

Follow up questionnaire (study A)



Dear Parent or Carer,

You recently completed a questionnaire as part of the evaluation of the National Child Measurement Programme (NCMP). We thank you for your help so far and hope that you will help us further so that we can understand more about parent's views on their child's health and how the NCMP affects families in the UK.

Please take 5 minutes to complete this short survey and send it back to us in the FREEPOST envelope attached. Or do it online at <https://www.surveymonkey.com/s/ncmpfollowup>

Later on in the year you might also be asked to complete another questionnaire which we will also ask you to complete and send back to us. 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:

Your child's date of birth (day/month/year): / /

Today's date (day/month/year): / /

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

Underweight Healthy weight Overweight Very overweight

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"/>

Do you think your child's current weight puts their health at risk?

Yes, definitely Yes, maybe No, probably not No Don't Know

Would you like to change your child's diet?

Would you like to change your child's physical activity?

In the past month, have you accessed any of the following health professionals regarding your child's weight? If not, do you intend to in the future?

	No	No, but I intend to	Yes	If yes, how many times (in the last month)
A GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Practice nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Weight management service e.g. MEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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"/>

Do you remember receiving your child's weight and height result letter?

Yes No

If yes, did you talk about the result with your child?

Yes No

If yes, what did you talk about?

Your child's result

Yes No

Making lifestyle changes/ the Change 4 Life leaflet

Joining a weight management programme e.g. MEND

	It was easy, no problems	It was a little difficult	It was difficult
If yes, how did you find talking about the result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how do you think your child felt talking about the result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the result letter, which weight category was your child in?

Underweight	Healthy weight	Overweight	Very overweight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How helpful was it to get your child's results?

Very helpful	Somewhat helpful	Not at all helpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was your child's result what you expected?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did the feedback make you feel any of the following? Please tick all that apply

Surprised	Guilty	Proud	Pleased
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shocked	Ashamed	Angry	Upset
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judged	Indifferent	Other:	
<input type="checkbox"/>	<input type="checkbox"/>	_____	

After getting the result letter, did you make any changes to how much physical activity your child does?

Yes	No	No, but I intend to
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After getting the result letter, did you make any changes to your child's diet?

Yes	No	No, but I intend to
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since receiving the letter have you sought more information from any of the following sources?

The contact number on the letter	My child's school or school nurse	A dietician or pharmacist	Other parents, friends or family	The NHS Choices website
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Change 4 Life website or phone number	Other internet sites	A GP	None of these	Don't know/can't remember
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Thank you for taking part in the NCMP study. Your responses will help us to both improve current services, and hopefully help keep our children healthy from now and into the future. If you have any other comments or information about your family that may be useful to us, please write them here.
