



Parent / Carer Questionnaire

Physical activity and food questionnaire about you and your son/daughter

- The questions in this questionnaire relate to you or your 13- or 14-year old son/daughter (*please fill in their 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:

0800 023 4640

Barcode

Section 1: Your son/daughter

1.1 Does your son/daughter have a condition that affects his/her ability to be physically active?

- No
 Yes, please describe briefly:

1.2 How physically active would you say your son/daughter is?

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

1.3 The national physical activity recommendation for someone your son/daughter's age is at least 60 minutes of moderate activity per day (any activity that makes them breathe harder or sweat). Do you think your son/daughter is meeting this recommendation?

- Yes
 No

1.4 What weekly allowance (pocket money) does your son/daughter receive?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Between £6-£10 |
| <input type="checkbox"/> Under £2 | <input type="checkbox"/> Between £11-£15 |
| <input type="checkbox"/> Between £2-£5 | <input type="checkbox"/> Between £16-£20 |
| | <input type="checkbox"/> Over £20 |

1.5 Has your son/daughter shown any of the following signs that he/she has started puberty? (Please tick all that apply)

For girls

- Growth spurt
 Body hair growth
 Spots / Acne
 Breast growth
 Menstruation (started period)
 Another pubertal sign
 No
 I don't know

For boys

- Growth spurt
 Body hair growth
 Spots / Acne
 Deepening voice
 Facial hair
 Another pubertal sign
 No
 I don't know

1.6 In general, how would you rate your son/daughter's health? (Please circle)

- Poor Excellent
 1 2 3 4 5 6 7 8 9 10

1.7 How do you describe your son/daughter's weight? (Please tick one box)

- Very underweight
 Slightly underweight
 About the right weight
 Slightly overweight
 Very overweight

Section 2: Your environment

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

Please tick the box that best indicates your agreement or disagreement for each item.

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

Section 3: Your son/daughter's travel to school

3.1 Below are a number of statements that might be made about your son/daughter's journey to school. Please tick the box that best indicates your agreement or disagreement for each item.

	Strongly disagree	Disagree	Neither disagree nor 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"/>
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"/>
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"/>
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"/>
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"/>
f. I am usually around to take my child to school.	<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"/>
h. There are no safe cycle paths en route to school.	<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"/>
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"/>

3.2 What do you consider to be an acceptable distance for your son/daughter to walk to school?

(Please tick one answer only)

- 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)
- I do not consider it acceptable for my son/daughter to walk to school

3.3 What do you consider to be an acceptable distance for your son/daughter to cycle to school?

(Please tick one answer only)

- 1 mile (less than 10-minute cycle)
- 2 miles (approximately 15-minute cycle)
- 4 miles (approximately 30-minute cycle)
- 8 miles (approximately 1-hour cycle)
- I do not consider it acceptable for my son/daughter to cycle to school

Section 4: Rules and restrictions at home

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

4.1 In general, how often do you or another carer restrict your son/daughter in the following activities?

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

4.2 In general, how often do you or another carer allow your son/daughter to do the following?

	Never	Rarely	Sometimes	Often	Very Often
a. Be out after dark?	<input type="checkbox"/>				
b. Be out anywhere within the neighbourhood?	<input type="checkbox"/>				
c. Be outside when it is raining	<input type="checkbox"/>				
d. Travel on public buses	<input type="checkbox"/>				
e. Cross main roads	<input type="checkbox"/>				
f. Cycle on roads	<input type="checkbox"/>				

Section 5: Your opinion about your son/daughter's food

5.1 What type of lunch does your son/daughter usually have on a school day? (Please tick one box)

- a. Watching TV?
- b. Playing computer games?
- c. Playing outside?
- d. Using the computer?
- e. Walking or cycling to a friend's house?

5.2 What is the main reason why they have this lunch type? (Please tick one box)

- a. Health
- b. Cost
- c. Their preference
- d. Peer pressure
- e. Convenience
- f. Other (please specify)

5.3 How much control do you feel you have over what your son/daughter eats when they are at school?

- a. None
- b. A little
- c. A lot
- d. Complete

5.4 How often does your son/daughter eat food purchased from the following outlets?

(please tick all that apply)

	Never	Less than once a week	1 to 3 days per week	4 to 5 days per week	6 or more days per week	Don't know
a. Supermarket	<input type="checkbox"/>					
b. Local grocery store	<input type="checkbox"/>					
c. Corner shop/Newsagents	<input type="checkbox"/>					
d. Bakery	<input type="checkbox"/>					
e. Butchers	<input type="checkbox"/>					
f. Greengrocers	<input type="checkbox"/>					
g. Take away/fast food outlet	<input type="checkbox"/>					
h. School canteen	<input type="checkbox"/>					
i. Other restaurant	<input type="checkbox"/>					
j. Other (please specify)	<input type="checkbox"/>					

5.5 How many nights per week do most of your household typically eat...

	Less than once a week	1 to 3 days per week	4 to 6 days per week	Everyday
a. A home-cooked meal made from separate ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pre-prepared food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take away or fast food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At a restaurant or café	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. As a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At the dinner table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.6 Which supermarket chain do you use the most? (please tick one)

Asda	<input type="checkbox"/>	Morrisons	<input type="checkbox"/>
Aldi	<input type="checkbox"/>	Sainsbury's	<input type="checkbox"/>
Budgens	<input type="checkbox"/>	Somerfield	<input type="checkbox"/>
Co-operative	<input type="checkbox"/>	Spar	<input type="checkbox"/>
Iceland	<input type="checkbox"/>	Tesco	<input type="checkbox"/>
Lidl	<input type="checkbox"/>	Waitrose	<input type="checkbox"/>
Marks and Spencer	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

5.7 How many portions of fruit and vegetables does your son/daughter eat every day?.....
A portion is roughly a piece of fruit such as an apple or banana, or a handful of vegetables

5.8 How many portions of fruit and vegetables do you eat every day?.....
A portion is roughly a piece of fruit such as an apple or banana, or a handful of vegetables.

Section 6: Parent / carer characteristics

6.1 Are you the main carer of the SPEEDY participant?

Yes
 No

6.2 What is your relationship to the SPEEDY participant?

Mother (including step-mum, foster mum etc)
 Father (including step-dad, foster dad etc)
 Someone else (please specify).....

6.3 We would like to know the type and amount of physical activity involved in your work.
Please tick one option that best corresponds to your present activities from the following five possibilities.

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)

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

6.4 In a typical week during the past 12 months, how many hours/minutes did you 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 aerobics, swimming, jogging)

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

a. YOUR 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. YOUR 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						

Other carer's activities

6.6 Is there another main carer of the SPEEDY participant living in the household?

Yes please continue
 No please go to question 6.11

6.7 What is the OTHER CARER'S relationship to the SPEEDY participant?

Mother (including step-mum, foster mum etc)
 Father (including step-dad, foster dad etc)
 Someone else (please specify).....

6.8 We would like to know the type and amount of physical activity involved in the other carer's work.

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

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

6.9 In a typical week during the past 12 months, how many hours/minutes did you 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 aerobics, swimming, jogging)

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

a. YOUR 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. YOUR 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						

6.11 Both carers

If you are the only parent/carer living with the child, questions for the other carer can be left blank.

	MAIN CARER	OTHER CARER (if applicable)
a. Year of birth of each carer.	.....	.....
b. Has each carer ever smoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does each carer smoke now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How often does each carer drink alcohol? (please tick one box)	<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	<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
e. Approximately how much does each carer weigh? (stones & pounds or kilograms)	..... st lb or kg	..... st lb or kg
f. Approximately how tall is each carer? (feet & inches or centimetres)	..... ft inch or cm	..... ft inch or cm
g. In a typical week in the past 12 months, how many minutes did you spend:		
a. Walking to the shops	..... mins per week	..... mins per week
b. Cycling to the shops	..... mins per week	..... mins per week
h. How does each carer normally travel to work? (please tick one box only)	<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	<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
i. How long does the journey to work on average take? (please give your best estimate)	..... hr mins	..... hr mins
j. How many times a week does each carer usually travel from home to their job? (please write a number or "0" if not currently working)	..... times per week	..... times per week

Section 7. Your thoughts about physical activity

7.1. It would be difficult for my son/daughter to do more physical activity or sports because...

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. ...they already do enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ... it is too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ... they do not have time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ... I am unable to take them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ... they don't want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ... they might get injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ... there is nothing available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ... I do not know what is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ... Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.2. Physical activity is important for my son/daughter because it will...?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. ...help them maintain a healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...help them to loose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ...prevent them getting diabetes as an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...improve their mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...improve their bone health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ...make them stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ...give them more energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ...make them look better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ...help them to make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. ...keep them out of trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.3 Do you own or have access to a useable car/van? (please tick one)

Yes, one
 Yes, more than one

8.4 Do you rent or own your home?

Own it/buying it
 Rent it
 Living with relatives/ landlord / rented room

8.5 Do you have an allotment or garden where you grow your own fruit or vegetables?

Yes
 No

8.6 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

8.7 What is your annual household pre-tax income?

Up to £10,000
 Over £10,000 to £30,000
 Over £30,000 to £50,000
 Over £50,000 to £70,000
 Over £70,000
 I do not wish to share this information

Section 8: About Your Household

8.1 How many people live in your household? (including yourself and children)

8.2 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
 16 – 18 years

Please check that you have answered all the questions.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

