
Two-Year Data Collection Wave: Main Cohort

Child Proxy Questionnaire

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Guide to Answering the Questions

General:

Questions requiring a single answer are indicated by a circle  to respond in. When selecting a single option from a list, the Letter of the list should be entered in the Answer

Single Response Questions

ST16 Did the child engage in the exercise at all?
 A) Yes
 B) No

Answer: A

	Never	Very rarely	Less than half the time	About half the time	More than half the time	Almost always	Always	Refused to Answer	Don't Know
ST8 When engaged in an activity requiring attention, such as building with blocks, how often did your child tire of the activity relatively quickly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Selecting a single response option from a Grid, Tick the appropriate option.

Multiple response Questions

Questions requiring more than a single response will have check boxes allowing more than 1 option to be selected. When selecting from a list, a TICK can be used to indicate the chosen option

HW9 Did any of these circumstances apply to the child weight measurement:

Weight Accurately Recorded

Child Was Wearing Shoes And/Or More Than Light Clothing

Child Was Wearing A Plaster Cast

Child Was Unable To Stand Still – Weight Estimated

Other 1..100

Data entry and 'other' fields will have ranges indicated alongside the entry area.

DATA SHEET

COPY THESE DETAILS DIRECTLY FROM THE APPOINTMENT FORM.

ITEM	DESCRIPTION	DATA SOURCE	INPUT OR AMEND
ID	Participant ID	Appointment Form	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="radio"/> <input type="text"/>
CD	Check Digit	Appointment Form	<input type="text"/>
PQ2	Gender	Appointment Form	<input type="text"/>
FN	First Name	Appointment Form	<input type="text"/>
LN	Last Name	Appointment Form	<input type="text"/>
C1	Child Name	Appointment Form	<input type="text"/>

CONFIDENTIALITY STATEMENT

I just want to reassure you again that your personal (identifying) information and the personal information about your child and family will be kept in a secure location separate from the main questionnaire data. Your answers are completely confidential, and no personal information such as your name or address will be shared with any other individual or agency. Remember that there are no right or wrong answers and your honesty is greatly appreciated.

Relationship status

PQ5 Do you have a current partner?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C4 (Intro1)

2 Year Child Proxy Question

C5 (Intro2)

Please answer these questions about {NAME} only. We will talk separately about each of the children.

C6 (CWHInfo1)

SC C7

Parent-Child Relationship

Mother and Partner

This series of questions is specific to {NAME}. Please answer in the context of {NAME}.

Please think about the time during the PAST FOUR WEEKS when you and {NAME} have spent time talking or doing things together. With those times in mind, please indicate the number on the Showcard that tells how often you acted in the following way towards {NAME} during the past four weeks.

During the PAST FOUR WEEKS how often did you...

	1) Never	2) Almost Never	3) Not Very Often	4) Quite Often	5) Very Often	6) Extremely Often	7) All The Time	Ref	DK
C7 (CWH1) Let [HIM/HER] know you really care about [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C8 (CWH2) Get angry at [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C9 (CWH3) Criticise [HIS/HER] ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C10 (CWH4) Shout at [HIM/HER] because you were upset with [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C11 (CWH5) Act lovingly and affectionately towards [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C12 (CWH6) Let [HIM/HER] know that you appreciate the things [HE/SHE] does	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C13 (CWH7) Help [HIM/HER] do something that was important to [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C14 (CWH8) Argue with [HIM/HER] when you disagree about something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C15 (CWH9) Act supportively and understandingly towards [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C16 (SDQInfo1)

SC C17

Toddler's Behaviour

Mother and Partner

We'll now move on to some questions about {NAME}'s behaviour, and some of the things [HE/SHE] does.

For each item, please tell us if you feel the statements are Not True, Somewhat True, or Certainly True about your child. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months.

	1) Not True	2) Somewhat True	3) Certainly True	4) Ref	5) DK
C17 (SDQ1) Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C18 (SDQ2) Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C19 (SDQ3) Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C20 (SDQ4) Shares readily with other children (treats, toys, pencils, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C21 (SDQ5) Often has temper tantrums or hot tempers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C22 (SDQ6) Rather solitary, tends to play alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C23 (SDQ7) Generally obedient, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C24 (SDQ8) Many worries, often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C25 (SDQ9) Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C26 (SDQ10) Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C27 (SDQ11) Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C28 (SDQ12) Often fights with other children or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C29 (SDQ13) Often unhappy, down-hearted or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1) Not True	2) Somewhat True	3) Certainly True	4) Ref	5) DK
C30 (SDQ14) Generally liked by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C31 (SDQ15) Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C32 (SDQ16) Nervous or clingy in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C33 (SDQ17) Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C34 (SDQ18) Often argumentative with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C35 (SDQ19) Picked on or bullied by other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C36 (SDQ20) Often volunteers to help others (parents, teachers, other children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C37 (SDQ21) Can stop and think things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C38 (SDQ22) Can be spiteful to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C39 (SDQ23) Gets on better with adults than with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C40 (SDQ24) Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C41 (SDQ25) Sees tasks through to the end, good attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C42 (SCInfo1)

SC C43

Parent Report On Child's Early Self Concept

Mother and Partner

Thinking about {NAME}, please tell us how much the following statements apply to [HIM/HER], using a scale of 1-4, where 1 means the statement is not at all typical of your child, and 4 means the statement is very typical of your child.

Interviewer Note: Where specific words are used, this means the word/words in any language, not just English.

	1) Not At All Typical Of My Child	2)	3)	4) Very Typical Of My Child	Ref	DK
C43 (SC1) Uses [HIS/HER] own name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C44 (SC2) Uses the word "I"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C45 (SC3) Knows whether [HE/SHE] is a girl or a boy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C46 (SC4) Uses the word "me"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C47 (SC5) Uses the word "mine"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C48 (SC6) Tries to feed you or other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C49 (SC7) Uses spoons or cups as they are meant to be used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C50 (SC8) Treats dolls as babies or children, or stuffed animals as real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C51 (SC9) Copies what you do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C52 (SC10) Copies what other [BOYS/GIRLS] do <i>Interviewer Note: Read so that gender matches the gender of the child, i.e. if the child is a boy, read 'boys'</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C53 (SC11) Plays imaginary games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C54 (SC12) Pretends to be a mummy or daddy or plays at being an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1) Not At All Typical Of My Child	2)	3)	4) Very Typical Of My Child	Ref	DK
C55 (SC13) Becomes stubborn, wilful or determined, when not allowed to do something alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C56 (SC14) Resists physical intervention e.g. dressing, kissing, picking up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C57 (SC15) Refuses your help by pushing away your hand or saying "No"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C58 (SC16) Likes to show off when others are around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C59 (SC17) Resists your help by saying "Do it myself" or something similar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C60 (SC18) Insists on doing things [HIS/HER] own way when different from yours in order to get something done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C61 (SC19) Likes to decide on things for [HIMSELF/HERSELF]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C62 (SC20) Insists on wearing certain clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C63 (SC21) Is upset, ashamed or sorry when [HE/SHE] shows you [HE/SHE] has done something bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C64 (SC22) Is upset, ashamed or sorry when you find [HIM/HER] doing something [HE/SHE] should not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C65 (SC23) Calls your attention to things [HE/SHE] did that [HE/SHE] was not supposed to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C66 (SC24) Stops [HIMSELF/HERSELF] from doing something [HE/SHE] wanted to do because you were watching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C67 (SC25) Stops [HIMSELF/HERSELF] from doing things you have said may hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C68 (SC26) Tries to hide something [HE/SHE] was not supposed to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C69 (SC27) Waits for things [HE/SHE] has been told to wait for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C70 (SC28) Communicates likes and dislikes verbally or nonverbally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C71 (SC29) Recognises [HIMSELF/HERSELF] in pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1) Not At All Typical Of My Child	2)	3)	4) Very Typical Of My Child	Ref	DK
C72 (SC30) Recognises [HIS/HER] reflection when [HE/SHE] walks by a window	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C73 (SC31) Recognises [HIMSELF/HERSELF] in the mirror	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C74 (SC32) Calls attention to things about [HIMSELF/HERSELF], like hair or clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C75 (SC33) Says "I can't"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C76 (SC34) Gets upset when [HE/SHE] doesn't do something you expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C77 (SC35) Is embarrassed when unable to complete something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C78 (SC36) Uses general judging terms about [HIMSELF/HERSELF] e.g. 'I'm a good boy'; 'I'm pretty'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C79 (SC37) Calls attention to something [HE/SHE] did e.g. 'Look what I did'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C80 (SC38) Appears proud when winning a game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C81 (PPInfo1)

SC C82

Parenting Practices

Mother and Partner

For the next sets of questions, I will ask you about particular things you might do as a parent. Please remember that all responses to all questions are confidential.

	1) Never	2) Rarely	3) Occasionally	4) Often	5) Very Often	Ref	DK
C82 (OP1) How often do you try to protect {NAME} from life's difficulties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C83 (OP2) How often do you put {NAME}'s needs and wants before your own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C84 (OP3) How often does leaving {NAME} with other people upset you no matter how well you know them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C85 (OP4) How often do you let {NAME} take a risk if there is no major threat to [HIS/HER] safety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C86 (PPIInfo2)

SC C87

Mother and Partner

How often do you do the following when {NAME} is naughty?

	1) Never	2) Rarely	3) Occasionally	4) Often	5) Very Often	Ref	DK
C87 (DSC1) Ignore [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C88 (DSC2) Smack [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C89 (DSC3) Shout at [HIM/HER]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C90 (DSC4) Send [HIM/HER] to time out etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C91 (DSC5) Take away treats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C92 (DSC6) Tell [HIM/HER] off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C93 (DSC7) Bribe [HIM/HER] (e.g. with sweets/treats)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C94 (CHInfo1)

Mother ONLY

HEALTH AND WELL BEING

Personal Health Status

I'm going to ask you a series of questions about the health of {NAME}.

C95 (CH1) In general how would you say {NAME}'s current health is?

SC C95

- 1) Excellent
- 2) Very good
- 3) Good
- 4) Fair
- 5) Poor
- 6) Ref
- 7) DK

Answer:

C96 (CH2Info)

How true or false is this statement for {NAME}?

SC C97

	1) Definitely True	2) Mostly True	3) Neutral	4) Mostly False	5) Definitely False	Ref	DK
C97 (CH42) {NAME} seems to be more healthy than other children I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C98 (CW1) Do you think {NAME} is...

SC C98

- 1) Very Underweight
- 2) Somewhat Underweight
- 3) Normal Weight
- 4) Somewhat Overweight
- 5) Very Overweight
- 6) Ref
- 7) DK

Answer:

C99 (GPInfo)

GP Visits

C100 (GP1) In the past 12 months, how many times has {NAME} seen a GP or family doctor?

This includes visits for vaccinations if [HE/SHE] saw a GP/doctor.

This could have been anywhere, not just at the place [HE/SHE] usually goes to for health care.

Interviewer Note: If participant is not sure of exact number, please ask them to provide their best estimate.

1) Number Of Visits 0..100

2) Ref

3) DK

Answer:

C101 (GP2) When {NAME} is sick and goes to the doctor, how often do you see [HIS/HER] regular doctor?

SC C101

Interviewer note: 'Regular doctor' must be an individual regular doctor, even in a clinic which has multiple doctors.

1) Always

2) Almost Always

3) A Lot Of The Time

4) Some Of The Time

5) Almost Never

6) Never

7) No Regular GP --> **C103 (GP4)**

8) Not applicable *Interviewer note: Only if [CHILD] has NEVER seen a doctor.*

Ref

DK

Answer:

C102 (GP3) How long has it been since {NAME} last went to the GP or GP practice where you most often take [HIM/HER]?

SC C102

1) 3 Months Or Less

2) 4-12 Months

3) 12+ Months

4) Ref

5) DK

Answer:

C103 (GP4) In the last 12 months, has there been any time when {NAME} needed to see a GP or family doctor about [HIS/HER] health, but didn't get to see any doctor at all?

1) Yes

2) No --> **C106 (CInfo1)**

3) Ref --> **C106 (CInfo1)**

4) DK --> **C106 (CInfo1)**

Answer:

C104 (GP5) How many times has this happened in the past 12 months?

SC C104

- 1) 1 Time
- 2) 2 Times
- 3) 3–5 Times
- 4) More Than 5 Times
- 5) Ref
- 6) DK

Answer:

C105 (GP6) The last time {NAME} was not able to see a GP when [HE/SHE] needed to, what was the reason [HE/SHE] wasn't able to see a GP?

SC C105

Interviewer Note: Probe "Any other reason?" until no other reason.

CODE ALL

- 1) Costs Too Much
- 2) Had No Transport To Get There
- 3) Lack Of Childcare
- 4) Couldn't Get An Appointment Soon Enough/ At A Suitable Time
- 5) It Was After Hours
- 6) Couldn't Get In Touch With The Doctor
- 7) Couldn't Spare The Time
- 8) Other 1..100
- 9) Ref
- 10) DK

C106 (CInfo1)

The next questions are about some of the illnesses children may have.

C107 (CH14) Since {NAME} was nine months old, how many times has [HE/SHE] had chest infections, bronchiolitis, bronchitis, pneumonia, or croup?

SC C107

- 1) Never --> **C110 (CGH1)**
- 2) 1–3 Times
- 3) 4–6 Times
- 4) 7–9 Times
- 5) 10+ Times
- 6) Ref --> **C110 (CGH1)**
- 7) DK --> **C110 (CGH1)**

Answer:

C108 (CH16) How many of those times did {NAME} see a doctor because of chest infections, bronchiolitis, bronchitis, pneumonia, or croup?

SC C107

- 1) Never
- 2) 1–3 Times
- 3) 4–6 Times
- 4) 7–9 Times
- 5) 10+ Times
- 6) Ref
- 7) DK

Answer:

C109 (CH17) How many times since {NAME} was nine months old, has [HE/SHE] been admitted to hospital because of a chest infection, bronchiolitis, bronchitis, pneumonia, or croup? By admitted I mean he/she stayed in hospital at least one night.

- 1) Number Of Admissions
- 2) Ref
- 3) DK

Answer:

C110 (CGH1) Has {NAME} ever had a cough that has lasted for more than four weeks?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C111 (CGH2) Has {NAME} had a cough over the past month?

- 1) Yes
- 2) No --> **C116 (WZ1)**
- 3) Ref --> **C116 (WZ1)**
- 4) DK --> **C116 (WZ1)**

Answer:

C112 (CGH3) Is/was the cough present ...?

SC C112

- 1) Every Day
- 2) Several Days A Week
- 3) Less Often
- 4) Ref
- 5) DK

Answer:

C113 (CGH5) Over the past month which of the following best describes [HIS/HER] cough during the day?

SC C113

- 1) No Cough During The Day
- 2) Cough For One Or Two Short Periods Only
- 3) Cough For More Than Two Short Periods
- 4) Frequent Coughing But Does Not Interfere With Pre-School/Daycare Or Other Activities
- 5) Frequent Coughing Which Interferes With Pre-School/Daycare Or Other Activities
- 6) Cannot Perform Most Usual Activities Due To Severe Coughing
- 7) Ref
- 8) DK

Answer:

C114 (CGH8) Over the past month which of the following best describes [HIS/HER] cough during the night?

SC C114

- 1) No Cough At Night
- 2) Cough On Waking Only
- 3) Cough On Going To Sleep Only
- 4) Awoken Once Or Awoken Early Due To Coughing
- 5) Frequent Waking Due To Coughing
- 6) Frequent Coughs Most Of The Night
- 7) Distressing Cough
- 8) Ref
- 9) DK

Answer:

C115 (CGH7) Is/was [HIS/HER] cough ...?

SC C115

- 1) A Dry Cough
- 2) A Wet Cough
- 3) Sometimes A Dry Cough And Sometimes A Wet Cough
- 4) Ref
- 5) DK

Answer:

C116 (WZ1) Has {NAME} had wheezing in the chest since [HE/SHE] was nine months old?

- 1) Yes
- 2) No --> **C122 (ASTInfo)**
- 3) Ref --> **C122 (ASTInfo)**
- 4) DK --> **C122 (ASTInfo)**

Answer:

C117 (WZ2) How many attacks of wheezing in the chest did {NAME} have since [HE/SHE] was nine months old?

SC C117

- 1) Less Than 3 Episodes
- 2) 3–6 Episodes
- 3) 6+ Episodes
- 4) Ref
- 5) DK

Answer:

C118 (WZ3) Is {NAME} wheezing now?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C119 (WZ4) At what age did {NAME} first have an episode of wheezing in the chest?

- 1) Age (Months) 0..36
- 2) Ref
- 3) DK

Answer:

C120 (WZ5) Since {NAME} was nine months old, how many times have you woken up during the night because [HE/SHE] had a wheezing chest?

SC C120

- 1) Never
- 2) Rarely (Less Than Once Per Month)
- 3) Sometimes (Some Weeks Of Some Months)
- 4) Frequently (2 Or More Nights Per Week, Almost Every Month)
- 5) Ref
- 6) DK

Answer:

C121 (WZ6) Since {NAME} was nine months old, has the wheezing in [HIS/HER] chest caused you to seek emergency services, such as hospital, accident and medical centre, or a GP?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C122 (ASTInfo)

Mother ONLY

Asthma

C123 (AST1) Has your doctor ever told you {NAME} has asthma?

Interviewer Note: This does not have to be an official 'diagnosis' - if the respondent believes a doctor has told them [CHILD] is asthmatic, code as 'yes'.

- 1) Yes
- 2) No --> **C138 (ECZIntro)**
- 3) Ref --> **C138 (ECZIntro)**
- 4) DK --> **C138 (ECZIntro)**

Answer:

C124 (AST2) Which of these treatments has {NAME} had for [HIS/HER] asthma?

SC C124

CODE ALL

- 1) No Treatment --> **C138 (ECZIntro)**
- 2) Medicines, Pills, Or Inhaler/ turbuhaler/ rotahaler/ diskhaler
- 3) Other 0..100
- 4) Ref --> **C138 (ECZIntro)**
- 5) DK --> **C138 (ECZIntro)**

C125 (AST3) Which of these types of medicine has {NAME} had for [HIS/HER] asthma?

SC C125

CODE ALL

- 1) Relievers or Bronchodilators [**ASK C126 (AST4) – C128 (AST6)**]
- 2) Preventers or inhaled steroids [**ASK C130 (AST7)- C132 (AST9)**]
- 3) Oral Prednisone/Prednisolone/ Redipred [**ASK C134 (AST10) – C135 (AST10a)**]
- 4) Other 0..100 [**ASK C137 (AST11)]**
- 5) Ref --> **C139 (ECZ1)**
- 6) DK --> **C139 (ECZ1)**

ONLY ASK IF C125 (AST3) = 1

C126 (AST4)

SC C126

CODE ALL

Which of these relievers or bronchodilators has {NAME} had for [HIS/HER] asthma?

- 1) Salapin --> **C128 (AST6)**
- 2) Salbutamol Or Ventolin Syrup --> **C128 (AST6)**
- 3) Ventolin Or Respogen Or Salbutamol Inhaler
- 4) Ventolin Or Respogen Or Salbutamol rotahaler --> **C128 (AST6)**
- 5) Ventolin Or Asthalin Nebulizer --> **C128 (AST6)**
- 6) Other Nebulizer --> **C128 (AST6)**
- 7) Other 0..100 --> **C128 (AST6)**
- 8) Ref --> **C128 (AST6)**
- 9) DK --> **C128 (AST6)**

C127 (AST5) How often does {NAME} use a spacer with [HIS/HER] reliever or bronchodilator inhaler?

SC C127

- 1) Always
- 2) Almost Always
- 3) Most of the Time
- 4) Some of the Time
- 5) Almost Never
- 6) Never
- 7) Ref
- 8) DK

Answer:

C128 (AST6) How often does {NAME} use relievers or bronchodilators?

SC C128

- 1) Once Or More A Day
- 2) Once Or More A Week, But Less Than Once A Day
- 3) Once Or More A Month, But Less Than Once A Week
- 4) Less Than Once A Month
- 5) Ref
- 6) DK

Answer:

ONLY ASK IF C125 (AST3) = 2

C130 (AST7)

SC C130

CODE ALL

Which of these preventers or inhaled steroids has {NAME} had for [HIS/HER] asthma?

- 1) Beclomethasone Or Beclozone Or Qvar Inhaler --> **ASK C131 (AST8)**
- 2) Budesonide Or Entocort Or Pulmicort Inhaler --> **ASK C131 (AST8)**
- 3) Budesonide Or Entocort Or Pulmicort turbuhaler
- 4) Flixotide Inhaler --> **ASK C131 (AST8)**
- 5) Flixotide Diskhaler
- 6) Nebulizer
- 7) Other 0..100
- 8) Ref
- 9) DK

ONLY ASK IF C130 = 1, 2, &/OR 4

C131 (AST8) How often does {NAME} use a spacer with [HIS/HER] preventer inhaler?

SC C131

- 1) Always
- 2) Almost Always
- 3) Most of the Time
- 4) Some of the Time
- 5) Almost Never
- 6) Never
- 7) Ref
- 8) DK

Answer:

C132 (AST9) How often does {NAME} use preventers/inhaled steroids?

SC C132

- 1) Once Or More A Day
- 2) Once Or More A Week, But Less Than Once A Day
- 3) Once Or More A Month, But Less Than Once A Week
- 4) Less Than Once A Month
- 5) Ref
- 6) DK

Answer:

ONLY ASK IF C125 (AST3) = 3

C134 (AST10)

How many courses of oral prednisone, prednisolone, or redipred has {NAME} had prescribed?

- 1) Number of Courses prescribed 0..20
- 2) Ref
- 3) DK

Answer:

C135 (AST10a)

On average, how many days has [THIS COURSE/THESE COURSES] lasted for

1) Number of Days Course Lasts

Answer:

ONLY ASK IF C125 (AST3) = 4

C137 (AST11)

How often does {NAME} use this (other) medication?

- 1) Once Or More A Day
- 2) Once Or More A Week, But Less Than Once A Day
- 3) Once Or More A Month, But Less Than Once A Week
- 4) Less Than Once A Month
- 5) Ref
- 6) DK

SC C137

Answer:

C138 (ECZIntro)

Mother ONLY

Eczema

C139 (ECZ1) Since {NAME} was nine months old, has [HE/SHE] had an itchy rash which was coming and going for six months?

- 1) Yes
- 2) No --> **C144 (ECZ6)**
- 3) Ref --> **C144 (ECZ6)**
- 4) DK --> **C144 (ECZ6)**

Answer:

C140 (ECZ2) Has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears, or eyes?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C141 (ECZ3) At what age did this itchy rash first occur?

SC C141

- 1) 0-12 Months
- 2) 1 Year Or Older
- 3) Ref
- 4) DK

Answer:

C142 (ECZ4) Has this rash cleared completely at any time since {NAME} was nine months old?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C143 (ECZ5) Since {NAME} was nine months old, how often, on average, has [HE/SHE] been kept awake at night by this itchy rash?

SC C143

- 1) Never
- 2) Less Than One Night Per Week
- 3) One Or More Nights Per Week
- 4) Ref
- 5) DK

Answer:

C144 (ECZ6) Since {NAME} was nine months old, has a doctor told you [HE/SHE] has eczema?

- 1) Yes
- 2) No --> **C146 (CHInfo)**
- 3) Ref --> **C146 (CHInfo)**
- 4) DK --> **C146 (CHInfo)**

Answer:

C145 (ECZ7) Which of these treatments has {NAME} had?

SC C145

CODE ALL

- 1) Acqueous Cream Or Moisturiser
- 2) Steroid Cream
- 3) Steroid Medicine
- 4) Non-Steroid Medicine
- 5) Oral antihistamine medication
- 6) Natural, homeopathic, or herbal treatment
- 7) Other 0..100
- 8) Ref
- 9) DK

C146 (CHInfo)

Mother ONLY

In Ear Infections, Gastroenteritis, and Skin Infections

For the next questions, please indicate which of the following {NAME} has had since [HE/SHE] was nine months old, how many times, and whether [HE/SHE] was seen by a doctor or admitted to hospital.

C147 (CH10) Since {NAME} was nine months old, how many times has [HE/SHE] had an ear infection?

SC C147

- 1) Never --> C153 (CH22)
- 2) 1-3 TIMES
- 3) 4-6 TIMES
- 4) 7-9 TIMES
- 5) 10+ TIMES
- 6) Ref --> C153 (CH22)
- 7) DK --> C153 (CH22)

Answer:

C148 (CH11) How many of those times did {NAME} see a doctor because of this ear infection?

SC C147

- 1) Never
- 2) 1-3 TIMES
- 3) 4-6 TIMES
- 4) 7-9 TIMES
- 5) 10+ TIMES
- 6) Ref
- 7) DK

Answer:

C149 (CH12) How many times since {NAME} was nine months old has [HE/SHE] been admitted to hospital because of an ear infection? By admitted I mean stayed in hospital at least one night.

- 1) Number of Admissions
- 2) Ref
- 3) DK

Answer:

C150 (CH13) At what age did {NAME} have [HIS/HER] first ear infection?

Interviewer Note: If less than 1 week code as 1 week. Round up to the closest week.

- 1) Months
- 2) Weeks
- 3) Ref
- 4) DK

Answer:

C151 (CH45) Has {NAME} ever had grommets inserted?

- 1) Yes
- 2) No --> **C153 (CH22)**
- 3) Ref --> **C153 (CH22)**
- 4) DK --> **C153 (CH22)**

Answer:

C152 (CH46) How many times has [HE/SHE] had grommets inserted?

Interviewer note: This refers to how many times the child has had the procedure.

- 1) Once
- 2) More Than Once
- 3) Ref
- 4) DK

Answer:

C153 (CH22) How many times since {NAME} was nine months old, has [HE/SHE] had gastroenteritis. This is 3 or more watery or looser-than-normal bowel movements or diarrhoea within a 24 hour period?

SC C153

- 1) Never --> **C156 (CH25)**
- 2) 1-3 TIMES
- 3) 4-6 TIMES
- 4) 7-9 TIMES
- 5) 10+ TIMES
- 6) Ref --> **C156 (CH25)**
- 7) DK --> **C156 (CH25)**

Answer:

C154 (CH23) How many of those times did {NAME} see a doctor because of this gastroenteritis?

SC C153

- 1) Never
- 2) 1-3 TIMES
- 3) 4-6 TIMES
- 4) 7-9 TIMES
- 5) 10+ TIMES
- 6) Ref
- 7) DK

Answer:

C155 (CH24) How many times since {NAME} was nine months old, has [HE/SHE] been admitted to hospital because of gastroenteritis? By admitted I mean stayed in hospital at least one night.

- 1) Number Of Admissions
- 2) Ref
- 3) DK

Answer:

C156 (CH25) How many times since {NAME} was nine months old, has [HE/SHE] had a skin infection? This is where the skin is red and warm, or there are pustules or boils, or crusting or oozing. This does NOT include cradle cap, mild nappy rash, eczema, or dermatitis.

SC C156

- 1) Never --> **C159 (CHInfo2)**
- 2) 1-3 TIMES
- 3) 4-6 TIMES
- 4) 7-9 TIMES
- 5) 10+ TIMES
- 6) Ref --> **C159 (CHInfo2)**
- 7) DK --> **C159 (CHInfo2)**

Answer:

C157 (CH26) How many of those times did {NAME} see a doctor because of this skin infection?

SC C156

- 1) Never
- 2) 1-3 TIMES
- 3) 4-6 TIMES
- 4) 7-9 TIMES
- 5) 10+ TIMES
- 6) Ref
- 7) DK

Answer:

C158 (CH27) Since {NAME} was nine months old, how many times has [HE/SHE] been admitted to hospital because of a skin infection? By admitted I mean [HE/SHE] stayed in hospital at least one night.

- 1) Number Of Admissions 0..50
- 2) Ref
- 3) DK

Answer:

C159 (CHInfo2)

SC C160

Mother ONLY

Common Illnesses

Has {NAME} ever had any of the following infections?

	Yes	No	Ref	DK
C160 (CH50) Measles including German measles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C161 (CH51) Chicken pox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C162 (CH52) Mumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C163 (CH53) Meningitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C164 (CH54) Whooping cough or pertussis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C165 (CH55) Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C166 (CH56) Has your doctor ever told you {NAME} has an allergy lasting six months or more?

- 1) Yes
- 2) No --> **C181 (CH58)**
- 3) Ref --> **C181 (CH58)**
- 4) DK --> **C181 (CH58)**

Answer:

C167 (CH57) Looking at this showcard, could you tell me what {NAME} is allergic to?

SC C167

CODE ALL

- 1) Dairy [ASK C168 (CH57_1)]
- 2) Soy [ASK C169 (CH57_2)]
- 3) Gluten [ASK C170 (CH57_3)]
- 4) Wheat (apart from gluten) [ASK C171 (CH57_4)]
- 5) Egg [ASK C172 (CH57_5)]
- 6) Peanuts [ASK C173 (CH57_6)]
- 7) Other nut (apart from peanuts) [ASK C174 (CH57_7)]
- 8) House dust mite [ASK C175 (CH57_8)]
- 9) Cat [ASK C176 (CH57_9)]
- 10) Grass [ASK C177 (CH57_10)]
- 11) Other (specify) 1..100 [ASK C178 (CH57_11)]
- 12) Other (specify) 1..100 [ASK C179 (CH57_12)]
- 13) Other (specify) 1..100 [ASK C180 (CH57_13)]
- 14) Ref --> C181 (CH58)
- 15) DK --> C181 (CH58)

ONLY ASK IF C167 (CH57) = 1

C168 (CH57_1) Could you tell me how that allergy to 'Dairy' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 2

C169 (CH57_2) Could you tell me how that allergy to 'Soy' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 3

C170 (CH57_3) Could you tell me how that allergy to 'Gluten' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 4

C171 (CH57_4) Could you tell me how that allergy to 'Wheat (apart from gluten)' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 5

C172 (CH57_5) Could you tell me how that allergy to 'Egg' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 6

C173 (CH57_6) Could you tell me how that allergy to 'Peanuts' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 7

C174 (CH57_7) Could you tell me how that allergy to 'Other nut (apart from peanuts)' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 8

C175 (CH57_8) Could you tell me how that allergy to 'House dust mite' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 9

C176 (CH57_9) Could you tell me how that allergy to 'Cat' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 10

C177 (CH57_10) Could you tell me how that allergy to 'Grass' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 11

C178 (CH57_11) Could you tell me how that allergy to '{OTHER}' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 12

C179 (CH57_12) Could you tell me how that allergy to '{OTHER}' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

ONLY ASK IF C167 (CH57) = 13

C180 (CH57_13) Could you tell me how that allergy to '{OTHER}' is being treated?

SC C168

CODE ALL

- 1) No Treatment
- 2) Medicines, Pills, Or Inhaler
- 3) Avoiding the thing/things [CHILD] is allergic to.
- 4) Other Treatment 0..100
- 5) Ref
- 6) DK

C181 (CH58) Which, if any, of the conditions on this showcard has a doctor told you {NAME} has? **SC C181**

CODE ALL

1) Birth condition, e.g. spina bifida, congenital heart defect, intellectual disability, or any other birth condition

[ASK C182 (CH58_1)]

2) Epilepsy **[ASK C183 (CH58_2)]**

3) Permanent hearing problems **[ASK C184 (CH58_3)]**

4) Vision problems that cannot be corrected with glasses **[ASK C185 (CH58_4)]**

5) None of these --> **C186 (HYInfo1)**

6) Ref --> **C186 (HYInfo1)**

7) DK --> **C186 (HYInfo1)**

ONLY ASK IF C181 (CH58) = 1

C182 (CH58_1) Which of these treatments has {NAME} had for the 'Birth condition'? **SC C182**

CODE ALL

1) No treatment

2) Medicines or pills

3) Surgery

4) Other (specify) 1..100

5) Ref

6) DK

ONLY ASK IF C181 (CH58) = 2

C183 (CH58_2) Which of these treatments has {NAME} had for the 'Epilepsy'? **SC C182**

CODE ALL

1) No treatment

2) Medicines or pills

3) Surgery

4) Other (specify) 1..100

5) Ref

6) DK

ONLY ASK IF C181 (CH58) = 3

C184 (CH58_3) Which of these treatments has {NAME} had for the 'Permanent hearing problems'? **SC C182**

CODE ALL

- 1) No treatment
- 2) Medicines or pills
- 3) Surgery
- 4) Other (specify) 1..100
- 5) Ref
- 6) DK

ONLY ASK IF C181 (CH58) = 4

C185 (CH58_4) Which of these treatments has {NAME} had for the 'Vision problems that cannot be corrected with glasses'? **SC C182**

CODE ALL

- 1) No treatment
- 2) Medicines or pills
- 3) Surgery
- 4) Other (specify) 1..100
- 5) Ref
- 6) DK

C186 (HYInfo1)

Mother ONLY

Oral Health

I have a few questions about {NAME}'s teeth now.

C187 (HY7) How often are {NAME}'s teeth brushed?

SC C187

- 1) Never --> **C193 (HY13)**
- 2) Less Than Once A Day
- 3) Once A Day
- 4) Twice A Day Or More
- 5) Ref
- 6) DK

Answer:

C188 (HY8) Does someone help {NAME} to brush [HIS/HER] teeth?

SC C188

- 1) No
- 2) Yes, Sometimes
- 3) Yes, Most Of The Time
- 4) Ref
- 5) DK

Answer:

C189 (HY9) Does {NAME} use toothpaste that has fluoride in it?

- 1) Yes
- 2) No
- 3) Does Not Use Toothpaste --> **C191 (HY11)**
- 4) Ref
- 5) DK

Answer:

C190 (HY10) Does [HE/SHE] usually use regular or adult toothpaste, or one just for kids?

SC C190

- 1) Adult
- 2) Kids
- 3) Ref
- 4) DK

Answer:

C191 (HY11) Does {NAME} usually have a snack or a drink other than water just before going to bed?

- 1) Yes
- 2) No --> **C193 (HY13)**
- 3) Ref --> **C193 (HY13)**
- 4) DK --> **C193 (HY13)**

Answer:

C192 (HY12) Are [HIS/HER] teeth usually brushed after the snack, before [HE/SHE] goes to sleep?

SC C192

- 1) No
- 2) Yes, Sometimes
- 3) Yes, Most Of The Time
- 4) Ref
- 5) DK

Answer:

C193 (HY13) How often WITHIN a day does your child drink something other than water from a sipper bottle, sipper cup, or similar?

SC C193

Interviewer Note: This doesn't include a 'normal' glass or cup. This DOES include a bottle.

- 1) Never
- 2) Once A Day
- 3) Twice A Day
- 4) Three Times A Day
- 5) More Than Three Times A Day
- 6) Ref
- 7) DK

Answer:

C194 (HY14) Has your child ever been to see the school dental therapist or a dentist?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C195 (HOSInfo1)

Mother ONLY

HOSPITALISATIONS

The next question is about times {NAME} might have been in a hospital.

C196 (HOS1) Since {NAME} was born, how many times has [HE/SHE] had to stay in a hospital overnight? Please include any hospital stays you may have mentioned in the last face-to-face interview.

SC C196

Interviewer Note: This does not include being born in hospital, or their stay immediately post-birth.

- 1) Never --> **C202 (INS1)**
- 2) Once
- 3) 2-3 Times
- 4) 4-5 Times
- 5) 6-10 Times
- 6) More Than 10 Times
- 7) Ref --> **C202 (INS1)**
- 8) DK --> **C202 (INS1)**

Answer:

C197 (HOS2) On {NAME}'s most recent hospital stay, when was [HE/SHE] hospitalised?

- 1) Month 1..12
- 2) Year 2009..2012
- 3) Ref
- 4) DK

Answer:

C198 (HOS3) On this most recent hospital stay, what hospital was [HE/SHE] admitted to?

SC C198

- 1) Starship Children's Hospital
- 2) Kidz First Hospital
- 3) Middlemore Hospital
- 4) Waikato Hospital
- 5) Waitakere Hospital
- 6) Other 0..100
- 7) Ref
- 8) DK

Answer:

C199 (HOS4) On this most recent hospital stay, how many nights did [HE/SHE] stay in hospital?

- 1) Number of Nights 0..50
- 2) Ref
- 3) DK

Answer:

C200 (HOS5) On this most recent hospital stay, what was the main reason [HE/SHE] was admitted? **SC C200**

- 1) Bronchiolitis
- 2) Pneumonia
- 3) Asthma
- 4) Gastroenteritis
- 5) Skin infection or cellulitis
- 6) Urine infection
- 7) Ear, nose or throat infection
- 8) Other respiratory infection
- 9) Fever
- 10) Other 1..100
- 11) Ref
- 12) DK

Answer:

C201 (INSInfo1)

Health Insurance

C202 (INS1) Is {NAME}'s health covered by any health insurance?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C203 (INJ1)

Accidents And Injuries

Most children have accidents or injuries at some time. Has {NAME} ever had an accident or injury for which [HE/SHE] was taken to the doctor, health centre, or hospital?
Please include any occasions we have just talked about.

Interviewer Note: This question relates to any accidents or injuries since the child was born. It includes swallowing anything poisonous.

- 1) Yes
- 2) No --> **C209 (DEV1)**
- 3) Ref --> **C209 (DEV1)**
- 4) DK --> **C209 (DEV1)**

Answer:

C204 (INJ2) How many accidents or injuries?

- 1) Number Of Accidents 1..50
- 2) Ref
- 3) DK

Answer:

C205 (INJ3) Thinking about the most severe (or only) accident or injury, what sort of accident or injury was it?

SC C205

Interviewer note: Code all types of accident or injury that happened at one accident or injury point.

CODE ALL

- 1) Loss Of Consciousness/Knocked Out
- 2) Bang On The Head/Injury To Head Without Being Knocked Out
- 3) Broken Bone Or Fracture
- 4) Near Drowning
- 5) Swallowed Household Cleaner/Other Poison/Pills
- 6) Swallowed Object
- 7) Cut Needing Stitches Or Glue
- 8) Injury To Mouth Or Tooth
- 9) Burn Or Scald
- 10) Other 1..100
- 11) Ref
- 12) DK

C206 (INJ4) And how old was {NAME} when this accident happened?

Interviewer Note: Get age in months—if not sure, get best estimate, code 1 if under 1 month.

- 1) Age in Months 1..36
- 2) Ref
- 3) DK

Answer:

C207 (INJ5) Was {NAME} admitted to hospital as a result of this accident or injury? By 'admitted' I mean [HE/SHE] stayed in hospital at least one night.

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C208 (INJ6) Where did this accident or injury happen?

SC C208

- 1) Own Home Including Swimming Pool And Yard At Home
- 2) Someone Else's Home Including Swimming Pool And Yard At Someone Else's Home
- 3) Daycare, Kindergarten, Playcentre Or Playgroup
- 4) Playground Or Park
- 5) Public Swimming Pool/Beach/River/Etc
- 6) Road—As A Pedestrian/In A Buggy/On A Trike/Etc
- 7) Road—As A Passenger In A Vehicle
- 8) Other 1..100
- 9) Ref
- 10) DK

Answer:

C209 (DEV1)

Health And Development Problems

Does {NAME} have any health, developmental or physical problems that we haven't already discussed in this interview?

- 1) Yes
- 2) No --> **C218 (CHInfo4)**
- 3) Ref --> **C218 (CHInfo4)**
- 4) DK --> **C218 (CHInfo4)**

Answer:

C210 (DEV2) Can you please tell me what these problems are ? (Include up to five)

CODE ALL

- 1)
- 2)
- 3)
- 4)
- 5)
- Ref
- DK

FOR EACH CONDITION, ASK C216 (DEV3) AND C217 (DEV4) AND COMPLETE FOLLOWING GRID

	C216 (DEV3) SC C216 Could you please tell me who told you, or how you found out, that your child has [CONDITION]?	C217 (DEV4) SC C217 And could you please tell me how {NAME} is being treated for this? <i>Interviewer note: This includes both current and previous treatments.</i>
	CODE ALL	CODE ALL
C211 (DEV2_1) Problem 1	<ul style="list-style-type: none"> <input type="checkbox"/> 1) Doctor/Midwife/Med Professional <input type="checkbox"/> 2) A Friend Or Family Member <input type="checkbox"/> 3) A Teacher Or Caregiver <input type="checkbox"/> 4) Someone I Do Not Know <input type="checkbox"/> 5) Internet, Television, Or Book <input type="checkbox"/> 6) Other <input type="text"/> <input type="checkbox"/> Ref <input type="checkbox"/> DK 	<ul style="list-style-type: none"> <input type="checkbox"/> 1) No Treatment <input type="checkbox"/> 2) Medicines, Pills, Or Inhaler <input type="checkbox"/> 3) Surgical Procedure <input type="checkbox"/> 4) Phys/occupational/speech therapy <input type="checkbox"/> 5) Other Med <input type="text"/> <input type="checkbox"/> 6) Other <input type="text"/> <input type="checkbox"/> Ref <input type="checkbox"/> DK

	<p>C216 (DEV3) SC C216</p> <p>Could you please tell me who told you, or how you found out, that your child has [CONDITION]?</p> <p>CODE ALL</p>	<p>C217 (DEV4) SC C217</p> <p>And could you please tell me how {NAME} is being treated for this? <i>Interviewer note: This includes both current and previous treatments.</i></p> <p>CODE ALL</p>
<p>C212 (DEV2_2) Problem 2</p>	<p><input type="checkbox"/> 1) Doctor/Midwife/Med Professional</p> <p><input type="checkbox"/> 2) A Friend Or Family Member</p> <p><input type="checkbox"/> 3) A Teacher Or Caregiver</p> <p><input type="checkbox"/> 4) Someone I Do Not Know</p> <p><input type="checkbox"/> 5) Internet, Television, Or Book</p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>	<p><input type="checkbox"/> 1) No Treatment</p> <p><input type="checkbox"/> 2) Medicines, Pills, Or Inhaler</p> <p><input type="checkbox"/> 3) Surgical Procedure</p> <p><input type="checkbox"/> 4) Phys/occupational/speech therapy</p> <p><input type="checkbox"/> 5) Other Med <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>
<p>C213 (DEV2_3) Problem 3</p>	<p><input type="checkbox"/> 1) Doctor/Midwife/Med Professional</p> <p><input type="checkbox"/> 2) A Friend Or Family Member</p> <p><input type="checkbox"/> 3) A Teacher Or Caregiver</p> <p><input type="checkbox"/> 4) Someone I Do Not Know</p> <p><input type="checkbox"/> 5) Internet, Television, Or Book</p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>	<p><input type="checkbox"/> 1) No Treatment</p> <p><input type="checkbox"/> 2) Medicines, Pills, Or Inhaler</p> <p><input type="checkbox"/> 3) Surgical Procedure</p> <p><input type="checkbox"/> 4) Phys/occupational/speech therapy</p> <p><input type="checkbox"/> 5) Other Med <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>
<p>C214 (DEV2_4) Problem 4</p>	<p><input type="checkbox"/> 1) Doctor/Midwife/Med Professional</p> <p><input type="checkbox"/> 2) A Friend Or Family Member</p> <p><input type="checkbox"/> 3) A Teacher Or Caregiver</p> <p><input type="checkbox"/> 4) Someone I Do Not Know</p> <p><input type="checkbox"/> 5) Internet, Television, Or Book</p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>	<p><input type="checkbox"/> 1) No Treatment</p> <p><input type="checkbox"/> 2) Medicines, Pills, Or Inhaler</p> <p><input type="checkbox"/> 3) Surgical Procedure</p> <p><input type="checkbox"/> 4) Phys/occupational/speech therapy</p> <p><input type="checkbox"/> 5) Other Med <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>
<p>C215 (DEV2_5) Problem 5</p>	<p><input type="checkbox"/> 1) Doctor/Midwife/Med Professional</p> <p><input type="checkbox"/> 2) A Friend Or Family Member</p> <p><input type="checkbox"/> 3) A Teacher Or Caregiver</p> <p><input type="checkbox"/> 4) Someone I Do Not Know</p> <p><input type="checkbox"/> 5) Internet, Television, Or Book</p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>	<p><input type="checkbox"/> 1) No Treatment</p> <p><input type="checkbox"/> 2) Medicines, Pills, Or Inhaler</p> <p><input type="checkbox"/> 3) Surgical Procedure</p> <p><input type="checkbox"/> 4) Phys/occupational/speech therapy</p> <p><input type="checkbox"/> 5) Other Med <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> 6) Other <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Ref</p> <p><input type="checkbox"/> DK</p>

C218 (CHInfo4)

Mother ONLY

Medications

Now I have a few questions about medications {NAME} may have had.

For these questions, please indicate which of the following medications have been given to {NAME} since [HE/SHE] was nine months old. Pamol and Brufen are medicines given several times a day during an illness. Antibiotics are normally prescribed as a course of several days.

Interviewer Note: The number of times for C219 and C220 is important. So if given three times in one day and two times on another day, then this is five times.

C219 (CH39) Pamol/Paracetamol/ Panadol/Junior Parapaed/Paracare/ Pamol Infant Drops.

SC C219

Interviewer Note: This is only since the child was nine months old.

- 1) None
- 2) 1–10 Times
- 3) 11–20 Times
- 4) 21–30 Times
- 5) 31+ Times
- 6) Ref
- 7) DK

Answer:

C220 (CH40) Brufen/Ibuprofen/Nurofen/ Fenpaed.

SC C219

Interviewer Note: This is only since the child was nine months old.

- 1) None
- 2) 1–10 Times
- 3) 11–20 Times
- 4) 21–30 Times
- 5) 31+ Times
- 6) Ref
- 7) DK

Answer:

C221 (CH41) How many courses of antibiotics prescribed by a doctor has {NAME} had?

SC C221

Interviewer Note: This is only since the child was nine months old.

- 1) None
- 2) 1–2 Courses
- 3) 3–4 Courses
- 4) 5–6 Courses
- 5) 7+ Courses
- 6) Ref
- 7) DK

Answer:

C222 (CHInfo5)

Mother ONLY

Immunisations

C223 (CH61) Has your child received the immunisations due at age 15 months? This includes partial or full immunisations.

Interviewer Note: These are the immunisations DUE at 15 months, regardless of when the child actually had the immunisations. 15 month immunisations: Hib (Haemophilus influenza type B); MMR (mumps/measles/rubella); pneumococcal.

- 1) Yes
- 2) No --> **C226 (CH64)**
- 3) Ref --> **C227 (CH65)**
- 4) DK --> **C227 (CH65)**

Answer:

C224 (CH62) Did {NAME} receive all the immunisations due at 15 months, or just some of them?

SC C224

- 1) Full --> **C227 (CH65)**
- 2) Partial
- 3) Ref --> **C227 (CH65)**
- 4) DK --> **C227 (CH65)**

Answer:

C225 (CH63) Could you please tell me which immunisations your child did not have?

SC C225

CODE ALL

- 1) Hib (Haemophilus Influenza)
- 2) MMR (Mumps, Measles, Rubella)
- 3) Pneumococcal
- 4) Ref
- 5) DK

C226 (CH64) Which of the following were reasons for your child not having been (fully) immunised? **SC C226**

CODE ALL

- 1) Baby Unwell When Immunisations Due
- 2) Inconvenient Clinic Hours
- 3) Unable To Get Appointment With GP Practice
- 4) Unable To Afford Visit To GP Practice
- 5) Lack Of Transport To GP Practice
- 6) Nurse Advised Immunisation Be Delayed Or Not Given
- 7) Doctor Advised Immunisation Be Delayed Or Not Given
- 8) Concerns About The Risk Of Side-Effects And Complications From Immunisations
- 9) Concerns Regarding Children's Immune System
- 10) Diseases Not Severe Enough To Justify Immunisation
- 11) Concerns About The Effectiveness Of Vaccines
- 12) Having Or Knowing A Child Thought To Have Suffered An Adverse Effect From An Immunisation
- 13) Work Commitments
- 14) Difficult To Organise Care For My Other Children
- 15) Other 1..100
- 16) Ref
- 17) DK

C227 (CH65) Has {NAME} received any additional immunisation for things such as the flu or chicken pox?

SC C227

CODE ALL

- 1) Flu
- 2) Chicken Pox
- 3) Rotavirus
- 4) Other 1..100
- 5) No
- 6) Ref
- 7) DK

C228 (WCInfo1)

Mother ONLY

Well Child Checks

The next questions ask you about your Well Child book and the Well Child checks that your child may have had since the last face-to-face interview.

C229 (CH70) Do you still use {NAME}'s health and development record book, also known as the Well Child book?

SC C229

- 1) Yes
- 2) No, Because I Have Lost The Book
- 3) No, Because I Did Not Find The Book Useful
- 4) No, For Other Reasons
- 5) Ref
- 6) DK

Answer:

C230 (CH71) Is there a 'Well Child' care provider that you take {NAME} to?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C231 (CH72) Which of the following 'Well Child' checks has {NAME} had?

SC C231

CODE ALL

- 1) None --> **C235 (EFFInfo1)**
- 2) 8–10 Months
- 3) 15 Months
- 4) 21–24 Months
- 5) Ref --> **C235 (EFFInfo1)**
- 6) DK --> **C235 (EFFInfo1)**

ONLY ASK IF C231 (CH72) = 1

C232 (CH73) Who did {NAME}'s 'Well Child' checks at 8–10 months?

SC C232

CODE ALL

- 1) Plunket/Well Child nurse
- 2) Public Health Nurse
- 3) Maori Health Provider
- 4) Pacific Health Provider
- 5) GP/GP Practice
- 6) Paediatrician/Specialist
- 7) Other 1..100
- 8) Ref
- 9) DK

ONLY ASK IF C231 (CH72) = 2

C233 (CH74) Who did {NAME}'s 'Well Child' checks at 15 months?

SC C232

CODE ALL

- 1) Plunket/Well Child nurse
- 2) Public Health Nurse
- 3) Maori Health Provider
- 4) Pacific Health Provider
- 5) GP/GP Practice
- 6) Paediatrician/Specialist
- 7) Other 1..100
- 8) Ref
- 9) DK

ONLY ASK IF C231 (CH72) = 3

C234 (CH75) Who did {NAME}'s 'Well Child' checks at 21-24 months?

SC C232

CODE ALL

- 1) Plunket/Well Child nurse
- 2) Public Health Nurse
- 3) Maori Health Provider
- 4) Pacific Health Provider
- 5) GP/GP Practice
- 6) Paediatrician/Specialist
- 7) Other 1..100
- 8) Ref
- 9) DK

C235 (EFFInfo1)

Mother ONLY

EFFECT OF CHILD'S HEALTH

The next questions are about how your child's health may have affected you and your family. These questions don't just relate to conditions we may have already discussed, but are about all aspects of {NAME}'s health.

C236 (EFF1) During the past 4 weeks, how much emotional worry or concern did {NAME}'s physical health cause you?

SC C236

- 1) None At All
- 2) A Little Bit
- 3) Some
- 4) Quite A Bit
- 5) A Lot
- 6) Ref
- 7) DK

Answer:

C237 (EFF2) During the past 4 weeks, were you limited in the amount of time you had for your own needs because of {NAME}'s health?

SC C237

- 1) Yes, Limited A Lot
- 2) Yes, Limited Some
- 3) Yes, Limited A Little
- 4) No, Not Limited
- 5) Ref
- 6) DK

Answer:

C238 (EFF3) During the past 4 weeks, how often has {NAME}'s health limited the types of activities you could do as a family?

SC C238

- 1) Very Often
- 2) Fairly Often
- 3) Sometimes
- 4) Almost Never
- 5) Never
- 6) Ref
- 7) DK

Answer:

C239 (EFF4) Has {NAME}'s health had any impact on decisions you have made regarding your participation in paid employment?

SC C239

Interviewer note: If respondent says this question is not applicable, code as 'no impact'.

- 1) Yes, A Large Impact
- 2) Yes, Some Impact
- 3) Yes, A Little Impact
- 4) No Impact
- 5) Ref
- 6) DK

Answer:

C240 (HYInfo5)

Mother ONLY

Outdoors

Interviewer Note: Outdoors is doing anything outside the house. You must code the last FOUR weeks, even if they were unusual.

C241 (HY5) Thinking about the LAST FOUR WEEKS, approximately how many hours has {NAME} spent outdoors on an average..... week day

Interviewer Note: Enter average number of hours per week day

- 1) Hours 0..24
- 2) Less Than 1 Hour
- 3) No Exposure At All
- 4) Ref
- 5) DK

Answer:

C242 (HY6) Thinking about the LAST FOUR WEEKS, approximately how many hours has {NAME} spent outdoors on an average..... weekend day

Interviewer Note: Enter average number of hours per weekend day

- 1) Hours 0..24
- 2) Less Than 1 Hour
- 3) No Exposure At All
- 4) Ref
- 5) DK

Answer:

C243 (HY15) When {NAME} is outside in the summer do you put sunscreen with SPF15 or stronger on [HIM/HER]?

SC C243

Interviewer note: Not applicable option only to be used if the child does not go outside in summer, e.g. if they are bedridden.

- 1) Always
- 2) Mostly
- 3) Sometimes
- 4) Hardly Ever
- 5) Never
- 6) Not Applicable
- 7) Ref
- 8) DK

Answer:

C244 (HY17) When {NAME} is outside in the summer, do you make sure [HE/SHE] avoids direct sun exposure between 10am and 4 pm. This includes using protective clothing and/or remaining under a shade cover.

SC C243

Interviewer note: Not applicable option only to be used if the child does not go outside in summer, e.g. if they are bedridden.

- 1) Always
- 2) Mostly
- 3) Sometimes
- 4) Hardly Ever
- 5) Never
- 6) Not Applicable
- 7) Ref
- 8) DK

Answer:

C245 (SLPInfo1)

Sleep

C246 (SLP1) On average, how much time does {NAME} spend asleep at night in total?

- 1) Hours 0..24
- 2) Minutes 0..60
- 3) Ref
- 4) DK

Answer:

C247 (SLP2) On average, how much time does {NAME} spend asleep during the day?

If more than one sleep, combine.

- 1) Hours 0..24
- 2) Minutes 0..60
- 3) Ref
- 4) DK

Answer:

C248 (SLP3) On average how many times does {NAME} wake at night?

SC C248

- 1) None
- 2) 1 Time
- 3) 2 Times
- 4) 3+ Times
- 5) Ref
- 6) DK

Answer:

C249 (FFQInfo1)

Food frequency questionnaire

SC FFQ 1

Mother ONLY

I'm going to ask you some questions about {NAME}'s usual eating patterns. When answering these questions, please think back over the past four weeks.

This is a two part question. Firstly, could you please tell me how often {NAME} eats this particular type of food.
Interviewer Note: Point to, and read out parts of 1-10, emphasizing that the frequencies go up and down.

The second part is about serving size. These are normal sized dinner plates, and these are what we consider to be one serving size.

Interviewer Note: point to photos.

This may not be the same size as the servings your toddler eats. Let me know if [HE/SHE] has one of THESE servings, or a quarter of one of these servings, or a half, etc.

Interviewer Note: Point to option box on show card.

Firstly, fruit. Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks. This includes fresh, frozen, or canned fruit.

How many servings of [INSERT VARIETY] has {NAME} eaten over the past four weeks.

	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C250 (FFQ1) Citrus fruits, such as oranges, lemons, grapefruit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C251 (FFQ2) Apples, pears,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C252 (FFQ3) Bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C253 (FFQ4) Peaches, nectarines, melon, lychees, paw paw	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
Fruit													
C254 (FFQ5) Strawberries, raspberries, blueberries, mango, kiwi fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C255 (FFQ6) Plums, cherries, grapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C256 (FFQ7) Dried fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C257 (FFQInfo2) **SC FFQ2**

Now vegetables. Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks.

How many servings of [insert variety] has {NAME} eaten over the past 4 weeks. This includes fresh, frozen or canned.

	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
Vegetables													
C258 (FFQ9) Green leafy vegetables, such as lettuce, cabbage, bok choy, spinach, brussel sprouts, taro leaves, pele leaves, puha, or any other green leafy vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Vegetables	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C259 (FFQ10) Peas, green beans, mushrooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C260 (FFQ11) Potatoes, kumara, pumpkin, yams, taro, sweet potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C261 (FFQ12) Carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C262 (FFQ13) Broccoli, cauliflower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C263 (FFQ14) Sweetcorn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C264 (FFQ15) Peppers, tomatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C265 (FFQ16) Hot chips, French fries, wedges, or kumara chips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C266 (FFQInfo3) **SC FFQ3**

Now milk, cheese and yoghurt. Looking at this show card please tell me which of the following {NAME} has eaten or drunk over the last 4 weeks. When estimating milk intake you should include milk on cereal, milk added to beverages and milk as a drink.

Interviewer note: Refer to card which shows a glass of milk as 1 serve and estimate number of these serves.

How many servings of [insert variety] has {NAME} eaten or drunk over the past 4 weeks

	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C267 (FFQ17) Whole or standard milk (Dark blue or silver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C268 (FFQ18) Infant formula, Toddler milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C269 (FFQ19) Reduced fat (light blue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C270 (FFQ20) Skim or Trim (Green or yellow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C271 (FFQ21) Soy milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C272 (FFQ22) Other Milk (such as rice milk, goats milk or breast milk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C273 (FFQ23) Cheese (including paneer, cottage cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C274 (FFQ24) Yoghurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C275 (FFQ25) Ice Cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C276 (FFQInfo4)

SC FFQ4-5

Now bread, rice, pasta and cereals. Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks.

How many servings of [insert variety] has {NAME} eaten over the past 4 weeks

Interviewer Note: If respondent is unsure whether their cereal is high-fibre or low fibre , code as low fibre.

Bread rice, pasta	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4 per Day	6) 5 per Day	7) 6+ per Day	8) 1-2 per Wk	9) 3-4 per Wk	10) 5-6 per Wk	11) 1 per Mnth	12) 2-3 per Mnth	Ref	DK	13) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C277 (FFQ27) White Bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C278 (FFQ28) High fibre white Bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C279 (FFQ29) Brown bread, whole- meal or whole- grain bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C280 (FFQ30) Roti, naan, pita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C281 (FFQ31) Other bread. 1 bread roll = 1 serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C282 (FFQ32) Noodles or rice or pasta, rice porridge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bread rice, pasta	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4 per Day	6) 5 per Day	7) 6+ per Day	8) 1-2 per Wk	9) 3-4 per Wk	10) 5-6 per Wk	11) 1 per Mnth	12) 2-3 per Mnth	Ref	DK	13) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C283 (FFQ33) Semolin a tapioca, sago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C284 (FFQ34) High fibre cereals, such as muesli, porridge, Weetbix, bran- flakes etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C285 (FFQ35) Other cereals, such as corn- flakes, Ricies, puffed wheat, Nutrigrain etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C286 (FFQ37) Cakes or biscuits – 1 serving of biscuits = 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C286a (FFQ37a) Crackers – 2 crackers = 1 serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C287 (FFQInfo5)

SC FFQ6

Now spreads. Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks. Do not include butter used in cooking or baking in this section.

How many servings of [insert variety] has {NAME} eaten over the past 4 weeks

Spreads	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C288 (FFQ38) Butter (including semi soft)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C289 (FFQ39) Butter and margarine blend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C290 (FFQ40) Margarine (Canola, Sunflower, and Olive oil and rice bran oil based)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C291 (FFQ41) Lite or reduced fat margarine (Canola, Sunflower, and Olive oil and rice bran oil based)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C292 (FFQ42) Plant sterol margarine (such as Proactive or Logical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C293 (FFQ43) Jam, honey, marmalade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C294 (FFQ44) Peanut butter, nutella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C295 (FFQ45) Vegemite, Marmite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C296 (FFQInfo6)

SC FFQ7-8

Now thinking about meat, alternative protein, and eggs. Looking at this showcard, please tell me which of the following {NAME} has eaten over the last four weeks.

How many servings of [insert variety] has {NAME} eaten over the past 4 weeks

	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C297 (FFQ47) Red meat or dishes containing red meat – such as beef, pork, mutton, lamb and goat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C298 (FFQ48) Chicken or dishes containing chicken– such as chicken breast, tenderloins, drumsticks, or whole chickens, but not chicken nuggets or chicken roll.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C299 (FFQ49) Toddler pre-prepared meals- these are complete meals, not single ingredient 'baby foods'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C300 (FFQ50) Processed meats – such as ham, bacon, pastrami, salami, sausages, chicken nuggets, luncheon, canned corned beef.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C301 (FFQ51) Seafood – such as fish or shellfish, fresh or frozen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
Meat, meat alternatives, eggs													
<i>Interviewer Note: Do not include battered/deep fried or canned fish or seafood</i>													
C302 (FFQ52) Battered or deep fried fish or seafood. <i>Interviewer Note: This may include battered or deep fried fish bought from the 'Fish and Chip' shop.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C303 (FFQ53) Processed such as tinned fish or fish sachets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C304 (FFQ54) Takeaways from places like McDonalds, KFC, Burger King, Pizza shops or fast food outlets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C305 (FFQ55) Alternative protein such as legumes, nuts (used in a meal), tofu, textured vegetable protein, vegetarian sausages or patties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C306 (FFQ56) Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C307 (FFQInfo7)

SC FFQ9

Soft drinks and snacks. Looking at this showcard, please tell me which of the following {NAME} has eaten or drunk over the last four weeks.

How many servings of [insert variety] has {NAME} eaten or drunk over the past 4 weeks

Interviewer Note: If necessary prompt "think about breakfast, lunch, dinner and snacks" for the first 2 in this list

Soft drinks and Snacks	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
<p>C308 (FFQ58) Soft drinks & energy drinks. Soft drinks are usually 'fizzy', such as lemonade. Energy drinks include things like Red Bull & PowerAde, & powdered drinks like Raro. This excludes 'diet' varieties, fruit juice and drinks, flavoured waters, & sports waters.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>C309 (FFQ59) Fruit juices & drinks include freshly squeezed varieties, juices such as Just Juice or Fresh Up, fruit drinks like Ribena or Thextons, spirulina & vegetable juices. This excludes 'diet' varieties, flavoured waters, & sports waters.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>C310 (FFQ60) Soft drinks that don't contain sugar-this includes diet varieties</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Soft drinks and Snacks	1) None	2) 1 per Day	3) 2 per Day	4) 3 per Day	5) 4+ per Day	6) 1-2 per Week	7) 3-4 per Week	8) 5-6 per Week	9) 1 per Month	10) 2-3 per Month	Ref	DK	11) Portion Size 1/4 serving 1/2 Serving 1 Serving 2+ Serving
C311 (FFQ61) Confectionary, lollies, sweets and chocolate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C312 (FFQ62) Snacks, such as crisps, corn chips & similar chips, muesli bars, popcorn, or nuts as a snack?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C313 (FFQ100) When answering the questions about {NAME}'s usual eating patterns, how certain were you about what [HE/SHE] had eaten in the last four weeks. **SC C313**

1) Very certain --> **C315 (MTRInfo1)**
 2) Certain --> **C315 (MTRInfo1)**
 3) Not very certain
 4) Not at all certain
 5) Ref --> **C315 (MTRInfo1)**
 6) DK --> **C315 (MTRInfo1)**

Answer:

C314 (FFQ101) Can you tell me the main reason you are not certain about what {NAME} has eaten in the last four weeks? **SC C314**

1) [HE/SHE] eats many of [HIS/HER] meals at childcare, e.g. daycare, kohanga reo, etc.
 2) Many of [HIS/HER] meals are provided by another caregiver, e.g. my partner, a grandparent, etc.
 3) Other (specify) 1..100
 4) Ref
 5) DK

Answer:

C315 (MTRInfo1)

Toddler's Abilities

Now I'm going to ask you some questions about your child's physical and language development. The questions cover a wide range of behaviour from things most toddlers can do to things very few toddlers can do, so don't worry if {NAME} is not yet doing some of these things.

For each question please indicate which option best describes what your child can do now.

Interviewer Note: If any of these questions cannot be answered because of severe disability, please code as 'not applicable'.

C316 (MTR10) Can {NAME} walk across the room without help?

SC C316

- 1) Not Yet --> **C318 (MTR12)**
- 2) Sometimes
- 3) Often
- 4) Not Applicable --> **C318 (MTR12)**
- 5) Ref --> **C318 (MTR12)**
- 6) DK --> **C318 (MTR12)**

Answer:

C317 (MTR10a) And could you tell me what age {NAME} was when [HE/SHE] took [HIS/HER] first few wobbly steps?

- 1) Age in Months
- 2) Ref
- 3) DK

Answer:

SC C318	1) Not Yet	2) Sometimes	3) Often	4) Not Applicable	Ref	DK
C318 (MTR12) Pick a small object such as a raisin or coin off the table with fingers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C319 (MTR13) Use a small cup to drink water from without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C320 (MTR14) Stack at least three blocks in a tower?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C321 (MTR15) Scribble on a piece of paper with a pencil or crayon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C322 (MTR16) Walk down stairs if you hold onto one of [HIS/HER] hands?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C323 (MTR17) Try to kick a large ball by either moving [HIS/HER] leg forward or by walking into it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C324 (MTR18) Walk either up or down at least two steps by [HIMSELF/HERSELF]? Holding onto the wall or railing is OK.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC C318	1) Not Yet	2) Sometimes	3) Often	4) Not Applicable	Ref	DK
C325 (MTR19) Run fairly well, stopping [HIMSELF/HERSELF] without bumping into things or falling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C326 (MTR20) Jump with both feet leaving the floor at the same time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C327 (MTR21) Kick a ball by swinging [HIS/HER] leg forward without holding onto anything for support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C328 (SPInfo1)

Speech/Language

C329 (LAN5) What languages does your child understand?

SC C329

CODE ALL

- 1) English
- 2) Maori
- 3) Samoan
- 4) Tongan
- 5) Fijian
- 6) Niuean
- 7) Cook Islands Maori
- 8) Cantonese
- 9) Mandarin
- 10) Korean
- 11) Japanese
- 12) Hindi
- 13) Arabic
- 14) NZ sign language
- 15) Filipino
- 16) Gujurati
- 17) Punjabi
- 18) Spanish
- 19) Other 1 0..100
- 20) Other 2 0..100
- 21) Other 3 0..100
- 22) Ref
- 23) DK

C330 (LDInfo1)

Language Development

C331 (LD1) What languages are being used for the vocabulary checklist?

DO NOT READ – CODE ON THE BASIS OF RESPONSES TO C329

- 1) English
- 2) Maori
- 3) Samoan
- 4) Tongan
- 5) Cantonese
- 6) Mandarin

ONLY COMPLETE IF C331 (LD1) = 1 (ENGLISH)

C332 (GridLD1Administered)

DO NOT READ TO THE RESPONDENT

Can the language development list be administered in ENGLISH

- 1) Yes, with mother reading the list
- 2) Yes, with the interviewer reading the list
- 3) Yes, with an interpreter reading the list
- 4) No, the mother cannot speak the language --> **Do not administer English list**
- 5) No, neither the mother nor the interviewer can read the language, and there is no interpreter who can read the language --> **Do not administer English list**

ONLY COMPLETE IF C331 (LD1) = 2 (MAORI)

C332 (GridLD1Administered)

DO NOT READ TO THE RESPONDENT

Can the language development list be administered in MAORI

- 1) Yes, with mother reading the list
- 2) Yes, with the interviewer reading the list
- 3) Yes, with an interpreter reading the list
- 4) No, the mother cannot speak the language --> **Do not administer Maori list.**
- 5) No, neither the mother nor the interviewer can read the language, and there is no interpreter who can read the language --> **Do not administer Maori list.**

ONLY COMPLETE IF C331 (LD1) = 3 (SAMOAN)

C332 (GridLD1Administered)

DO NOT READ TO THE RESPONDENT

Can the language development list be administered in SAMOAN

- 1) Yes, with mother reading the list
- 2) Yes, with the interviewer reading the list
- 3) Yes, with an interpreter reading the list
- 4) No, the mother cannot speak the language --> **Do not administer Samoan list**
- 5) No, neither the mother nor the interviewer can read the language, and there is no interpreter who can read the language --> **Do not administer Samoan list**

ONLY COMPLETE IF C331 (LD1) = 4 (TONGAN)

C332 (GridLD1Administered)

DO NOT READ TO THE RESPONDENT

Can the language development list be administered in TONGAN

- 1) Yes, with mother reading the list
- 2) Yes, with the interviewer reading the list
- 3) Yes, with an interpreter reading the list
- 4) No, the mother cannot speak the language --> **Do not administer Tongan list**
- 5) No, neither the mother nor the interviewer can read the language, and there is no interpreter who can read the language --> **Do not administer Tongan list.**

ONLY COMPLETE IF C331 (LD1) = 5 (CANTONESE)

C332 (GridLD1Administered)

DO NOT READ TO THE RESPONDENT

Can the language development list be administered in CANTONESE

- 1) Yes, with mother reading the list
- 2) Yes, with the interviewer reading the list
- 3) Yes, with an interpreter reading the list
- 4) No, the mother cannot speak the language --> **Do not administer Cantonese list**
- 5) No, neither the mother nor the interviewer can read the language, and there is no interpreter who can read the language --> **Do not administer Cantonese list**

ONLY COMPLETE IF C331 (LD1) = 6 (MANDARIN)

C332 (GridLD1Administered)

DO NOT READ TO THE RESPONDENT

Can the language development list be administered in MANDARIN

- 1) Yes, with mother reading the list
- 2) Yes, with the interviewer reading the list
- 3) Yes, with an interpreter reading the list
- 4) No, the mother cannot speak the language --> **Do not administer Mandarin list**
- 5) No, neither the mother nor the interviewer can read the language, and there is no interpreter who can read the language --> **Do not administer Mandarin list**

C333 (LD0)

SC C334

Children understand many more words than they say. With this question, we are particularly interested in the words your child says. Please look at this list and tell me the numbers for the words you have heard {NAME} use. If {NAME} uses a different pronunciation of a word e.g. 'sketti' instead of 'spaghetti', still tell me the number for that word. Remember that this is a list of all the words that are used by many different children – don't worry if your child only uses a few of these words.

Interviewer Note: Words in non-English languages may not be the same as the English word - please ONLY use the numbers for non-English languages. If administering the list in more than one language, please go through the entire list once in the first language, and then start from the beginning for the second (third, etc) language. Shortened versions of words should be accepted, e.g. 'plane' instead of 'aeroplane'

	1) English	2) Maori	3) Samoan	4) Tongan	5) Cantonese	6) Mandarin
C334 (LD2_1) baa baa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C335 (LD2_2) meow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C336 (LD2_3) ouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C337 (LD2_4) uh oh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C338 (LD2_5) woof woof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C339 (LD2_6) bear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C340 (LD2_7) bird	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C341 (LD2_8) cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C342 (LD2_9) dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C343 (LD2_10) duck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C344 (LD2_11) horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C345 (LD2_12) aeroplane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C346 (LD2_13) boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C347 (LD2_14) car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C348 (LD2_15) ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C349 (LD2_16) book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C350 (LD2_17) game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C351 (LD2_18) cracker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C352 (LD2_19) fizzy drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1) English	2) Maori	3) Samoan	4) Tongan	5) Cantonese	6) Mandarin
C353 (LD2_20) juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C354 (LD2_21) lollies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C355 (LD2_22) meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C356 (LD2_23) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C357 (LD2_24) peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C358 (LD2_25) tomato sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C359 (LD2_26) hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C360 (LD2_27) necklace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C361 (LD2_28) shoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C362 (LD2_29) sock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C363 (LD2_30) chin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C364 (LD2_31) ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C365 (LD2_32) hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C366 (LD2_33) leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C367 (LD2_34) broom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C368 (LD2_35) comb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C369 (LD2_36) mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C370 (LD2_37) plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C371 (LD2_38) rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C372 (LD2_39) tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C373 (LD2_40) towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C374 (LD2_41) bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C375 (LD2_42) bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C376 (LD2_43) bench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C377 (LD2_44) oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C378 (LD2_45) stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1) English	2) Maori	3) Samoan	4) Tongan	5) Cantonese	6) Mandarin
C379 (LD2_46) flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C380 (LD2_47) rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C381 (LD2_48) star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C382 (LD2_49) swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C383 (LD2_50) school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C384 (LD2_51) sky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C385 (LD2_52) party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C386 (LD2_53) friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C387 (LD2_54) mum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C388 (LD2_55) person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C389 (LD2_56) bye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C390 (LD2_57) hi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C391 (LD2_58) no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C392 (LD2_59) shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C393 (LD2_60) thank you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C394 (LD2_61) carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C395 (LD2_62) chase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C396 (LD2_63) dump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C397 (LD2_64) finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C398 (LD2_65) fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C399 (LD2_66) hug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C400 (LD2_67) listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C401 (LD2_68) like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C402 (LD2_69) pretend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C403 (LD2_70) rip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C404 (LD2_71) shake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1) English	2) Maori	3) Samoan	4) Tongan	5) Cantonese	6) Mandarin
C405 (LD2_72) taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C406 (LD2_73) gentle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C407 (LD2_74) think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C408 (LD2_75) wish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C409 (LD2_76) all gone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C410 (LD2_77) cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C411 (LD2_78) fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C412 (LD2_79) happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C413 (LD2_80) hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C414 (LD2_81) last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C415 (LD2_82) tiny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C416 (LD2_83) wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C417 (LD2_84) after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C418 (LD2_85) day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C419 (LD2_86) tonight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C420 (LD2_87) our	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C421 (LD2_88) them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C422 (LD2_89) this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C423 (LD2_90) us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C424 (LD2_91) where	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C425 (LD2_92) beside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C426 (LD2_93) down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C427 (LD2_94) under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C428 (LD2_95) all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C429 (LD2_96) much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C430 (LD2_97) could	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1) English	2) Maori	3) Samoan	4) Tongan	5) Cantonese	6) Mandarin
C431 (LD2_98) need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C432 (LD2_99) would	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C433 (LD2_100) if	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C434 (LD9) Has your child begun to combine words yet, such as 'nother cookie' or 'doggie bite'?

SC C434

Interviewer note: This includes non-English languages. Not applicable option only to be used if child cannot (yet) speak.

- 1) Not Yet
- 2) Sometimes
- 3) Often
- 4) Not Applicable
- 5) Ref
- 6) DK

Answer:



C435 (SLInfo1)

Speech and Language

C436 (SL1) Parents may have a range of concerns about their children's speech or hearing, such as those listed on this showcard. Do you feel that {NAME} has any of these issues?

SC C436

CODE ALL

- 1) No Concerns --> **C439 (TUInfo10)**
- 2) Reluctant To Speak
- 3) Speech Not Clear To Family
- 4) Speech Not Clear To Others
- 5) Difficulty Finding Words
- 6) Difficulty Putting Words Together
- 7) Doesn't Understand You When You Speak
- 8) Doesn't Understand Others When They Speak
- 9) Voice Sounds Unusual
- 10) Stutters, Stammers Or Lisps
- 11) Other 0..100
- 12) Ref --> **C439 (TUInfo10)**
- 13) DK --> **C439 (TUInfo10)**

C437 (SL2) How concerned are you about these issues?

SC C437

- 1) Very Concerned
- 2) Somewhat Concerned
- 3) A Little Concerned
- 4) Not Concerned At All
- 5) Ref
- 6) DK

Answer:

C438 (SL3) Have you sought or received any professional advice or treatment regarding your child's speech [AND/OR] understanding?

- 1) Yes
- 2) No
- 3) Ref
- 4) DK

Answer:

C439 (TUInfo10)

Mother ONLY

Technology Use

The next questions are about {NAME}'s use of TV, DVDs, and other media.

Interviewer Note: Please complete these questions even if respondent does not have a TV, as programming may be watched on computers etc. These questions include DVDs etc watched in the car, but NOT in other locations outside the home.

If response is a proportion of an hour, enter as a decimal point, i.e. .5 for ½ of an hour, .25 for ¼ of an hour, .75 for ¾ of an hour.

C440 (TU10) Thinking about the last weekday, i.e. [YESTERDAY/LAST FRIDAY], how many hours did {NAME} spend at home watching all types of TV, DVDs, and videos?

Interviewer note: The following three questions must add up to +/- .5 of this number.

- 1) None --> **C444 (TU14)**
- 2) Total Hours 0..24
- 3) Ref --> **C444 (TU14)**
- 4) DK --> **C444 (TU14)**

Answer:

C441 (TU11) Of this time, how much was spent watching just children's television programming, including free-to-air and pay TV, and children's TV programmes on DVD, but not children's movies on DVD?

- 1) None
- 2) Total Hours 0..24
- 3) Ref
- 4) DK

Answer:

C442 (TU12) And how much of this time was spent watching children's movies on DVD or video, e.g. Toy Story?

- 1) None
- 2) Total Hours 0..24
- 3) Ref
- 4) DK

Answer:

C443 (TU13) And how much of this time was spent watching 'grown-up' DVDS or television programmes on free-to-air and pay TV?

Interviewer Note: TOTAL FOR C441(TU11) + C442 (TU12) + C443 (TU13) MUST BE +/- .5 OF RESPONSE FOR C440 (TU10)

- 1) None
- 2) Total Hours 0..24
- 3) Ref
- 4) DK

Answer:

C444 (TU14) Again just thinking about the last weekday, i.e. [YESTERDAY/LAST FRIDAY], how much time did {NAME} spend using a computer or laptop, including children's computer systems such as Leapfrog.

- 1) None
- 2) Total Hours 0..24
- 3) Ref
- 4) DK

Answer:

C445 (TU15) And on that last weekday, how much time did {NAME} spend playing with an electronic gaming system?

- 1) None
- 2) Total Hours 0..24
- 3) Ref
- 4) DK

Answer:

C446 (TU16) And again just thinking about that last weekday, how much time did {NAME} spend listening to music on CDs, iPods, MP3 players, etc.

Interviewer Note: This includes all recorded and broadcasted music, not just on personal players, including music listened to in the car.

- 1) None
- 2) Total Hours 0..24
- 3) Ref
- 4) DK

Answer:

C447 (TU17) And again just thinking about that last weekday, how much time was the TV on in the same as {NAME}, whether or not [HE/SHE] was watching it?

- 1) Not at all
- 2) Total Hours 0..24
- 3) Ref
- 4) DK

Answer:

C448 (TUInfo2)

Mother ONLY

Most viewed programmes

ONLY ASK IF THE CHILD WATCHES TV – IF C440 (TU10) = MORE THAN 0 (ZERO)

C449 (TU8) Could you please name the three TV programmes {NAME} watches most?

SC C449

- 1) Spongebob Squarepants
- 2) Blues Clues
- 3) Bob the Builder
- 4) Chuggington
- 5) Disney Toons
- 6) Fireman Sam
- 7) The Go Show
- 8) Handy Manny
- 9) Hi-5
- 10) Little Einsteins
- 11) Mickey Mouse Clubhouse
- 12) In The Night Garden
- 13) Postman Pat
- 14) Roary the Racing Car
- 15) Thomas the Tank Engine
- 16) The Wiggles
- 17) Wot Wots
- 18) Other1 0..100
- 19) Other2 0..100
- 20) Other3 0..100
- 21) Not applicable
- 22) Ref
- 23) DK

C450 (EXPInfo1)

SC C451

Activities And Experiences For Toddlers

C451 (EXP1) Please indicate which of these activities {NAME} has done, or places {NAME} has been at any time since [HE/SHE] was born? Activities done or places visited should be those outside of the home.

CODE ALL

- 1) Library
- 2) Park
- 3) Beach
- 4) Santa Parade
- 5) Cinema/Movies
- 6) Church/Temple/Mosque
- 7) Art Gallery
- 8) Swimming Lessons
- 9) Music Groups
- 10) Playgroup
- 11) Zoo
- 12) Aquarium
- 13) Museum
- 14) Diwali
- 15) Lantern Festival
- 16) Matariki Celebrations
- 17) White Sunday
- 18) Flea Markets
- 19) Farmers Markets
- 20) Pasifika Festival
- 21) Polyfest
- 22) Marae Event
- 23) Agricultural Field Days
- 24) Mustering
- 25) Nature/Outdoor Walks
- 26) Coffee Groups
- 27) Organised Physical Activity
- 28) Picnics
- 29) Watching Sports Games
- 30) Community Galas And Fairs
- 31) Other 1 0..100
- 32) Other 2 0..100
- 33) Other 3 0..100
- 34) Ref
- 35) DK

C452 (STIntro1)

SC C453

NON-COMPLETION OF ACTIVITY

ST1-ST15 Answer the following questions thinking about how often did this during the last two weeks.

Interviewer Note: These questions should ONLY be asked if the child does not undertake the Stack & Topple exercise, at the END of the Mother questionnaire.

	1) Never	2) Very rarely	3) Less than half the time	4) About half the time	5) More than half the time	6) Almost always	7) Always	Ref	DK
C453 (ST1) When told "No", how often did your child stop the forbidden activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C454 (ST2) When asked to wait for a desirable item (such as ice cream), how often did your child wait patiently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C455 (ST3) When asked to do so, how often was your child able to be careful with something breakable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C456 (ST4) When engaged in play with his/her favourite toy, how often did your child continue to play while at the same time responding to your remarks or questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C457 (ST5) During everyday activities, how often did your child pay attention to you right away when you called to him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C458 (ST10) How often would your child enjoy playing with unfamiliar adults or children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C459 (ST11) If given an activity, how often would your child prefer to complete it by themselves as opposed to with an unfamiliar adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C460 (ST12) When pointing at a picture in a book you were reading to your child, how often did your child immediately look to see what you were pointing at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1	2	3	4	5	6+	Ref	DK
C461 (ST15) About how many blocks (indicate size using Stack and Topple task blocks) can your child stack on average?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AMENDMENTS

If you have any amendments to be made to the survey, please complete a CAPI amendment form.