

SWS Serial Number



4 YEAR CHILD QUESTIONNAIRE

Mother's forename only: _____

Child's forename only: _____

[Interviewer 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

Sex M=Male ☐
 F=Female

Date of interview d d m m y y

Interviewer

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 _____

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1. FOOD FREQUENCY

Now I am going to ask you about **a few** of 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				
bread and crackers															
1.1	white bread, rolls, toast	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of slices (1 roll/bagel/croissant = 2 slices bread) (if all crusts gone=0.7 slice)	<input type="text"/> . <input type="text"/>
1.2	brown bread, rolls, toast	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"/>
1.3	cakes, scones biscuits	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of portions (1 portion = 2 biscuits, 1 scone, 1 slice of cake)	<input type="text"/> . <input type="text"/>
1.4	breakfast cereals	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. of tbsp (1 weetabix = 10 tbsp 1 minibix = 1 tbsp)	<input type="text"/> <input type="text"/>
1.5 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			
1.6	oily fish	0	0.3	0.5	1	2	3	4	5	6	7	8		no. of portions 1 sm can tuna = 2 med= 4; 1 tbsp= 0.25 portions salmon in sandwich = 1
1.7	eggs	0	0.3	0.5	1	2	3	4	5	6	7	8		no. of eggs yoke= 0.4, white= 0.6 <input type="text"/> <input type="text"/>
1.8	cheese	0	0.3	0.5	1	2	3	4	5	6	7	8		tbsp grated = 0.5 small triangle = 1 cheese per slice = 1 see drawing
1.9	baked beans	0	0.3	0.5	1	2	3	4	5	6	7	8		no. of small tins small tin = 200g <input type="text"/>
1.10	yoghurt & fromage frais	0	0.3	0.5	1	2	3	4	5	6	7	8		no. of grams tiny pot 50g, bigger 100g <input type="text"/> <input type="text"/>
1.11	ice-cream	0	0.3	0.5	1	2	3	4	5	6	7	8		no. of tablespoons 1scoop = 4 1 choc ice/Fab/Mars i/c et <input type="text"/>
1.12	custard and sweet white sauce	0	0.3	0.5	1	2	3	4	5	6	7	8		no. of tablespoons <input type="text"/>
1.13	butter & margarine	0	0.3	0.5	1	2	3	4	5	6	7	8		no. of teaspoons 1 sl bread = 1.5 tsp 1 pat =2 tsp <input type="text"/>
1.14	What are the main types of spread?	1/ 2/ 3/ <input type="text"/>											1 2 <input type="text"/> <input type="text"/>	
1.15	milky drinks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>	no. standard beakers 7 ozs / 200mls
1.16	What are the main types of milky drinks?	1/ 2/ 3/ <input type="text"/>											1 2 <input type="text"/> <input type="text"/> <input type="text"/>	

Now I would like to ask in more detail about your child's milk intake. (Include all milk from 1.15)

1.17 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* _____

1.18 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 / 568 mls)*

Milk 1 . pints

Milk 2 . pints

Milk 3 . pints

1.19 During the past 3 months have you given him/her any vitamins or minerals, including vitamin D, iron and fluoride drops or tablets?

0. No *go to 1.21*
1. Yes

☐

1.20 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				
	<table><tr><td></td><td></td><td></td><td></td></tr></table>							
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1.21 Does your child use fluoridated toothpaste?

0. No – go to 1.24 ☐
1. Yes

1.22 How many times per day does your child use fluoridated toothpaste?

1. Once ☐
2. Twice
3. Three times or more

1.23 Does your child swallow the toothpaste?

0. no ☐
1. varies
2. yes

1.24 Does your child use sun cream in sunny weather?

0. no ☐
1. yes

1.25 On an average day, how many hours does your child spend outdoors? •

1.26 On average over the last 3 months how many beakers of water has your child drunk each day? Include plain water and drinks made mostly from water, such as squash, tea and coffee.

Number of beakers per day •

1.27 Is this water mainly: 1/ Tap water, 2/ Filtered tap water,
3/ Ordinary mineral water, 4/ Mineral water with added calcium (eg Danone variety),
5/ Other (please specify) _____

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2. 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.]

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

2.2 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 2.4

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

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

*[From responses to 2.1 to 2.4, calculate **approximately** how many hours are spent asleep]*

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

2.6 How many **days per week** does he/she take a daytime nap?
Please answer this in relation to the last month?

If "0", deduct 2.5 from 24 & insert at 2.9

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

hrs mins

Using responses to 2.6 & 2.7, consult "Daily averages" grid

2.8 Average daily nap time hrs mins

Add 2.5 to 2.8 & deduct from 24.

2.9 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.

2.10 During the {number from 2.9} 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 2.10 from 2.9]

- 2.11 This would indicate that he/she is on his/her feet for around** hrs mins each day
Does that sound about right?

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]

- 2.12 During the {number from 2.11} 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?**

hrs mins each day

[Deduct 2.12 from 2.11]

- 2.13 This would indicate that he/she is actively on the move for around** hrs mins each day
Does that sound about right?
eg ball games, gym club, cycling, swimming, general tearing about, inside and outside or similar, ie **very energetic?**

- 2.14 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

3. CHILD'S HEALTH

- 3.1 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

- 3.2 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 3.6
1. Yes

- 3.3 What is this condition?**

3.4 Does this condition limit his/her activities in any way? ☐
 0. No- go to 3.6
 1. Yes

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

3.6 Does your child take any regular medicines (either from the chemist, doctor, or alternative therapies)? Please include inhalers for asthma.

0. No- go to 3.7 ☐
 1. Yes- please list them in the table below

Medicine Name	Code	How many days in the last 90?	Is it: 1) tablet 2) drops 4) liquid 3) other? (state)	Dose 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"/>			

3.7 Has your child ever needed a course of steroid tablets or steroid inhaler?

0. No- go to 3.11 ☐
 1. Yes

3.8 How long ago did your child need steroids? months

3.9 Did your child take steroid tablets or a steroid inhaler? ☐
 1. Inhaler
 2. Tablets
 3. Both

3.10 For how long? days
 a/ inhaler
 b/ tablets days

3.11 Has your child ever broken any bones?

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- 0. No – go to 3.14
- 1. Yes

3.12 When and how did your child break a bone or bones, and which bones were broken?

Date	Bones broken	What happened?

3.13 Were any of these fractures low trauma (as judged by investigator)?

- 0. No
- 1. Yes

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3.14 Is there a family history of low trauma fractures?

- 0. No – go to 4.1
- 1. Yes

☐

3.15 Which family members?

3.16 Which bones? (Please state which family members broke which bones, and how old they were when they first started to fracture)

Family member	Which bones?	Age when started to fracture

4. CHILD EXAMINATION

4.1 Measurement Date d d m m y y

4.2 Time (24 hr clock)

4.3 Measurer

4.4 Helpers (Parent = 90)

4.5 Left mid-upper arm circumference (arm straight) . cm
 . cm
 . cm
Wriggling
0. No ☐
1. Yes ☐

4.6 Height (barefoot) (LHM) . cm
 . cm
 . cm
Wriggling
0. No ☐
1. Yes ☐

4.7 Stadiometer used ☐

4.8 Child's weight (preferably in underwear only) . kg

4.9 Approx weight of any clothes (except underwear) . kg

4.10 Scales used

4.11

RIGHT SIDE

LEFT SIDE

GRIP STRENGTH
(Record to nearest 0.5kg)

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

4.12 Which hand does your child mostly use to write
or hold a pencil with ?

left

right

Ambidextrous
(Writes with both hands)