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# Parent/ Guardian questionnaire

**Physical activity and Food Questionnaire**

**About you and your child**

- The questions in this questionnaire relate to you or your 9- or 10-year old child (*please fill in your child's first name*)\_\_\_\_\_
- Completing this questionnaire will take approximately 25 minutes.
- Please answer the questions as honestly and accurately as you can.
- If you make a mistake, please cross out the incorrect answer, and give a new answer.
- Your answers will be treated as confidential.
- If you have any questions, please contact the study team on:

**01603 591739**



**Section 1: About Your Family and Your Household**

*In this questionnaire the terms 'father' and 'mother' refer to the child's biological parents if they live in the household, or their step-parents/guardians otherwise*

1. This questionnaire is being completed by:

- Mother
- Father
- Other (e.g. male guardian, please describe) .....

2. What is the postcode for your home address?

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3. How many people live in your household? (including yourself and children) \_\_\_\_\_

4. How many children in each of the age bands are there in your household (please also include child participating in the study)? *Please write a number in each box.*

- 0-3 years
- 4-6 years
- 7-11 years
- 12-16 years

5. Do you own or have access to a car?

- Yes
- No

6. Do you rent or own your home?

- Own it/buying it
- Rent it
- Living with relatives/ landlord

7. How long have you and your family been living in this neighbourhood

- Less than 1 year
- Between 1 and 2 years
- Between 2 and 5 years
- Between 5 and 10 years
- More than 10 years

8. Do you have any of the following qualifications? *Please tick all that apply.*

- |                          |                            |                          |                                        |
|--------------------------|----------------------------|--------------------------|----------------------------------------|
| <input type="checkbox"/> | None                       | <input type="checkbox"/> | Matriculation                          |
| <input type="checkbox"/> | School Leaving certificate | <input type="checkbox"/> | GCE A Level, AS level, Highers         |
| <input type="checkbox"/> | CSE                        | <input type="checkbox"/> | Technical College exams, City & Guilds |
| <input type="checkbox"/> | GCE O level or GCSE        | <input type="checkbox"/> | HND GNVQ                               |
| <input type="checkbox"/> | Completed Apprenticeship   | <input type="checkbox"/> | Secretarial College Exams              |
| <input type="checkbox"/> | Teaching Diploma, HNC,NVQ  | <input type="checkbox"/> | University Degree                      |
| <input type="checkbox"/> | Trade Certificates         | <input type="checkbox"/> | Other. Please describe                 |
- 

9. At what age did you finish full time education? \_\_\_\_\_ years

10. Please give the ethnicity of the child's **biological/natural** mother and father. *Please write the appropriate letter in the boxes below.*

*White*

- A British
- B Irish
- C Any other white background

*Mixed*

- D White & Black Caribbean
- E White and Black African
- F White and Asian
- G Any other mixed background

*Asian or Asian*

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian background

*Black or Black British*

- M Black Caribbean
- N Black African
- O Other Black

*Chinese or other ethnic group*

- P Chinese
- Q Other ethnic group

**Ethnicity of mother:**

**Ethnicity of father:**

## Section 2: Parental characteristics

The following set of questions is about the parents/guardians who **live with the child** now. Please ask your partner to answer these questions where appropriate or discuss the answers with him or her.

### FATHER'S ACTIVITIES

11. Is there a father/stepfather/guardian living in the household?

Yes please go to question 12

No please go to question 15

12. We would like to know the type and amount of physical activity involved in **the father's work**.

*Please tick one option that best corresponds to **the father's** present activities from the following five possibilities.*

**Not in employment**  
For example retired, unemployed, or a full-time carer

**Sedentary occupation**  
Spends most of the time sitting (such as in an office)

**Standing occupation**  
Spends most of the time standing or walking. However, the work does not require intense physical effort (e.g. shop assistant, hairdresser, guard etc)

**Physical work**  
This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter, etc)

**Heavy manual work**  
This involves very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker etc)

13. In a typical week during the past 12 months, how many hours/minutes did **the father** spend on each of the following activities? (Put '0' for none)

	Hours per week	
	<b>In summer</b>	<b>In winter</b>
a. Walking, including walking to work, shopping and leisure	_____	_____
b. Cycling, including cycling to work and during leisure time	_____	_____
c. Other physical exercise (such as keep fit, aerobics, swimming, jogging)	_____	_____

14. On average over the last 4 weeks, how much time did **the father** spend on TV or video viewing, and on computer use at home:

a. **FATHER'S TV viewing or video watching**  
*(Please put one tick (✓) per line)*

Hours of TV or video watched per day	Average over the last 4 weeks					
	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
On a weekday						
On a weekend day						

b. **FATHER'S Computer use at home**

*At home but not at work, such as internet, email, Playstation, Xbox, Gameboy*  
*(Please put one tick (✓) per line)*

Hours of home computer use per day	Average over the last 4 weeks					
	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
On a weekday						
On a weekend day						

## MOTHER'S ACTIVITIES

15. Is there a mother/stepmother/guardian living in the household?

Yes please go to question 16

No please go to question 19

16. We would like to know the type and amount of physical activity involved in **the mother's work**.

*Please tick one option that best corresponds to **the mother's** present activities from the following five possibilities.*

**Not in employment**  
 For example retired, unemployed, or a full-time carer

**Sedentary occupation**  
 Spends most of the time sitting (such as in an office)

**Standing occupation**  
 Spends most of the time standing or walking. However, the work does not require intense physical effort (e.g. shop assistant, hairdresser, guard etc)

**Physical work**  
 This involves some physical effort including handling of heavy objects and use of tools (e.g. plumber, cleaner, nurse, sports instructor, electrician, carpenter, etc)

**Heavy manual work**  
 This involves very vigorous physical activity including handling of very heavy objects (e.g. docker, miner, bricklayer, construction worker etc)

17. In a typical week during the past 12 months, how many hours/minutes did **the mother** spend on each of the following activities? (Put '0' for none)

	Hours per week	
	In summer	In winter
a. Walking, including walking to work, shopping and leisure	_____	_____
b. Cycling, including cycling to work and during leisure time	_____	_____
c. Other physical exercise (such as keep fit, aerobics, swimming, jogging)	_____	_____

18. On average over the last 4 weeks, how much time did **the mother** spend on TV or video viewing, and on computer use at home:

**a. MOTHER'S TV viewing or video watching**  
(Please put one tick (✓) per line)

Hours of TV or video watched per day	Average over the last 4 weeks					
	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
On a weekday						
On a weekend day						

**b. MOTHER'S Computer use at home**

*At home but not at work, such as internet, email, Playstation, Xbox, Gameboy*  
(Please put one tick (✓) per line)

Hours of home computer use per day	Average over the last 4 weeks					
	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day
On a weekday						
On a weekend day						

**BOTH PARENTS/GUARDIANS**

*If there is only one parent living with the child, questions for the other parent can be left blank.*

19. Year of birth of each parent.

Mother
_____
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Never <input type="checkbox"/> Once per month <input type="checkbox"/> Once per week <input type="checkbox"/> Few times per week <input type="checkbox"/> Daily
_____st _____lb <i>or</i> _____kg
_____ft _____inch <i>or</i> _____cm
_____ mins per week _____ mins per week
<input type="checkbox"/> By car <input type="checkbox"/> By public transport <input type="checkbox"/> By bicycle <input type="checkbox"/> On foot <input type="checkbox"/> Work from home <input type="checkbox"/> Currently not working
_____hr _____mins
_____ times per week

Father
_____
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Never <input type="checkbox"/> Once per month <input type="checkbox"/> Once per week <input type="checkbox"/> Few times per week <input type="checkbox"/> Daily
_____st _____lb <i>or</i> _____kg
_____ft _____inch <i>or</i> _____cm
_____ mins per week _____ mins per week
<input type="checkbox"/> By car <input type="checkbox"/> By public transport <input type="checkbox"/> By bicycle <input type="checkbox"/> On foot <input type="checkbox"/> Work from home <input type="checkbox"/> Currently not working
_____hr _____mins
_____ times per week

20. Has each parent ever smoked?

21. Does each parent smoke now?

22. How often does each parent drink alcohol? *(please tick one box)*

23. Approximately how much does each parent weigh?  
(stones & pounds **or** kilograms)

24. Approximately how tall is each parent?  
(feet & inches **or** metres)

25. In a typical week in the past 12 months, how many minutes did you spent:

- a. Walking to the shops
- b. Cycling to the shops

26. How does each parent normally travel to work? *(please tick one box only)*

27. How long does the journey to work on average take? *(please give your best estimate)*

28. How many times a week does each parent usually travel from home to their job? *(please give a number)*

**Section 3: Your child**

**29.** What was your child's weight at birth?

- Birth weight not known
- Birth weight: in pounds and ounces: \_\_\_\_\_ lbs \_\_\_\_\_ oz *OR* in grams \_\_\_\_\_ gr

**30.** When was your child born?

- Very pre-term (early, before 33 weeks)
- Pre-term (early, between 33 and 36 weeks)
- At term (between 36 and 42 weeks)
- Post term (late, after 42 weeks)

**31.** Does your child have a condition that affects his/her ability to be physically active?

- No
- Yes, please describe briefly: \_\_\_\_\_

**32.** For this question, please tick the box that best indicates your agreement or disagreement with each statement. Would you describe your child as:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
<b>a.</b> physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> well-behaved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Section 4: Your child's travel to school and other destinations

33. Below are a number of statements that might be made about your child's journey to school.

*Please tick the box that best indicates your agreement or disagreement with each statement.*

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
a. The traffic makes it too dangerous for my child to walk or cycle to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child cannot walk to school as it's too far away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child cannot cycle to school as it's too far away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is more convenient to take my child to school by car.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am worried that something will happen to my child on the way to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am usually around to take my child to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I take my child to school on the way somewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There are no safe cycle paths en route to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. There are no safe pavements en route to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I like or would like my child to walk/cycle to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. How long does the journey to school usually take? *(Please tick one box only)*

- Less than 5 minutes
- 5 - 15 minutes
- 15 - 30 minutes
- 30 minutes – 1 hour
- More than 1 hour

35. How often does your child walk to or ride a bike to the following places?

	Never	None within walking/ biking distance	Less than once a week	1 to 3 days per week	4 to 5 times per week	6 or more days per week
a. Friend's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parks or playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Sports venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5: Your view on your child's activity**

*For each question in this section, please tick one box only.*

**36.** How physically active would you say your child is?

- Very inactive
- Fairly inactive
- Neither inactive nor active
- Fairly active
- Very active

**37.** Who do you feel should take the main responsibility for children's levels of physical activity?

*Remember, please tick one box only*

- The child themselves
- Their parents
- Their school
- Someone else, *if so whom* \_\_\_\_\_

**38.** Do you feel there are enough extra-curricular activities (including sports and exercise) run by your child's school?

- No
- Yes

**39.** What do you consider to be an acceptable distance for your child to walk to school?

- ¼ mile (less than 10-minute walk)
- ½ mile (approximately 15-minute walk)
- 1 mile (approximately 30-minute walk)
- 2 miles (approximately 1-hour walk)

**Section 6: Rules and restrictions at home**

*For the following four questions, please tick one box for each statement.*

**40.** In general, how often do you or your partner restrict your child in the following activities:

	N/a	Never	Rarely	Sometimes	Often	Very often
<b>b.</b> Watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Playing computer games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Playing outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Using the computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Walking or cycling to a friend's house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**41.** In general, how often do you or your partner allow your child to do the following:

	Never	Rarely	Sometimes	Often	Very often
<b>a.</b> Watch TV at meal times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Go to bed when they want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Run around in the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Play outside after dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Play outside anywhere within the neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Play ball games in the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Not finishing their food at dinner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> Eat what they want in between meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**42.** In an average week, how often do you do these activities together as a family?

	<b>Number of times per week</b>		
	0	1 to 4	More than 4
<b>a.</b> Eat meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Read a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Play sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Visit family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Go to the park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Go swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Go for a bike ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> Watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b> Prepare meals together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 7: Your environment

**43.** We are interested in what you think about living in your neighbourhood.

*Please tick the box that best indicates your agreement or disagreement with each statement.*

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
<b>a.</b> People in this neighbourhood know each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> People in this neighbourhood talk to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> People in this neighbourhood take care of each others' houses during holidays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> When someone in this neighbourhood has a problem, it's easy to get help from neighbours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> People in this neighbourhood feel isolated from each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> People in this neighbourhood watch out for each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> The people in this neighbourhood make it a safer place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**44.** Below are a number of statements that might be made about your neighbourhood. Where mentioned, 'within easy walking distance' means within a 10-15 minute walk from your home.

*Please circle the number that best indicates your agreement or disagreement with each statement.*

	<b>1</b> Strongly disagree	<b>2</b> Somewhat disagree	<b>3</b> Somewhat agree	<b>4</b> Strongly agree
<b>a.</b> There are shops to visit within easy walking distance of my home.	1	2	3	4
<b>b.</b> There is a park or open space to visit within easy walking distance of my home.	1	2	3	4
<b>c.</b> There is a sports or leisure centre within easy walking distance of my home.	1	2	3	4
<b>d.</b> It is pleasant to walk in my neighbourhood.	1	2	3	4
<b>e.</b> There are pedestrian crossings to help walkers cross busy streets in my neighbourhood.	1	2	3	4
<b>f.</b> I feel generally safe walking in my neighbourhood.	1	2	3	4

	<b>1</b> <b>Strongly disagree</b>	<b>2</b> <b>Somewhat disagree</b>	<b>3</b> <b>Somewhat agree</b>	<b>4</b> <b>Strongly agree</b>
g. The crime rate in my neighbourhood makes it unsafe to go on walks <u>at night</u> .	1	2	3	4
h. It is easy to walk to a bus stop from my home.	1	2	3	4
i. There are few cul-de-sacs (dead-end streets) in my neighbourhood.	1	2	3	4
j. There are a lot of busy junctions in my neighbourhood.	1	2	3	4
k. There are major barriers to walking in my neighbourhood that make it hard to get from place to place (for example, busy roads, railway lines, rivers, hills).	1	2	3	4
l. There are many alternative routes for getting from place to place in my neighbourhood. (I don't have to go the same way every time).	1	2	3	4
m. There are pavements on most of the streets in my neighbourhood.	1	2	3	4
n. There are cycle paths in or near my neighbourhood that are easy to get to.	1	2	3	4
o. There is a verge that separates the streets from the pavements in my neighbourhood.	1	2	3	4
p. There are trees along the streets in my neighbourhood.	1	2	3	4
q. There are diverse and interesting things to look at in my neighbourhood (e.g. buildings and views).	1	2	3	4
r. There is so much traffic along <u>nearby</u> streets that it makes it difficult or unpleasant to walk in my neighbourhood.	1	2	3	4
s. There is so much traffic along <u>nearby</u> streets that it makes it difficult or unpleasant to cycle in my neighbourhood.	1	2	3	4
t. The speed of traffic on most <u>nearby</u> streets is usually slow (30 mph or less).	1	2	3	4
u. Most drivers exceed the posted speed limits while driving in my neighbourhood.	1	2	3	4
v. My neighbourhood streets are well lit at night.	1	2	3	4

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<b>Strongly disagree</b>	<b>Somewhat disagree</b>	<b>Somewhat agree</b>	<b>Strongly agree</b>
w. Walkers and cyclists on the streets in my neighbourhood can be easily seen by people in their homes.	1	2	3	4
x. There is a high crime rate in my neighbourhood.	1	2	3	4

**Section 8: Your opinion about food**

45. How many pieces of fruit, of any sort, do you eat on a typical day? \_\_\_\_\_

46. How many portions of vegetables, **not counting potatoes**, do you eat on a typical day? \_\_\_\_\_

47. How important are the following factors when deciding what **you** personally eat?

	Not Important	Important	Very Important
a. Prevention of disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. General health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Speed and convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Weight control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. How important are the following factors when deciding what **your child** eats?

	Not Important	Important	Very Important
a. Prevention of disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. General health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Speed and convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Weight control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**49. Do you think these foods are high or low in fat?**

	High	Low	Not sure
a. Pasta (without sauce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Low fat spread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Luncheon meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Scotch egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Polyunsaturated margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**50. Do you think these are high or low in added sugar?**

	High	Low	Not sure
a. Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Unflavoured yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Orange Squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tomato ketchup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tinned fruit in natural juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. Do you think these are high or low in salt?**

	High	Low	Not sure
a. Sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kippers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Red meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Frozen vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**52. Do you think these foods are high or low in fibre?**

	High	Low	Not sure
a. Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Red meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Baked potatoes with skins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Baked beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Are there any foods that you don't let your child eat?

- Meat
- Fish
- Dairy products
- Foods made with wheat
- Nuts
- I do not restrict their diet

If there are any foods that you do not allow your child to eat, can you please tell us why this is?

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54. What is the minimum number of servings of fruit and vegetable that health experts recommend we should eat per day? \_\_\_\_\_

**Please check that you have answered all the questions.**

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.**