

Baseline questionnaire (study A)



Dear Parent or Carer,

The National Child Measurement Programme is carried out every year by the NHS to look at how children are growing across the country by measuring the height and weight of every child in reception and year 6. We are offering **you a chance to have your say on this process and maybe change the way it is carried out in the future**. We are a team of researchers from the University of London and are asking some parents of children in reception and year 6 to participate.

If you do take part, your details will be entered into our free prize draw to win a Nintendo Wii. Please complete this brief questionnaire which should take about 5 minutes to complete and return in the FREEPOST envelope provided. Later on in the year you will also be asked to complete a further 2 questionnaires which we will also ask you to complete and send back to us. We ask that you give us your address so that we can send further questionnaires and information to you directly rather than via the school. This study has been reviewed and approved by the University of London ethics board. If you agree to participate, your child's National Child Measurement Programme measurement and ethnicity will be made available to research staff. All information will be treated as confidential. If you have any questions or require any further information please do not hesitate to contact Catherine Falconer on 020 7 927 2837 or email catherine.falconer@lshtm.ac.uk. Many thanks again for your help and time.

Yours Faithfully

Catherine Falconer and the study team

If you would like this letter in other languages or formats please contact Catherine Falconer on 020 79272837 or email on catherine.falconer@lshtm.ac.uk

Your child's first name:	<input type="text"/>	Last name:	<input type="text"/>		
Your first name:	<input type="text"/>	Your last name:	<input type="text"/>		
Your flat house/number:	<input type="text"/>	Your postcode:	<input type="text"/>		
Street:	<input type="text"/>				
Telephone number:	<input type="text"/>	Email:	<input type="text"/>		
Your child's date of birth (day/month/year):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Today's date (day/month/year):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

How would you describe your child's weight at the moment? Please tick one box below

Underweight Healthy weight Overweight Very overweight

	Yes, definitely	Yes, maybe	No, probably not	No	Don't Know
Do you think your child's current weight puts their health at risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to change your child's diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to change your child's physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think that being overweight increases a child's risk of any of the following? Please tick all that apply

	Now?		In the future?	
	Yes	No	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often does your child have the following types of food and drink or snacks?

	Less than once a week	1 a week	2-3 times a week	4-6 times a week	Once a day	Twice a day	3 times or more a day
Fruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables (not potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sugary drinks (e.g. fizzy drinks, fruit juice and squashes with added sugar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet snacks (e.g. cakes, biscuits, sweets, ice cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savoury snacks (e.g. crisps, nuts, cheese biscuits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how many minutes of physical activity does your child do:

	Less than 30 mins	30-59 mins	60-90 mins	More than 90 mins
On a school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On average, how long does your child spend watching television, playing video games or on the computer:

	Less than 1 hour	1-2 hours	3-4 hours	5 hours or more
On a school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On a weekend day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>