluoride drops?

0. No *go to 1.15*

1. Yes

**1.14** Please state which:

Supplement Name	Code	How many days in the last 90?	Is it: 1) tablet 2) drops 4) liquid 3) other? (state)	No. of stated units per day
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

- 1.15** \* Just thinking about the **past week**, how many servings did your child have of vegetables and vegetable-containing dishes?

***Including:** fresh, frozen & tinned vegetables, raw vegetables, pulses (beans & lentils), baked beans, salad, vegetable dishes.*

***Not including:** potatoes.*

*When several portions of vegetables are eaten at one meal, count each one separately.*

--	--

- 1.16** \* Just thinking about the **past week**, how many servings did your child have of fruit?

***Including:** fresh, cooked and tinned fruit.*

***Not including:** dried fruit.*

--	--

- 1.17** \* Just thinking about the **past week**, how many servings did your child have of meat and meat dishes?

***Including:** fresh, frozen and tinned meat, meat casseroles, meat pies, bacon, gammon, sausages, meat in sandwiches, chicken and other poultry.*

--	--

- 1.18** \* Just thinking about the **past week**, how many servings did your child have of fish and fish dishes?

***Including:** fresh, frozen and tinned fish, fish fingers, fish in batter or breadcrumbs, fish in sandwiches.*

--	--



## 2. EATING BEHAVIOUR

2.1 \* Some children nibble during the day while others wait for meals. Thinking about the past three months – which of the following best describes the way your child eats?

1. Nibbles during the day, rarely eats meals
2. Nibbles during the day, but also has meals
3. Nibbles on some days but also has meals
4. Doesn't nibble much, just has meals
8. Other, specify .....

☐

2.2 In an average day in the past three months, how many times did your child eat, including meals, snacks, biscuits with drinks etc?

2.3 \* In the past three months do you feel that there have been difficulties feeding him/her?

0. No, no difficulty
1. Yes, occasional difficulty
2. Yes, some difficulty
3. Yes, great difficulty

☐

2.4 \* In the past three months, has he/she at any time:-  
(Circle number in one box on each line)

		No, did not happen	Yes, but did not worry me	Yes, worried me a bit	Yes, worried me greatly
1	Not eaten sufficient amount of food	0	1	2	3
2	Refused to eat the right food	0	1	2	3
3	Been choosy with food	0	1	2	3
4	Over-eaten	0	1	2	3
5	Been difficult to get into an eating routine	0	1	2	3

2.5 In the past 3 months have you restricted the **TYPE** of food or drink you give your child because you are concerned about his/her diet?

0. No (go to 2.7)
1. Yes

☐

2.6 \* What are your main concerns? (list up to 3)

1. Weight/weight gain
2. Teeth
3. Allergic reactions
4. Behaviour/ hyperactivity
5. Healthy/balanced diet
6. Snack foods/drinks restricted to improve appetite for main meals
7. Digestive problems, eg. constipation or diarrhoea
88. Other (specify) .....

**2.7** In the past 3 months have you restricted the **AMOUNT** of food or drink your give your child because you are concerned about his/her diet?

0. No (go to 2.9)

1. Yes

☐

**2.8** \* What are your main concerns? (list up to 3)

1. Weight/weight gain

2. Teeth

3. Allergic reactions

4. Behaviour/ hyperactivity

5. Healthy/balanced diet

6. Snack foods/drinks restricted to improve appetite for main meals

7. Digestive problems, eg. constipation or diarrhoea

88. Other (specify)

.....

☐  
☐  
☐

*These next questions are about the food eaten in your family. People do different things when they are running out of money for food to make their food, or their food money, go further.*

**2.9** In the last 12 months did you (or other adults in your household) ever reduce the size of your meals or skip meals because there wasn't enough money for food?

0. No (go to 2.11)

1. Yes

☐

**2.10** \* How often did this happen?

1. In only 1 or 2 months?

2. Some months, but not every month

3. Almost every month

☐

**2.11** In the last 12 months did you ever eat less than you felt you should because there wasn't enough money to buy food?

0. No

1. Yes

☐

**2.12** In the last 12months were you ever hungry but didn't eat because you couldn't afford enough food?

0. No

1. Yes

☐

*\* Now I'm going to read you 2 statements that people have made about their food situation. For these statements, please tell me whether the statement was '**never true**', '**sometimes true**', or '**often true**', for you (or other members of your household) in the last 12 months.*

**2.13** \* 'The food that I/we bought just didn't last and I/we didn't have money to get more'

0. Never true

1. Sometimes true

2. Often true

☐

**2.14** \* 'I/we couldn't afford to eat balanced meals '

0. Never true

1. Sometimes true

2. Often true

☐

### 3. SLEEP, ACTIVITY AND EXERCISE

Now I'm going to ask you about your child's sleeping, activity and exercise patterns over the last three months.

*[We are trying to get figures that eventually total approximately 24hrs, so rounding to nearest hour is OK – best guess is acceptable.]*

3.1 What time does the study child generally go to sleep at night? (24hr clock)

3.2 How many times **per night** does he/she generally wake for any reason?  
Please answer this in relation to the last month?  .  per night

*If '0', go to 3.4*

3.3 In total, how long is he/she generally awake?  hrs  mins per night  
(Only record if regularly over 30mins)

3.4 What time does he/she generally wake up in the morning? (24hr clock)

*[From responses to 3.1 to 3.4, calculate **approximately** how many hours are spent asleep]*

3.5 This means that he/she sleeps for about  hrs  mins each night.

3.6 How many **days per week** does he/she take a daytime nap?   
Please answer this in relation to the last month?  
*If "0", deduct 3.5 from 24 & insert at 3.9*

3.7 On the days he/she naps, what is the **total time** spent napping during the day?

hrs  mins

*Using responses to 3.6 & 3.7, consult "Daily averages" grid*

3.8 Average daily nap time  hrs  mins

*Add 3.5 to 3.8 & deduct from 24.*

3.9 This would indicate that he/she is awake for about  hrs  mins on average each day?

We are now going to try and divide the hours your child is awake between time sitting down and other activities.

3.10 \* During the {number from 3.9} hours he/she is awake, how much of the day is he/she **sitting**, eg reading books, watching TV/video/computer, eating meals, playing quietly with toys, in a pushchair/car, or similar?

hrs  mins each day

*[Deduct 3.10 from 3.9]*

**3.11 This would indicate that he/she is on his/her feet for around**  
**Does that sound about right?**

<input type="text"/>	<input type="text"/>	hrs	<input type="text"/>	<input type="text"/>	mins each day
----------------------	----------------------	-----	----------------------	----------------------	---------------

We are now going to try and divide the hours your child is on his/her feet between moderately energetic and very energetic activities.

*[If necessary, consult "Daily averages" grid to work out how much weekly activities contribute to an average day]*

**3.12 \* During the {number from 3.11} hours he/she is on his/her feet, how many hours is he/she standing or walking, eg walking inside and outside, helping you in the house, 'pottering' about inside and in the garden, ie moderately energetic?**

<input type="text"/>	<input type="text"/>	hrs	<input type="text"/>	<input type="text"/>	mins each day
----------------------	----------------------	-----	----------------------	----------------------	---------------

*[Deduct 3.12 from 3.11]*

**3.13 \* This would indicate that he/she is actively on the move for around**  
**Does that sound about right?**

<input type="text"/>	<input type="text"/>	hrs	<input type="text"/>	<input type="text"/>	mins each day
----------------------	----------------------	-----	----------------------	----------------------	---------------

eg ball games, gym club, cycling, swimming, general tearing about, inside and outside or similar, ie **very energetic?**

**3.14 \* On a typical day, how many hours does he/she generally spend watching television?**

1. More than 5 hours
2. 4-5 hours
3. 3-4 hours
4. 2-3 hours
5. 1-2 hours
6. Less than one hour
7. None

<input type="text"/>
----------------------

#### 4. CHILD'S ILLNESSES

I would just like to ask a few questions about any illnesses the study child might have had **in the last year, since he/she was about two years old.** (*Give date of 2yr visit if done*) (*Prolonged period with <1 week break between bouts - enter 88*)

- 4.1 In the past 12 months has he/she had any episodes of chestiness associated with wheezing or whistling in his/her chest? (*includes wheezy bronchitis, asthma*)

No 0. go to 4.3

Yes - number of times

- 4.2 How old was he/she at the start of the first episode ?

yrs mths wks

- 4.3 In the past twelve months, other than during the first week of a cold, has he/she woken at night with coughing for 3 or more nights in a row?

0. No

1. Yes

- 4.4 In the past twelve months has he/she ever been diagnosed by a doctor as having had pneumonia or bronchiolitis? (*don't include bronchitis or "chest infection"*)

No 0.

Yes – number of times

- 4.5 In the past twelve months, has he/she ever been diagnosed by a doctor as having had bronchitis or a chest infection? (*includes wheezy bronchitis*)

No 0.

Yes – number of times

- 4.6 In the past twelve months, has he/she ever been diagnosed by a doctor as having had asthma?

0. No

1. Yes

- 4.7 In the past twelve months, has he/she ever been treated with an antibiotic syrup for an infection?

0. No

1. Yes

- 4.8 Has he/she had an itchy skin condition at any time in the past twelve months - by itchy we mean scratching or rubbing the skin a lot ? (*excludes chicken pox*)

0. No go to 4.11

1. Yes

- 4.9 Has this skin condition affected the cheeks, the outer arms or legs, or the skin creases in the past - by skin creases we mean the folds of the elbows, behind the knees, the fronts of the ankles, or around the eyes ?

0. No

1. Yes

4.10 How old was he/she when the rash first appeared?  yrs  mths  wks

4.11 In the past twelve months, has he/she suffered from a generally dry skin ?

0. No

1. Yes

8. To a minor degree

☐

4.12 \*In the past twelve months, has he/she had a scaly, or red and weeping skin rash affecting any of the following areas:

A) the scalp or behind the ears (including "cradle cap")

0. No

1. Yes

☐

B) around the neck

0. No

1. Yes

☐

C) the cheeks or forehead

0. No

1. Yes

☐

D) either the folds of the elbows or behind the knees

0. No

1. Yes

☐

E) the forearms, wrists, shins or ankles

0. No

1. Yes

☐

F) the shoulders, chest, tummy or back

0. No

1. Yes

☐

G) in the armpits

0. No

1. Yes

☐

4.13 Has he/she **ever** had chicken pox? (includes varicella, shingles, herpes zoster)

0. No go to 4.15

1. Yes

☐

4.14 How old was he/she when he/she had chicken pox ?

yrs

mths

wks

4.15 Has he/she **ever** had cold sores or other infections with the cold sore "herpes simplex" virus? (includes stomatitis)

0. No go to 4.17

1. Yes

☐

**4.16** How old was he/she when he/she first had this ?

--	--	--	--	--

yrs      mths      wks

**4.17** \* How is the study child's health in general? Would you say it was:

1. Very good
2. Good
3. Fair
4. Bad
5. Very bad

☐

**4.18** Does he/she have any long-standing medical condition? By long-standing I mean anything that has troubled him/her over a period of time, or that is likely to effect him/her over a period of time.

0. No *go to section 5*
1. Yes

☐

**4.19** What is this condition?

☐

---

**4.20** Does this condition limit his/her activities in any way?

0. No *go to section 5*
1. Yes

☐

**4.21** If "yes", in what way does it limit his/her activities?

☐

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## 5. IMMUNISATIONS

\* We would now like to find out what immunisations the study child has had, and would like you to look at this checklist. If you have your "Personal Child Health Record" (a green book), it should include this information and may make this task easier.

**5.1** Has he/she had the following immunisations:-

*(Insert date if "Yes", otherwise tick under "No" or "Don't know")*

	Age due	Immunisation	Yes - date given	No	Don't know
1	2 months	Polio			
2	2 months	1 <sup>st</sup> diphtheria, tetanus, whooping cough, Hib			
3	2 months	Meningitis C			
4	3 months	Polio			
5	3 months	2 <sup>nd</sup> diphtheria, tetanus, whooping cough, Hib			
6	3 months	Meningitis C			
7	4 months	Polio			
8	4 months	3 <sup>rd</sup> diphtheria, tetanus, whooping cough, Hib			
9	4 months	Meningitis C			
10	13 months	1 <sup>st</sup> measles, mumps, rubella (MMR)			
11	At any time	Other <i>Specify</i>			
12	At any time	Other <i>Specify</i>			
13	At any time	Other <i>Specify</i>			
14	At any time	Other <i>Specify</i>			

*[Nurse to ask woman to sign Child Health Records consent form, so that we can keep an up-to-date record of the immunisations the study child has & track his/her growth]*

**5.2** Was the "Personal Child Health Record" available? *(circle one)*

Yes / No

If "Yes", what was the most recent measurement *(If no height or weight measurement – enter 999)*

**5.3** Height    .  cm

Date

**5.4** Weight   .   kg

Date



## 6. CHILD EXAMINATION

6.1 Measurement Date

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.2 Time (24 hr clock)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

6.3 Measurer

<input type="text"/>	<input type="text"/>
----------------------	----------------------

6.4 Helpers (Parent = 90)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

6.5 Occipito-frontal circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling  
0. No   
1. Yes

6.6 Left mid-upper arm circumference (arm straight)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling  
0. No   
1. Yes

6.7 Chest circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling  
0. No   
1. Yes

6.8 Waist circumference (standing)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Wriggling  
0. No   
1. Yes

**6.9** Hip circumference  
(standing)

		.		cm
--	--	---	--	----

Wriggling

0. No

1. Yes

--

**6.10** Height (barefoot)  
(LHM)

			.		cm
--	--	--	---	--	----

			.		cm
--	--	--	---	--	----

			.		cm
--	--	--	---	--	----

Wriggling

0. No

1. Yes

--

**6.11** Sitting height (in pants only)  
(LHM)

		.		cm
--	--	---	--	----

		.		cm
--	--	---	--	----

		.		cm
--	--	---	--	----

Wriggling

0. No

1. Yes

--

**6.12** Stadiometer used

--

**6.13** Child's weight (preferably in underwear only)

		.			kg
--	--	---	--	--	----

**6.14** Approx weight of any clothes (except underwear)

	.			kg
--	---	--	--	----

**6.15** Scales used

--	--	--	--

Resting Blood Pressure

**6.16** Cuff size:

(refer to arm circumference readings at 6.6)

--

1. infant (8-13cm)  
(rust)
2. child (12-19cm)  
(green)
3. small adult (17-25cm)  
(pale blue)

**6.17** Blood pressure readings

Reading 1	MAP	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg
	Pulse	<input type="text"/> <input type="text"/> <input type="text"/>	bpm	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg
Reading 2	MAP	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg
	Pulse	<input type="text"/> <input type="text"/> <input type="text"/>	bpm	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg
Reading 3	MAP	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg
	Pulse	<input type="text"/> <input type="text"/> <input type="text"/>	bpm	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg

**6.18** Crying?

0. No  
1. Yes

**6.19** Time of last meal (24hr clock)**6.20** B/P equipment used**6.21** Room temperature .  °C

## Skinfold thicknesses

**6.22** Triceps skinfold

<input type="text"/> <input type="text"/>	.	<input type="text"/>	mm
<input type="text"/> <input type="text"/>	.	<input type="text"/>	mm
<input type="text"/> <input type="text"/>	.	<input type="text"/>	mm

## Wriggling

0. No

1. Yes

**6.23** Subscapular skinfold

<input type="text"/> <input type="text"/>	.	<input type="text"/>	mm
<input type="text"/> <input type="text"/>	.	<input type="text"/>	mm
<input type="text"/> <input type="text"/>	.	<input type="text"/>	mm

## Wriggling

0. No

1. Yes

**6.24** Skinfold callipers used**6.25** Bio-electrical impedance**6.26** No:

## 7. SKIN PRICK TESTING

7.1 Has he/she had any antihistamine syrup in the last 7 days?

0. No  
1. Yes

☐

*[Nurse to check with Mother (& salmon card if necessary) to see if Mother was skin prick tested at the 1yr visit. Mother **only** needs to be done, if she was **missed** at that visit]*

7.2 *Mother's skin prick testing is done on her forearm and the child's on his/her back.*

Skin Prick Test (av diameter)	Mother (mm)	Child (mm)
Cat		
Dog		
Egg (hens)		
Saline (neg control)		
Grass Pollens		
House dust mite (D. pteronyss.)		
Milk (cows)		
Histamine (pos control)		

7.3 Skin prick tester

--	--