



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 | | | LEFT | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <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"/> | • | <input type="checkbox"/> | <input type="checkbox"/> |

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.

Then explain that you would like to ask some questions about physical activity that will be used alongside the actiheart to assess the mother's level of physical activity. Based on participants answers to these questions (in the section entitled 'Your physical activity') we will be able to establish whether this short questionnaire can be used in our future studies to accurately assess women's level of physical activity.

When completing the 'your physical activity' questionnaire please note that:

- *Only one box should be ticked in response to question 2*
- *For question 3, the term 'slow pace' refers to speeds less than 3mph and 'fast pace' to speeds over 4mph.*

MOTHER'S HEIGHT AND WEIGHT

Mother's height

| | | | | |
|--|--|--|---|--|
| | | | . | |
|--|--|--|---|--|

 cm

Stadiometer used

| |
|--|
| |
|--|

Mother's weight

| | | | | |
|--|--|--|---|--|
| | | | . | |
|--|--|--|---|--|

 kg

Scales used

| | | |
|--|--|--|
| | | |
|--|--|--|

Your Physical Activity

1. Have you done any paid work over the past 7 days, either as an employee or self-employed?

Yes

| |
|--|
| |
|--|

No

| |
|--|
| |
|--|

(If No go to 3.)

1(b) Please could you give the location of your place of work

[Ask for street name and/or full postcode]

2. How much physical activity is involved in your work?

[Show response prompt card [vi] – read out examples for each category if required]

Spend most of the time sitting

e.g. in an office

| |
|--|
| |
|--|

Spend most of the time standing or walking

but it does not require much intense physical effort

e.g. shop assistant, hairdresser.

| |
|--|
| |
|--|

Work involves definite physical effort including

handling of heavy objects and use of tools

e.g. nurse, gardener, plumber

| |
|--|
| |
|--|

Work involves vigorous physical activity including

handling of very heavy objects

e.g. refuse collector, construction worker

| |
|--|
| |
|--|

3. How would you describe your normal walking pace?

Slow pace

☐

Steady average pace

☐

Brisk pace

☐

Fast pace

☐

4. During the last week how many hours did you spend doing the following activities?

[Tick one box per activity – show response prompt sheet [vii] if required]

| | | None | Some but less than 1hour | 1hour but less than 3hours | More than 3 hours |
|-----|--|------|--------------------------|----------------------------|-------------------|
| 4.1 | Physical exercise such as swimming, jogging, aerobics, gym | | | | |
| 4.2 | Cycling, including cycling to work and during leisure time | | | | |
| 4.3 | Walking, including walking to work and during leisure time | | | | |
| 4.4 | Housework/childcare | | | | |
| 4.5 | Gardening/DIY | | | | |

5. If you use a gym, swimming pool or leisure centre please state its location: _____

[Please state street name and/or full postcode]