



MRC Epidemiology Resource Centre
University of Southampton
Southampton General Hospital
Southampton SO16 6YD

Date of Interview

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

SWS No

Bone Questions for 6 year old Questionnaire

Has your child ever broken a bone Yes/No

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

Date	Bones Broken	What Happened?
<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"/>

Is there a family history of low trauma fractures? Yes/No

Which Family Members, which bones. Please state which family members broke which bones, and how old they were when they first started to fracture

Family member	Bones Broken	Age of first fracture
<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"/>

GRIP STRENGTH

RIGHT

<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"/>

LEFT

<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"/>

Which hand does your child use to write with?

Left

Right

Both

ACTIHEART ACTIVITY AND HEART RATE MONITOR

Discuss the Actiheart with the mother and child and place appropriately if they are willing. Also give the mother the activity questionnaire and ask her to complete this and return it with the Actihearts in the envelope you give to her.

MOTHER'S HEIGHT AND WEIGHT

Mother's height

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

Mother's weight

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	kg
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Scales used

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