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MY DAUGHTER AT HOME AND AT SCHOOL

This questionnaire should be completed by the chief carer of the study child

20/04/00

SECTION A: HER ENVIRONMENT

A1. a) How many schools has she gone to since her 5th birthday?

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schools

What types of school were these? Please tick all that apply.

- | | | |
|----|-----------------------|---|
| b) | infant school | <div style="border: 1px solid red; padding: 2px; text-align: center;">1</div> |
| c) | primary school | <div style="border: 1px solid red; padding: 2px; text-align: center;">1</div> |
| d) | private (fee paying) | <div style="border: 1px solid red; padding: 2px; text-align: center;">1</div> |
| e) | boarding school | <div style="border: 1px solid red; padding: 2px; text-align: center;">1</div> |
| f) | studies at home | <div style="border: 1px solid red; padding: 2px; text-align: center;">1</div> |
| g) | special school* | <div style="border: 1px solid red; padding: 2px; text-align: center;">1</div> |
| h) | not able to be taught | <div style="border: 1px solid red; padding: 2px; text-align: center;">1</div> |

*If special school please describe type

.....

A2. How does she get to school?

		(i) Going		(ii) Coming back	
		every day	some days	every day	some days
a)	She walks	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>
b)	She goes in a wheelchair	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>
c)	By public transport	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>
d)	School bus/coach	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>
e)	By car	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>
f)	Rides bicycle	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>
g)	Other (please tick and describe)	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">1</div>	<div style="border: 1px solid red; padding: 2px; text-align: center;">2</div>

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A3. a) How far away is the school?

less than ½ mile (1 km) away

½ - 1 mile (1-2 km) away

1 - 5 miles (2-8 km) away

more than 5 miles (8 km) away

b) How long does it take to get there in the morning?

minutes

A4. We would like to know what happens after school.

a) Does she usually go straight home?

No

Yes

—If yes, go to A4c below

b) If no, where does she go?

Every day

Some days

Never

(i) to a relative's home

(ii) to a friend's home

(iii) to a childminder

(iv) school club

(v) plays outside

(vi) other (please tick and describe)

.....

c) If she goes straight home are you always there too?

yes, always

yes, usually

yes, sometimes

no, hardly ever

A5. a) Are you interested in what your child does at school?

Yes very Yes mostly No, not really

b) Are you happy with the teaching your daughter is getting at school?

Yes very Yes mostly No, not really

c) Are you happy with the progress your daughter is making at school?

Yes very Yes mostly No, not really

d) Has she ever been excluded (expelled) from school?

Yes No

A6. Apart from yourself, who has regularly looked after your child when she is not at school?
(Please answer for each person or place including childminder or neighbour regularly involved)

a) **Childcare on schooldays in the past 6 months**

Please list below all **regular** arrangements before or after school. (If none write NONE)

	Person and/or place (e.g. childminder - her home; after school clubs, neighbour etc.)	Number of hours per week
(i)	<input type="text"/> <input type="text"/>
(ii)	<input type="text"/> <input type="text"/>
(iii)	<input type="text"/> <input type="text"/>

b) **Weekend childcare in the past 6 months**

Please list below all **regular** childcare arrangements during the weekend
(If none write NONE)

	Person and/or place (e.g. grandmother, my home)	Number of hours per week	
		Saturday	Sunday
(i)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(ii)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(iii)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

A6. c) **Childcare during school holidays**

Please list the arrangements made when childcare was needed during school holidays in the past year. (If none write NONE)

Person and/or place	Number of hours per week
(i)	<div><div></div><div></div></div>
(ii)	<div><div></div><div></div></div>
(iii)	<div><div></div><div></div></div>

A7. How much time on average does she spend each day:

	(i) on a school weekday				(ii) on a weekend day			
	Not at all	less than 1 hour	1-2 hours	3 or more hours	Not at all	less than 1 hour	1-2 hours	3 or more hours
a) in a car, bus or other transport	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
b) out of doors in summer	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
c) out of doors in winter	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
d) watching TV	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
e) with other children	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
f) drawing, making, constructing things	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
g) playing by herself	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
h) school homework	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>
i) reading books for pleasure	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>

	(i) on a school weekday				(ii) on a weekend day			
	Not at all	less than 1 hour	1-2 hours	3 or more hours	Not at all	less than 1 hour	1-2 hours	3 or more hours
A7.								
j) playing musical instruments	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) using a computer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) on the telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A7. How much time on average does she spend each day:

	(iii) on normal days in school holidays			
	Not at all	less than 1 hour	1-2 hours	3 or more hours
a) in a car, bus or other transport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) out of doors in summer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) out of doors in winter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) watching TV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) with other children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) drawing, making, constructing things	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) playing by herself	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) school homework	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) reading books for pleasure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(iii)
on normal days in school holidays

	Not at all	less than 1 hour	1-2 hours	3 or more hours
A7.				
j) playing musical instruments	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
k) using a computer	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>
l) on the telephone	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>

A8. How often during a day is she in a room or enclosed place where people are smoking:

	(i) weekdays	(ii) weekends
all the time	1 <input type="text"/>	1 <input type="text"/>
more than 5 hours	2 <input type="text"/>	2 <input type="text"/>
3-5 hours	3 <input type="text"/>	3 <input type="text"/>
1-2 hours	4 <input type="text"/>	4 <input type="text"/>
less than 1 hour	5 <input type="text"/>	5 <input type="text"/>
not at all	6 <input type="text"/>	6 <input type="text"/>

A9. a) On a day when the weather is reasonable where does she prefer to play?

prefers out of doors	1 <input type="text"/>
prefers indoors	2 <input type="text"/>
no preference	3 <input type="text"/>

b) Does she prefer to play:

on her own	1 <input type="text"/>
with other children	2 <input type="text"/>
either	3 <input type="text"/>
doesn't play at all	4 <input type="text"/>

A10. a) Does she like to take part in competitive games? (i.e. one with winners and losers)

Yes usually Yes sometimes No, not at all Don't know

b) Does she take a leading role when playing with other children?

Yes usually Yes sometimes No, not at all Don't know

c) Does she like making up stories?

Yes usually Yes sometimes No, not at all Don't know

	Yes I insist always	Sometimes I insist	I never insist
A11. Do you insist:			
a) that she goes to bed at bedtime	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) that she obeys you	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) that she eats what you give her	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) that she is polite to adults	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) that she is considerate of others' feelings	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) that she keeps herself clean	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
g) that she keeps her belongings tidy	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

	Yes I object always	Sometimes I object	I never object
A12. Do you object:			
a) if she makes a lot of noise	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) if she brings friends home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) if she interrupts your conversation	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

A13. Does she have, for her own use:

a mobile phone a pager no, neither of these

SECTION B: SUNSHINE AND SUNBURN

B1. Since her 6th birthday has your study child ever been sunburnt so badly that there were blisters or pain that lasted at least 2 days?

Yes

No

→ If **no**, go to B2a below

If **yes**, please state what age she was at each time this happened:

(i) 6 years old yes, got badly sunburnt

(ii) 7 years old yes, got badly sunburnt

(iii) 8 years old yes, got badly sunburnt

(iv) 9 years old yes, got badly sunburnt

B2. a) Please think through the child's life - and try to remember how many days each year, the child would have been in the sun **for at least 4 hours each day**. We realise how difficult this is, but please make your best guess.

NUMBER OF DAYS IN THE SUN

Age	None	1-9	10-19	20-29	30-39	40 or more
(i) 6 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) 7 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iii) 8 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(iv) 9 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- B2. b) Were any of these days when the child was in the sun for at least 4 hours spent beside the sea (or a lake or river)?

	No	Yes	If <u>yes</u> , about how many days?
(i) 6 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
(ii) 7 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
(iii) 8 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
(iv) 9 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>

- c) Were any of the days when the child was in the sun for at least 4 hours spent abroad?

	No	Yes	If <u>yes</u> , please say where ↓	How many days?
(i) 6 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
(ii) 7 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
(iii) 8 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>
(iv) 9 years old	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div> →	<div><div></div><div></div></div>

- B3. When in the sun in the summer, does your child usually:

	Yes always	Yes usually	Yes sometimes	No never
a) wear a hat	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>
b) wear something to keep her skin covered	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>
c) have sun block, sun screen, lotion or cream	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>
d) avoid midday sun	<div><div>1</div><div></div></div>	<div><div>2</div><div></div></div>	<div><div>3</div><div></div></div>	<div><div>4</div><div></div></div>

- B3. e) If your child has sun block, sun lotion or cream put on her skin, please say what **factor** is usually used:

1-3	4-7	8-14	15-20	21-25	25+	can't say
<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">1</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">3</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">4</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">5</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">6</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">9</div>

- f) Some sun creams also have a star system. If you can, please say how many stars are usually used:

1	2	3	4	can't say
<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">1</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">3</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">4</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">9</div>

- g) If possible give the full name of the sun block, sun lotion or creams used on your child (e.g. Johnson's Children's Sensitive Skin Waterproof Sun Cream Factor 25)

- (i)
- (ii)
- (iii)
- (iv)
- (v)
- (vi)

- h) When you are out in the sun with your child, about how often do you put sun lotion or cream on her?

Once only	Every 3-4 hours	Every 2 hours	Every hour	Every ½ hour
<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">1</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">2</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">3</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">4</div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">5</div>

SECTION C: HER ACTIVITIES

C1. About how often does your child do the following:

How often does she:	Nearly every day	2-5 times a week	Once a week	Once a month	Rarely ↓	Not at all
a) go swimming	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
b) play a musical instrument (e.g. piano, recorder)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
Please tick & describe						
c) go to special groups (such as Cubs or Brownies)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
Please tick and describe group						
d) go to Sunday School	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
e) go to special classes or clubs for some activity (e.g. dancing, judo, sports)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
Please tick and describe.....						
f) go to special classes because of learning difficulty	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
Please tick and describe.....						
g) classes for foreign languages	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
Please tick and describe.....						
h) singing group	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
Please tick and describe.....						
i) other type of classes or group	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
Please tick and describe.....						

How often does she:		Nearly every day	2-5 times a week	Once a week	Once a month	Rarely ↓	Not at all
C1.	j) have physiotherapy	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
	k) see her grandparents	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
	l) play computer games	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>
	m) help in the house	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	6 <input type="text"/>

C2. How often does her mother or other adult female do these activities with the study child?

Mother or other woman:		Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
a)	does homework with her	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b)	makes things with her	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c)	sings to her or with her	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d)	reads to her or with her	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
e)	plays with toys	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
f)	cuddles her	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
g)	active play (e.g. ball games, wrestling, hide and seek)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
h)	takes her to the park or playground	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
i)	puts her to bed	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
j)	takes her swimming, fishing or similar activity	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
k)	draws or paints with her	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
l)	prepares food for her	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

C2.		Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
	Mother or other woman:					
m)	takes her to classes	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
n)	takes her shopping	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
o)	takes her to watch sports/ football	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
p)	has conversations with her	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
q)	helps her prepare things for school	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
r)	other (please tick & describe)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

.....

s) Who are the women involved in any of these activities with the study child? (Please tick all that apply)

(i)	Her mother	<div>1</div>
(ii)	Her stepmother	<div>1</div>
(iii)	Her grandmother	<div>1</div>
(iv)	Her grown-up sister	<div>1</div>
(v)	Another relative	<div>1</div>
(vi)	A family friend	<div>1</div>
(vii)	A lodger	<div>1</div>
(viii)	A baby sitter/nanny/ childminder	<div>1</div>
(ix)	Other (please tick and describe)	<div>1</div>

.....

C3. How often does a male adult (e.g. her father/your husband or partner) do these activities with your child?

	Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
Father or other man:					
a) does homework with her	1	2	3	4	5
b) makes things with her	1	2	3	4	5
c) sings to her or with her	1	2	3	4	5
d) reads to her or with her	1	2	3	4	5
e) plays with toys	1	2	3	4	5
f) cuddles her	1	2	3	4	5
g) active play (e.g. ball games, wrestling, hide and seek)	1	2	3	4	5
h) takes her to the park or playground	1	2	3	4	5
i) puts her to bed	1	2	3	4	5
j) takes her swimming, fishing or similar activity	1	2	3	4	5
k) draws or paints with her	1	2	3	4	5
l) prepares food for her	1	2	3	4	5
m) takes her to classes	1	2	3	4	5
n) takes her shopping	1	2	3	4	5
o) takes her to watch sports/football	1	2	3	4	5
p) has conversations with her	1	2	3	4	5
q) helps her prepare things for school	1	2	3	4	5

C3.

		Nearly every day	2 - 5 times a week	Once a week	Less than once a week	Never ↓
Father or other man:						
r)	other (please tick and describe)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

.....

s) Who are the men involved in any of these activities with the study child? (Tick all that apply)

(i)	Her father	<input type="checkbox"/> 1
(ii)	Her stepfather/mother's partner	<input type="checkbox"/> 1
(iii)	Her grandfather	<input type="checkbox"/> 1
(iv)	Her grown-up brother	<input type="checkbox"/> 1
(v)	Another relative	<input type="checkbox"/> 1
(vi)	A family friend	<input type="checkbox"/> 1
(vii)	A lodger	<input type="checkbox"/> 1
(viii)	A baby sitter/childminder	<input type="checkbox"/> 1
(ix)	Other (please tick and describe)	<input type="checkbox"/> 1

C4. Help in the house:

Does your daughter help in the home (cleaning, washing dishes, etc.)?

Yes, but only if made to	<input type="checkbox"/> 1
Yes, sometimes offers to and sometimes is made to	<input type="checkbox"/> 2
Yes, always offers to	<input type="checkbox"/> 3
No, refuses to help	<input type="checkbox"/> 4
No, is not allowed to help	<input type="checkbox"/> 5

C5. Does she have a space in which she can do things on her own?

Yes, her own bedroom

A corner of a room

No, there is no room for this

Something else
(please tick and describe)

.....

.....

C6. a) Does she have brothers and/or sisters living at home (include step and half brothers and sisters)?

Yes

No



If **no**, go to C7 on page 19

If **yes**,

b) How many?

(i) older brothers

older sisters

(ii) younger brothers

younger sisters

(iii) twin brother
(or triplet/quad)

twin sister
(or triplet/quad)

Please give the age of:

(iv) oldest brother

years old

(v) oldest sister

years old

(vi) youngest brother

years old

(vii) youngest sister

years old

C6. c) How often does she do the following with them?

With her brothers or sisters:		Nearly every day	2-5 times a week	Once a week	Less than once a week	Never ↓
(i)	Play with toys	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
(ii)	Read together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
(iii)	Sing together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
(iv)	Make things, draw or paint	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
(v)	Go out together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
(vi)	Talk together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
(vii)	Eat together	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
(viii)	Argue with one another	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

C7. a) Does she wear clothes that have been handed down free from others?
(Please tick all that apply)

(i)	yes, from her older brothers & sisters	<input type="text" value="1"/>
(ii)	yes, from other relatives	<input type="text" value="1"/>
(iii)	yes, from friends	<input type="text" value="1"/>

b) Does she ever have clothes bought second-hand for her?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
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SECTION D: HER TEETH

D1. Is your child self-conscious about her teeth?

Yes No Not sure

D2. Would you like your child to have a brace on her teeth? (Please tick all that apply)

- a) She has already got a brace → **Go to D3 below**
- b) Yes, I would like her to have a brace now
- c) Yes, I would like her to have a brace when she is older
- d) Only if the dentist recommends it
- e) It's up to her
- f) Not sure
- g) No

D3. Have any of your other children had orthodontic treatment?

Yes No I/we haven't got any other children

D4. Has your child ever been referred to an orthodontist (a dentist who specialises in braces)?

- yes, and she's been seen
- yes, but we couldn't get there
- yes, but we decided not to go
- no
- not sure
- **If no, or not sure, go to D5 on page 21**

D4. a) Who suggested that your child should see an orthodontist?

the dentist

we (parents) asked

another person suggested it

→ Who?

not sure/can't remember

D5. Has your child ever worn a brace?

yes, she has a brace at the moment

yes, but not now – the teeth are now OK

yes, but not now – the treatment was stopped

→ Why?

no

not sure

→ If no, or not sure, go to section E on page 22

If yes,

a) How old was your child when the brace was first fitted?

years old

b) Who fitted the brace?

the dentist

an orthodontist in a practice

an orthodontist in a hospital

someone else

→ Who?

not sure

c) Did your child have any problems wearing the brace?

Yes

No

If yes, please describe

SECTION E: UPSETTING EVENTS

Below are listed some events that might upset some children. Please state whether any of these has happened since she was 7 years old.

***We realise how sensitive and personal some of the following questions are, but it is important to find out how frequently these events happen to children and what, if any, effect they have on them. As you know, answers you put in questionnaires are never linked back to your name and address.*

Since her 7th birthday	Yes and she was very upset	Yes and she was quite upset	Yes and she was a bit upset	Yes but she wasn't upset	No did not happen
E1. She was taken into care*	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E2. A pet died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E3. She moved home	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E4. She had a shock or fright*	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E5. She was physically hurt by someone*	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E6. She was sexually abused	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E7. Somebody in the family died	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E8. She was separated from her mother	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E9. She was separated from her father	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E10. She acquired a new mother or father	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E11. She had a new brother or sister	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
E12. She was admitted to hospital	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

Since her 7th birthday	Yes and she was very upset	Yes and she was quite upset	Yes and she was a bit upset	Yes but she wasn't upset	No did not happen ↓
E13. She changed care taker (i.e. the person mostly looking after her)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E14. She was separated from someone else that she was close to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E15. She started a <u>new</u> school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E16. She lost her best friend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
E17. Something else* (please tick and describe)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

.....

* If yes, to any items with a *, please write a description if you feel able to.

.....

.....

Space for comments:

SECTION F: EATING

F1. In the past year have you had difficulties getting her to eat what you wanted her to?

Yes, great difficulty

1

Yes, some difficulty

2

Yes, occasional difficulty

3

No, no difficulty

4

—If yes, please describe the problems:

.....

F2. In the past year has she at any time:

		Yes, worried me greatly	Yes, worried me a bit	Yes, but did not worry me	No did not happen
a)	deliberately not eaten a sufficient amount of food	1	2	3	4
b)	refused to eat the food you think she should eat	1	2	3	4
c)	been choosy with food	1	2	3	4
d)	over-eaten	1	2	3	4
e)	been difficult to get into an eating routine	1	2	3	4

F3. How many times in a usual **month** does your study child eat meals away from home
(**not counting school meals**)? If none, write 00.

a)		b)	
Term-time		School holidays	
(i) with a relative	<input type="text"/> <input type="text"/> times	(i) with a relative	<input type="text"/> <input type="text"/> times
(ii) with friends	<input type="text"/> <input type="text"/> times	(ii) with friends	<input type="text"/> <input type="text"/> times
(iii) in a café/restaurant (e.g. McDonalds)	<input type="text"/> <input type="text"/> times	(iii) in a café/restaurant (e.g. McDonalds)	<input type="text"/> <input type="text"/> times
(iv) other	<input type="text"/> <input type="text"/> times	(iv) other	<input type="text"/> <input type="text"/> times

F4. Meals in School

a) Does your study child ever have a mid-day meal provided by the school?

Yes

No → If no, go to F4d below

If yes,

b) How often?

Rarely once in 2 weeks once a week 2-4 times a week 5 times a week

c) Please ask her how much she usually eats of this school meal:

School meal	Never eats this in school meals	Eats about 1/4 of the serving	Eats about 1/2 of the serving	Eats about 3/4 of the serving	Eats it all ↓	Eats extra portion
(i) main part of meal e.g. meat, egg etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(ii) potatoes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(iii) other cooked vegetables	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(iv) salad	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(v) rice/pasta	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
(vi) pudding	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

d) Does your study child ever have packed lunch provided by you?

Yes

No → If no, go to F5 on page 26

If yes,

e) How often?

Rarely once in 2 weeks once a week 2-4 times a week 5 times a week

F4. f) Please ask her how much she usually eats of this packed lunch:

Packed lunch	Never has this in packed lunch	Eats about ¼ of the serving	Eats about ½ of the serving	Eats about ¾ of the serving	Eats it all ↓
(i) sandwiches (any type)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
(ii) pies, pastries, pizza etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
(iii) crisps/savoury snacks	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
(iv) fruit (fresh, dried or tinned)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
(v) yoghurt etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
(vi) biscuits/cakes	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
(vii) chocolate/sweets	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

F5. Please ask her if she ever eats extra food not provided in her own packed lunch (e.g. from other children):

Yes, often 1 Yes, sometimes 2 No, never 3

Siân with sister Molly

F6 - F25. Thinking about all the food **that you provide** which she eats during the day, how often does she eat the following foods? Please answer every question even if she never eats the food (in this case tick “never” or “rarely”). **Do not include meals provided by school.**

F6.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a)	Sausages, burgers	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Meat pies/pasties (pork pie, steak/meat pie etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Vegetarian pies/ pasties (cheese and onion pasties, vegetable samosa, onion bhaji, vegetable grills etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Ham, bacon, and cold meats (e.g. salami, luncheon meat, garlic sausage etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
e)	Meat roast, chops, stews and curries etc. (e.g. beef, lamb, pork, mince)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
f)	Liver, liver pâté	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
g)	Kidney, heart	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
h)	Chicken/turkey in crispy coating (e.g. chicken nuggets, turkey burgers, chicken fingers etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
i)	Poultry: roast, grilled, fried, boiled, stewed (chicken, turkey etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

F6.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
j)	Shellfish (prawns, crab, cockles, mussels etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
k)	White fish in breadcrumbs or batter (e.g. fish fingers/shapes, chip shop fish, breaded cod etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
l)	White fish without coating (e.g. grilled fish, cod in parsley sauce etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
m)	Tuna	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
n)	Other fish (pilchards, sardines, mackerel, herring, kippers, trout, salmon etc.)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
o)	Eggs, quiche, omelettes, flan etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
p)	Cheese	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
q)	Pizza	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
r)	Oven chips	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
s)	Fried chips, potato waffles or croquettes, Alphabites etc.	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
t)	Roast potatoes (cooked in fat or oil)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
u)	Boiled, mashed, jacket potatoes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

F6.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
v)	Rice (boiled, or fried, <u>not</u> rice pudding)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
w)	Canned pasta (spaghetti rings, ravioli, macaroni cheese etc.) Pot Noodles, Super Noodles etc.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
x)	Boiled pasta (e.g. spaghetti, fusilli, lasagna) bulgar wheat and cous-cous.	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
y)	Fried food (e.g. fried fish, eggs, bacon, chops etc.)	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

F7. Does she eat the fat on meat?

yes, all of it	<div>1</div>	no, always leaves fat	<div>3</div>	never eats meat	<div>5</div>
yes, some of it	<div>2</div>	no, never given meat with fat	<div>4</div>		

F8. How many times nowadays does she eat:

F8.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a)	Baked beans	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
b)	Peas, broad beans	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
c)	Sweetcorn	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>
d)	Cabbage, brussel sprouts, spinach, broccoli and other dark green leafy vegetables	<div>1</div>	<div>2</div>	<div>3</div>	<div>4</div>	<div>5</div>

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
F8.						
e)	Other green vegetables (cauliflower, runner beans, leeks, courgettes etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
f)	Carrots	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
g)	Other root vegetables (turnip, swede, parsnip etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
h)	Tomatoes (cooked or raw)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
i)	Salad (lettuce, cucumber, peppers, other raw vegetables etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
j)	Pulses and pulse dishes (dahl, lentil soup, falafel, dried peas, beans, chick peas)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
k)	Soya 'Meat', TVP, Soya-type Vegeburgers, Bean Curd (Tofu, Miso etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
l)	Peanuts, peanut butter	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
m)	Other nuts (e.g. cashew), nut roast	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
n)	Fresh citrus fruit (e.g. oranges, grapefruit, satsumas, tangerines etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
o)	Other fresh fruit (e.g. apple, banana, pear, bunch of grapes, peach etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
p)	Canned fruit	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
F8.						
q)	Yoghurt, Fromage Frais	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
r)	Milk puddings (e.g. rice pudding, semolina), mousse, Angel Delight etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
s)	Ice cream, choc ice, chocolate ice cream bar etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
t)	Ice lollies	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
u)	Pudding (e.g. fruit pie, crumble, cheesecake, gateaux)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
v)	Custard, cream, Elmlea, Tip-Top, evaporated milk etc. on puddings	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
w)	Cakes or buns (fruit cake, sponge, teacake, doughnut, flapjack, scone, custard tart, cream cake etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
x)	Crispbreads (Ryvita, crackerbread etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

F9. a) Does she eat breakfast cereals at all?

Yes

No



If **no**, go to F11 on page 33

If yes, What type of breakfast cereal does she eat nowadays?

F9.		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
b)	Oat cereals (e.g. porridge, Ready Brek, Muesli, chocolate Ready Brek)	1 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	2 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	3 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	4 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	5 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>
c)	Wholegrain or bran cereals (e.g. All Bran, Bran Flakes, Weetabix, Wheatflakes, Fruit & Fibre, Shreddies, Shredded Wheat, Sugar Puffs)	1 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	2 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	3 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	4 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	5 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>
d)	Other cereals (e.g. Cornflakes, Rice Krispies, Frosties, Special K, Coco Pops)	1 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	2 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	3 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	4 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	5 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>

F10. When she has breakfast cereals

a) How often are they sugar/honey coated or chocolate flavoured (e.g. Frosties, Coco Pops etc.)?

Always	Sometimes	Never	
1 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	2 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	3 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	→If <u>never</u> go to F10c below

b) How many teaspoonfuls of sugar does she have on **this type** of sugar coated or chocolate flavoured cereal?

None	½ teaspoon	One teaspoon	2 teaspoons	More than 2 teaspoons
1 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	2 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	3 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	4 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	5 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>

c) How many teaspoonfuls of sugar does she have on **other types** of cereal (i.e. plain cereal)?

None	½ teaspoon	One teaspoon	2 teaspoons	More than 2 teaspoons	Doesn't have plain cereal
1 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	2 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	3 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	4 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	5 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>	7 <input style="border: 1px solid red; width: 30px; height: 20px;" type="text"/>

d) How many times **per week** does she have milk on cereal? times

F11. How often nowadays does she eat:

	Never or rarely	Once in 2 weeks ↓	1-3 times a week	4-7 times a week	More than once a day
a) Crisps, corn snacks (e.g. Wotsits, Quavers, tortilla chips, etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b) Full-coated chocolate biscuits (e.g. Club, Kit Kat, Penguin, Breakaway etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c) Other biscuits (e.g. Rich tea, shortcake, digestive and chocolate digestive, Hob Nobs)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d) Chocolate bars/buttons (milk, plain or white) Smarties, Mars bars, Milky Way, Creme Eggs, Rolos etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
e) Sweets (individual, packets or bars) Cola bottles, penny mix-ups, chews, jelly sweets, flumps, liquorice, sherbert dips, polos, fruit pastilles, refreshers etc.	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

F12. On days when she has sweets, how many individual sweets does she eat in that day?
Count a chew or jelly sweet as one sweet.

1-2 sweets	3-5 sweets	6-10 sweets	11 - 20 sweets	more than 20 sweets	never has sweets
1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>	7 <input type="text"/>

F13. On days when she has chocolate or chocolate bars (e.g. Mars bars, bag of buttons):

a) What size bar/packet does she have?

Usually eats Funsize

Usually eats Adult size

Never has chocolate

→ Go to
F14 on
page 34

b) How many bars or packets of **this** size does she usually eat in **that** day?

½ or less

1

2

3

F14. How many times a week nowadays does she drink?

		Never or rarely	Once in 2 weeks	1-3 times a week	4-7 times a week	More than once a day
a)	Sweetened fruit juice (e.g. Sunny Delight, Orange C)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
b)	Pure fruit juice from a carton or freshly squeezed	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
c)	Squash, fruit drinks or Ribena	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
d)	Cola drinks (e.g. Coca Cola, Pepsi etc.)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
e)	Other fizzy drinks (e.g. lemonade, fizzy water)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
f)	Plain water on its own	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
g)	Milk on its own (Please include school milk here)	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
h)	Flavoured milk drinks (e.g. Horlicks, Ovaltine, milkshakes) or yoghurt drinks	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>

F15. When she has soft drinks (e.g. lemonade, cola, squash), how often are they low calorie, diet or reduced sugar drinks?

usually	1 <input type="text"/>	not at all	3 <input type="text"/>
sometimes	2 <input type="text"/>	doesn't drink soft drinks	7 <input type="text"/>

F16. When she has cola drinks, how often are they decaffeinated?

usually	<input type="text" value="1"/>	not at all	<input type="text" value="3"/>
sometimes	<input type="text" value="2"/>	doesn't have cola	<input type="text" value="7"/>

F17. How often does she eat each of these types of bread?

	Usually	Sometimes	Never
a) white bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
b) soft grain white bread (e.g. Mighty White)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
c) brown/granary bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
d) wholemeal bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
e) chappatis, pitta bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
f) naan bread	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>

F18.a) How many slices of bread, rolls or chappatis does she eat on a usual day?
(Include packed lunch provided from home)

less than 1	<input type="text" value="1"/>	1-2	<input type="text" value="2"/>	3-4	<input type="text" value="3"/>	5 or more	<input type="text" value="4"/>
-------------	--------------------------------	-----	--------------------------------	-----	--------------------------------	-----------	--------------------------------

b) How many slices of bread (or rolls) spread with butter or margarine
does she eat each day? (include bought sandwiches)

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

slices

F19. What sort of fat does she have:

		(i) on bread or vegetables		(ii) for frying	
		Yes	No	Yes	No
a)	Butter, ghee, dripping, lard, solid cooking fat	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
b)	Polyunsaturated margarine (e.g. Flora, sunflower margarine, Vitalite)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
c)	Hard or soft margarine (e.g. Blue Band, Stork, supermarket own brand)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
d)	Low-fat spread (e.g. Delight, St Ivel Gold, Flora Xtra Light)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
e)	Sunflower oil, corn oil, soya oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
f)	Olive oil, hazelnut oil, rapeseed oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
g)	Other vegetable oil	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
h)	Other (please tick & describe)	<div>1</div>	<div>2</div>	<div>1</div>	<div>2</div>
.....					

F20. What type(s) of milk does she have?

		Yes usually	Yes sometimes	No not at all
a)	Full fat (silver or gold top)	<div>1</div>	<div>2</div>	<div>3</div>
b)	Semi-skimmed (red stripe)	<div>1</div>	<div>2</div>	<div>3</div>
c)	Skimmed (blue stripe)	<div>1</div>	<div>2</div>	<div>3</div>
d)	Dried milk (e.g. Marvel)	<div>1</div>	<div>2</div>	<div>3</div>
e)	Goat/sheep milk	<div>1</div>	<div>2</div>	<div>3</div>
f)	Soya milk	<div>1</div>	<div>2</div>	<div>3</div>
g)	Other (please tick and describe)	<div>1</div>	<div>2</div>	<div>3</div>

.....

F21. Is this milk usually:

**Fresh
pasteurised**

**Longlife
(UHT)**

Sterilised

Other (please describe)

.....

**Don't
know**

F22. a) Does she drink tea?

Yes

No

→If no, go to F23a below

If yes,

b) How many cups of tea does she drink in a day?
(do not include herbal teas)

cups a day

c) How many spoons of sugar in each cup?

spoons

d) How many of the cups of tea that she drinks are
decaffeinated?

cups a day

e) Which description best fits the amount of milk in the tea she drinks?

no milk

a little milk

about ¼ milk

about ½ milk

about ¾ milk

**almost
all milk**

F23. a) Does she drink coffee?

Yes

No

→If no, go to F24 on page 38

If yes,

b) How many cups of coffee (real, instant or
decaffeinated) does she drink?

cups a day

c) How many spoons of sugar in each cup?

spoons

d) How many of the cups of coffee that she drinks
are decaffeinated?

cups a day

e) How many of the cups of coffee that she drinks
are made using real coffee (i.e. not instant)?

cups a day

f) How many of these are decaffeinated?

cups a day

F23. g) Which description best fits the amount of milk in the coffee she drinks?

no milk	a little milk	about ¼ milk	about ½ milk	about ¾ milk	all milk
<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>

F24. a) Does she drink herbal teas at all?

yes, often yes, occasionally no, not at all → **If no, go to F25 below**

If yes,

b) how many cups/mugs of herbal tea has cups a week she drunk in the past week?

c) Please list the types of herbal teas she has drunk in the past 3 months:

.....

F25. Apart from herbal teas, are there any other health foods (whether or not bought from a health food shop) that she often eats or drinks?

Yes No → **If no, go to F26a below**

If yes, please describe below:

.....

F26. a) How often does she have any of the following:

	More than once a week	Once a week	Less than once a week	Not at all
(i) wine	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
(ii) beer, lager	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
(iii) spirits (gin, vodka, brandy)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
(iv) other alcohol (please tick and describe)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

.....

F26. b) What would you say best describes your child's alcohol drinking:

- | | |
|--|--------------------------------|
| she has a glass of her own containing a normal adult portion | <input type="text" value="1"/> |
| she has a glass of her own, but less than an adult portion | <input type="text" value="2"/> |
| she just has a taste of other people's drink | <input type="text" value="3"/> |
| she rarely has any alcohol | <input type="text" value="4"/> |
| she never has any alcohol | <input type="text" value="5"/> |

F27. Is your child at present a vegetarian?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
-----	--------------------------------	----	--------------------------------

F28. Is your child at present a vegan (i.e. does not eat meat, poultry, fish, eggs, butter, milk or cheese)?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>
-----	--------------------------------	----	--------------------------------

F29. Is your child at present on any other kind of special diet?

Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	→If <u>no</u> , go to G1 on page 40
-----	--------------------------------	----	--------------------------------	--

If **yes**, please describe below.

.....
.....

Jesse

Yasmin

G1. This questionnaire was completed by: (tick all that apply)

- a) mother ☐
- b) father ☐
- c) other (please tick and describe) ☐

G2. Please give the date on which you completed this questionnaire:

day		month		year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G3. Please give the date of birth of your child:

day		month		year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	199	<input type="text"/>

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comment you would like to make

NB Please remember we cannot reply to any comment unless you sign it.

When completed, please return the questionnaire to:

**Professor Jean Golding
Children of the Nineties - ALSPAC
Institute of Child Health
24 Tyndall Avenue
Bristol
BS8 1BR Tel: Bristol 928 5007**

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