

SWS Label or:
SWS ID number:



6 Year QUESTIONNAIRE HOME VISIT

Part 1

Mother's forename only: _____

Child's forename only: _____

[Nurse to refer to six-year visit record card to ensure child's name is correct, and record any changes thereon. Also to request additional telephone numbers, email addresses etc, for tracing purposes if family move]

Child's date of birth

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

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

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

Sex M=Male ☐
 F=Female

Date of interview

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

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

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

Interviewer

<input type="text"/>	<input type="text"/>
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Discuss the visit with the mother and child and obtain completed consent and assent forms

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* _____

☐

Food frequency

Now I am going to ask you about the foods your child has eaten, and the drinks they have had in the **past 3 months**. I will ask you how often your child has had certain foods and drinks. Please include meals and snacks eaten away from home if possible, including school meals. (*Define the 3 month period*)

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
					1	2	3	4	5	6	7		
BREAD, CRACKERS AND CEREALS													
1	white bread	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
2	brown & wholemeal bread	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
3	savoury biscuits	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
4	breakfast cereals and porridge	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
POTATOES, RICE & PASTA													
5	boiled & baked potatoes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
6	chips, waffles and potato shapes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
7	roast potatoes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
8	tinned pasta and instant noodles	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
9	pasta and noodles – fresh and dried	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
10	rice – white & brown	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
MEAT													
11	chicken & turkey in breadcrumbs/batter	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
12	chicken and turkey roast meats	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
13	chicken and turkey casseroles & curries	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
14	beef, pork & lamb - roast meats	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
15	beef, pork & lamb casseroles & curries	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
16	beefburgers	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
17	bacon & gammon	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
18	sausages	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
19	liver, kidney & faggots	0	0.3	0.5	1	2	3	4	5	6	7	8	<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
					1	2	3	4	5	6	7		
20	meat pies and sausage rolls	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
21	ham & processed cold meats	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
FISH													
22	fish in batter or breadcrumbs	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
23	other white fish	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
24	tuna fish	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
25	oily fish	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
OTHER MEAL ITEMS													
26	quiche & savoury flans	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
27	pizza	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
28	processed meat replacements	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
29	quorn and soya casseroles & mince	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
30	eggs	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
31	cottage cheese	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
32	cheese	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
33	soup	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
34	savoury white sauce	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
35	tomato pasta sauce	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
VEGETABLES													
36	tinned vegetables	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
37	carrots	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
38	peas & green beans	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
39	Sweetcorn, mushrooms & mixed veg	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
40	broccoli, cauliflower courgettes, marrow	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
41	green leafy vegetables	0	0.3	0.5	1	2	3	4	5	6	7	8	<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
					1	2	3	4	5	6	7		
42	parsnips, turnip and swede	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
43	tomatoes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
44	salad	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
45	baked beans	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
46	other beans and pulses	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
FRUIT													
47	tinned fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
48	apples & pears	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
49	bananas	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
50	oranges, satsumas and grapefruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
51	peaches, nectarines and melon	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
52	berry fruit and tropical fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
53	plums, cherries & grapes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
54	dried fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
55	cooked/stewed fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
56	nuts	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
DESSERTS													
57	yoghurt & fromage frais	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
58	other ready made desserts in pots	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
59	ice-cream	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
60	ice lollies	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
61	custard, sweet white sauce & instant whip	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
62	other puddings	0	0.3	0.5	1	2	3	4	5	6	7	8	<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
					1	2	3	4	5	6	7		
CAKES & BISCUITS													
63	cakes, buns & pastries	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
64	cereal bars with added vitamins	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
65	chocolate & digestive biscuits	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
66	other biscuits	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
SWEETS AND SNACKS													
67	chocolate	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
68	sweets	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
69	fruit bars and flakes	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
70	crisps & savoury snacks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
SPREADS AND PICKLES													
71	marmite & bovril	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
72	peanut butter	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
73	jam & sweet spreads	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
74	butter and margarine	0	0.3	0.5	1	2	3	4	5	6	7	8	<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"/>												
75	Sauces, pickles & salad dressings	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
DRINKS													
76	pure fruit juice	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
77	fruit drinks	0	0.3	0.5	1	2	3	4	5	6	7	8	<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
					1	2	3	4	5	6	7		
78	squash	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
79	low calorie squash	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
80	fizzy drinks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
81	low calorie fizzy drinks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
82	tea & coffee	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
83	milky drinks	0	0.3	0.5	1	2	3	4	5	6	7	8	<input type="text"/>
84	water	0	0.3	0.5	1	2	3	4	5	6	7	8	<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 Whole organic

8 Semi-skimmed organic

9 Skimmed organic

10 whole omega 3

11 Semi-skimmed omega 3

12 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 cup = 0.35 pints; 1 pint = 20oz; 1 cup milkshake per wk – liquid = 0.05, powder = 0.01)

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** *How often does your child eat organic foods (not including milk or fat spreads)?
(Use food frequency categories, 0, 0.3, 0.5, 1 - 8)
- Freq 0 – 8 .
- Freq >1/d
- 1.7** *Just thinking about the past week, how many servings did your child have of vegetables and vegetable-containing dishes? (Including pulses, baked beans and salad but not potatoes)
-
- 1.8** *Just thinking about the past week, how many servings did your child have of fruit?
(Including fresh, cooked and tinned but not dried fruit)
-
- 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 packed lunches provided by you, or snacks, such as biscuits or crisps, etc)?
0. None 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** During the past 3 months have you given him/her any vitamins or minerals, including iron and fluoride drops?
0. No go to section 2
1. Yes
-
- 1.12** Please state which:

Supplement Name	Code	How many days in the last 90?	If not a tablet or capsule, what is the dose?	No. of tablets or stated doses 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"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

2 ASTHMA

I would now like to ask a few questions about illnesses your child has had

2.1. Has your child **ever** had **asthma**?

0. No *go to section 3*
1. Yes *ADD RED DOT TO CARD*

☐

2.2 Was the asthma diagnosed by a doctor?

0. No *go to section 3*
1. Yes

☐

2.3 How old was he/she when he/she was first diagnosed? yrs mths wks

2.4 Has he/she ever been admitted to hospital for asthma?

0. No
1. Yes

☐

2.5 Has he/she received inhalers or other medication for asthma prescribed by a doctor **in the past 12 months**?

0. No
1. Yes

☐

3 FURTHER QUESTIONS ABOUT ASTHMA AND WHEEZE

(based on core ISAAC questions and proposed standardised BPRS questionnaire)

3.1 Has your child **ever** had wheezing or whistling in the chest at any time in the past?

0. No *go to 3.10*
1. Yes

☐

3.2 Were these wheezy or whistling episodes associated **with colds**?

0. No *go to 3.4*
1. Yes

☐

3.3 Has he/she **ever** wheezed or whistled in the chest between colds?

0. No
1. Yes

☐

3.4 Has your child had wheezing or whistling in the chest **in the last 12 months**?

0. No *go to 3.9*
1. Yes

☐

3.5 *How many attacks of wheezing has your child had **in the last 12 months**?

0. None
1. 1-3
2. 4-12
3. more than 12

☐

3.6 **In the last 12 months**, how often, on average, has your child's sleep been disturbed due to wheezing?

0. Never woken with wheeze
1. Woken less than one night per week
2. One or more nights per week

☐

3.7 **In the last 12 months**, has your child's chest sounded wheezy during or after exercise?

0. No
1. Yes

☐

3.8 In the last 12 months has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?

- 0. No
- 1. Yes

☐

Go to 3.10

3.9 At what age did your child last wheeze?

yrs

mths

3.10 In the last 12 months, has your child had a cough at night, apart from a cough associated with a cold or chest infection?

- 0. No
- 1. Yes

☐

3.11 Has your child **ever** been prescribed an asthma reliever inhaler?

- 0. No *go to section 4*
- 1. Yes

☐

3.12 Did it help his/her breathing (wheezing or coughing) to improve?

- 0. No
- 1. Yes
- 2. Never Used

☐

4 ECZEMA

- 4.1 Has he/she **ever** had an itchy skin condition - by itchy we mean scratching or rubbing the skin a lot ?
(exclude chicken pox, if asked to clarify "itchy skin condition" then ask "Has he/she had any episodes lasting more than 2 weeks when he/she scratched or rubbed his/her skin a lot")

0. No go to 4.3

1. Yes

☐

(Note if the woman says 'No' to this, you will not need to ask questions 4.6-4.8 when you come to them)

- 4.2 How old was he/she when the rash **first** appeared ?

yrs

mths

wks

- 4.3 *Has he/she **ever** 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

☐

H) the nappy area (including nappy rash)

0. No

1. Yes

☐

- 4.4 Has he/she **ever** suffered from a generally dry skin ?

0. No go to 4.6 (but see note above question 4.6)

1. Yes

8. To a minor degree

☐

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

0. No

1. Yes

8. To a minor degree

☐

(If the answer to question 4.1 was 'No' – ie the child has never had an itchy skin condition –
then go to section 5)

4.6 In the past twelve months, has he/she suffered from an itchy skin condition?

(exclude chicken pox)

0. No go to section 5
1. Yes

☐

4.7 *In the last 12 months how often, on average has your child been kept awake at night by this itchy rash?

0. Never in the last 12 months
1. Less than one night per week
2. One or more nights per week

☐

4.8 Has this skin condition affected **the cheeks, the outer arms or legs**, or the **skin creases** in the **past twelve months** - 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

☐

5 SMOKING

5.1 Are you/*child's main carer* currently smoking?

0. No go to 5.5
1. Yes

☐

5.2 If yes, and offered, is it:

1. Only in a separate room?
2. Only outside the house?

☐

5.3 How many per day?

5.4 What is your current brand? _____

5.5 Does anyone else smoke in the home, or is he/she ever looked after more than once a week by anyone who smokes?

0. No go to 5.8
1. Yes

☐

5.6 If yes, and offered, is it:

1. Only in a separate room
2. Only outside the house

☐

5.7 How many smokers live in the same house as the child?

5.8 Is your child regularly exposed to non-household smoking?

0. No
1. Yes

☐

5.9 Has he/she been exposed to smoke in the last 24 hours?

0. No *go to section 6*

1. Yes

☐

5.10 *Where? (please enter 0 for no and 1 for yes)

Family home	
Car	
Relative/friends' house	
Public place	
Other (specify) _____	

6 ETHNICITY

Please record the child's ethnic group by asking the mother/carer which ethnic group the child belongs to:

- * 1. White
 2. Black Caribbean
 3. Black African
 4. Black Other
 5. Indian
 6. Pakistani
 7. Bangladeshi
 8. Chinese
 9. Other Asian group
 10. Other (specify) _____

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