SOUTHAMPTON

omen's

URVEY

8 YEAR CHILD QUESTIONNAIRE

Part 1

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 _____

[ ]

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 1 per month	1-3 times per month	number of times per week							more than once per day	no times per day
					1	2	3	4	5	6	7		
1	white bread	0	0.3	0.5	1	2	3	4	5	6	7	8	
2	brown & wholemeal bread	0	0.3	0.5	1	2	3	4	5	6	7	8	
3	high fibre & 'bran' breakfast cereals	0	0.3	0.5	1	2	3	4	5	6	7	8	
4	other breakfast cereals	0	0.3	0.5	1	2	3	4	5	6	7	8	
5	boiled & baked potatoes	0	0.3	0.5	1	2	3	4	5	6	7	8	
6	chips, waffles and potato shapes	0	0.3	0.5	1	2	3	4	5	6	7	8	
7	rice & pasta	0	0.3	0.5	1	2	3	4	5	6	7	8	
8	ham & processed cold meats	0	0.3	0.5	1	2	3	4	5	6	7	8	
9	chicken & turkey in breadcrumbs/batter	0	0.3	0.5	1	2	3	4	5	6	7	8	
10	sausages, bacon & beefburgers	0	0.3	0.5	1	2	3	4	5	6	7	8	
11	roast meats & casseroles	0	0.3	0.5	1	2	3	4	5	6	7	8	
12	white fish, fish fingers	0	0.3	0.5	1	2	3	4	5	6	7	8	
13	oily fish	0	0.3	0.5	1	2	3	4	5	6	7	8	
14	pizza	0	0.3	0.5	1	2	3	4	5	6	7	8	
15	carrots, parsnips, swede	0	0.3	0.5	1	2	3	4	5	6	7	8	
16	green veg: peas, cabbage, broccoli, beans, cauliflower	0	0.3	0.5	1	2	3	4	5	6	7	8	
17	salad vegetables & tomatoes	0	0.3	0.5	1	2	3	4	5	6	7	8	
18	baked beans	0	0.3	0.5	1	2	3	4	5	6	7	8	

	food	never	less than 1 per month	1-3 times per month	number of times per week							more than once per day	no times per day
					1	2	3	4	5	6	7		
19	tinned & cooked fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
20	apples & bananas	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
21	citrus & other fruit	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
22	yoghurt & fromage frais	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
23	ice-cream	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
24	cakes, buns & pastries	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
25	biscuits – chocolate& other	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
26	chocolate & sweets	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
27	pure fruit juice	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
28	low calorie fizzy drinks, fruit drinks & squashes	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
29	fizzy drinks	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
30	fruit drinks & squashes	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
31	water	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
32	crisps & savoury snacks	0	0.3	0.5	1	2	3	4	5	6	7	8	☐
33	cheese	0	0.3	0.5	1	2	3	4	5	6	7	8	☐

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	4 Whole UHT	7 Whole organic	10 whole omega 3
2 Semi-skimmed pasteurised	5 Semi-skimmed UHT	8 Semi-skimmed organic	11 Semi-skimmed omega 3
3 Skimmed pasteurised	6 Skimmed UHT	9 Skimmed organic	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; powder = 0.01; 1 pint = 20oz)

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   *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)*   ☐☐

1.7   *Just thinking about the past week, how many servings did your child have of fruit?
(Including fresh, cooked and tinned but not dried fruit)   ☐☐

1.8   *In an average week over the past 3 months, how many **takeaway meals per week** did your child have (include fish & chips, McDonalds, Chinese, curries etc)?

　　　　0. None　　　　　　　　　No. of times   ☐☐

1.9 During the past 3 months have you given him/her any vitamins or minerals, including iron and fluoride

drops?

        0 - No   *go to 1.11*

        1 Yes - please list them in the table below

1.10 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

1.11 Has your child had any caffeine in the last 2 hours (*use check list)*

        0.   No

        1.   Yes

1.12 Has your child had any fried food in the last 2 hours

        0. No

        1. Yes

2.   CHILD'S HEALTH

2.1   Has your child taken any medicines in the last two weeks (either from the chemist, doctor, or alternative therapies)? Please include inhalers for asthma.

   0. No *go to 2.2*
   1. Yes please list them in the table below

Medicine Name	Code	How many days in the last 2 weeks?	Is it: 1) tablet 2) drops 4) liquid 3) other? *(state)*	Dose per day

2.2   Has your child had a vaccination in the last week?

   0. No
   1. Yes

2.3   Has your child had an infection recently?

   0. No *go to 2.5*
   1. Yes

2.4   If yes, is this:

   1. A current infection?
   2. An infection within the last 2 weeks

2.5   Has your child ever broken any bones?

   0. No *go to 2.8*
   1. Yes

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

Age of child when bone was broken?	Which bone was broken?	How did they break it?

2.7   Were any of these fractures low trauma (as judged by investigator)?
        0.   No
        1.   Yes

2.8   Is there a family history of low trauma fractures?
        0.   No *go to* **3.1**
        1.   Yes

2.9   Which family members?

_____

_____

_____

2.9   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

3. SMOKING

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

    0. No *go to 3.4*
    1. Yes

3.2 If yes, and offered, is it:

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

3.3 How many per day?

3.4 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 3.6*
    1. Yes

3.5 If yes, and offered, is it:

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

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

    0. No
    1. Yes

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

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

3   Exercise

4.1   In the last week (ending yesterday), has your child done a continuous walk that lasted at least 15 minutes? (*including walking to school)*

    0. No *go to 4.3*
    1. Yes

4.2   If yes, how many times in the last week?

4.3   ***** Not counting things done as part of school lessons, in the last week, has your child done any sports or exercise activities, for at least 15 minutes a time

    0. No *go to 4.5*
    1. Yes

4.4   ***** If yes, how long did your child spend doing these sports or exercise activities during the last week?
(in total over the whole week, not counting things done as part of school lessons)

    1.   15 minutes, less than 30 minutes
    2.   30 minutes, less than 1 hour
    3.   1 hour, less than 1½ hours
    4.   1½ hours, less than 2 hours
    5.   2 hours, less than 2½ hours
    6.   2½ hours, less than 3 hours
    7.   3 hours, less than 4 hours
    8.   4 hours, less than 5 hours
    9.   5 hours, less than 6 hours
    10. 6 hours or more

4.5   Including things done as part of school lessons, has your child done any sports or exercise activities today for at least 15 minutes a time?

    0. No
    1. 1. Yes

4.6 ***** What is the one way distance from home to your child's school?

    0. less than ½ mile
    1. between ½ and 1 mile
    2. between 1 and 2 miles
    3. between 2 and 3 miles
    4. more than 3 miles

4.7 ***** How does your child usually get to school? *(Use more than one answer if necessary)*

    On foot (0 no, 1 yes)

    By bike (0 no, 1 yes)

    By bus (0 no, 1 yes)

    By train (0 no, 1 yes)

    By car (0 no, 1 yes)