



NAP SACC UK QUESTIONNAIRE

For Parents

Please tick **ONE** box under the statement that most closely describes how much you agree or disagree with each statement. There are no right or wrong answers, just your opinions about how you feel when caring for your child. These questions are about how much you feel able to do things relating to food and physical activity.

Food

1. I feel able to provide my children with fruit at all main meals	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
2. I feel able to provide my children with vegetables at all main meals	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
3. I feel able to reduce the amount of processed meat, fish or potato products served to my children at all main meals	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
4. I feel able to provide my children with home-cooked meals each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
5. I feel able to reduce the number of high-sugar or high-fat snacks served to my children each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
6. I feel able to reduce the amount of sugary breakfast cereals served to my children each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
7. I feel able to reduce the number of fizzy drinks and cordials served to my children each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
8. I feel able to increase the amount of water served to my children each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5

9. I feel able to make changes to the portion sizes served to my children each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
10. I feel able to increase how often my children brush their teeth with fluoride toothpaste	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5

Physical Activity and Play

11. I feel able to provide my children with time for indoor activities and games each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
12. I feel able to provide my children with space for indoor activities and games each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
13. I feel able to provide my children with toys/equipment for indoor activities and games each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
14. I feel able to provide my children with time for outdoor play and games each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
15. I feel able to provide my children with space for outdoor play and games each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
16. I feel able to provide my children with toys/equipment for outdoor play and games each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
17. I feel able to provide my children with opportunities for walking to/from nursery each week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5

18. I feel able to provide my children with opportunities for outdoor play regardless of the weather	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
19. I feel able to reduce the amount of time the adults in my household spend using screens across the week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5
20. I feel able to reduce the amount of time the children in my household spend using screens across the week	<i>Disagree a lot</i> <input type="checkbox"/> 1	<i>Disagree a little</i> <input type="checkbox"/> 2	<i>Not sure</i> <input type="checkbox"/> 3	<i>Agree a little</i> <input type="checkbox"/> 4	<i>Agree a lot</i> <input type="checkbox"/> 5

Please tick ONE box under the statement that most closely describes your level of motivation for each statement. There are no right or wrong answers, just your opinions about how you feel when caring for your child.

Food

21. I am motivated to provide my child with fruit at all main meals	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
22. I am motivated to provide my child with vegetables at all main meals	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
23. I am motivated to reduce the amount of processed meat, fish or potato products served to my child at all main meals	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
24. I am motivated to provide my child with home-cooked meals	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5

25. I am motivated to reduce the number of high-sugar or high-fat snacks served to my child	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
26. I am motivated to reduce the amount of sugary breakfast cereals served to my child	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
27. I am motivated to reduce the number of fizzy drinks and cordials served to my child	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
28. I am motivated to increase the amount of water served to my child	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
29. I am motivated to make changes to the portion sizes served to my child	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
30. I am motivated to increase how often my child brushes their teeth with fluoride toothpaste	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5

Physical Activity and Play

31. I am motivated to provide my child with time for indoor activities and games	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
32. I am motivated to provide my child with space for indoor activities and games	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5

33. I am motivated to provide my child with toys/equipment for indoor activities and games	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
34. I am motivated to provide my child with time for outdoor play and games	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
35. I am motivated to provide my child with space for outdoor play and games	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
36. I am motivated to provide my child with toys/equipment for outdoor play and games	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
37. I am motivated to provide my child with opportunities for walking to/from nursery	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
38. I am motivated to provide my child with opportunities for outdoor play regardless of the weather	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
39. I am motivated to reduce the amount of time the adults in my household spend using screens	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5
40. I am motivated to reduce the amount of time the children in my household spend using screens	<i>Never</i> <input type="checkbox"/> 1	<i>Sometimes</i> <input type="checkbox"/> 2	<i>I don't know</i> <input type="checkbox"/> 3	<i>Most of the time</i> <input type="checkbox"/> 4	<i>Always</i> <input type="checkbox"/> 5

These questions are about what you think about children's food, teeth and physical activity. For each question, please tick all of the options which you agree with:

Child food and teeth:

41. Which of the following food groups should be eaten regularly by 2-4 year old children?

- Whole grains*
- Low-fat dairy products*
- Lean meat and beans*
- All of the above*

42. How many portions of fruit and vegetables should 2-4 year old children consume per day?

- 3
- 4
- 5
- More than 5*

43. What are suitable foods for 2-4 year olds to eat at breakfast?

- Sweetened cereal (e.g. Cheerios, Coco Pops),
- Non-sweetened cereal (e.g. Weetabix, Cornflakes, Porridge),
- Sweetened cereal and toast
- Non-sweetened cereal and toast
- Toast
- Yogurt or fruit
- Milk
- Breakfast is not required

44. What type of puddings should be served to 2-4 year olds?

- Puddings should not be served to children
- Hot fruit-based puddings e.g. crumbles, baked apples
- Milk-based puddings e.g. rice pudding, custard
- Yogurt or fromage frais
- Cakes and biscuits containing fruit e.g. fruit flapjack, carrot cake
- Cold puddings such as fruit salad, piece of fruit
- All of the above

45. What are the recommended drinks for 2-4 year olds?

- Whole milk (full-fat)
- Semi-skimmed milk
- Skimmed milk
- Fruit juice
- Diluted fruit juice
- Water
- Fruit squash/cordial
- Fizzy sweet drinks

46. What are the recommended snacks for 2-4 year olds?

- No snacks between meals
- Dried fruit
- Fresh fruit or vegetables
- Crisps
- Biscuits/cakes
- Breadsticks/sandwich/rice cakes
- Chocolate/sweets

47. How often should 2-4 year old children brush their teeth?

- Twice per day
- Once per day
- After every meal

48. How long should 2-4 year old children brush their teeth each time they brush them?

- 30 seconds
- 1 minute
- 2 minutes

49. At what age is a child able to brush their teeth unsupervised by an adult?

- Age 2
- Age 3
- Age 4
- Age 5
- Age 6
- Age 7
- Age 8

Child Physical Activity and Play:

50. How many minutes of active play each day do health professionals recommend for 2-4 year olds?

- 30 minutes
- 45 minutes
- 60 minutes (1 hour)
- 90 minutes
- 120 minutes (2 hours)
- 150 minutes
- 180 minutes (3 hours)

51. When it is raining, children should:

- Stay indoors
- Continue to play outside in whatever they are wearing
- Play outside in wet weather clothes

Sedentary Time:

52. How many minutes of screen-viewing each day do health professionals recommend for 2-4 year olds?

- None
- Less than 1 hour
- Between 1-2 hours
- 2-3 hours
- 3-4 hours
- More than 4 hours

53. What are the recommendations for children having TVs in bedrooms

- A TV in a child's bedroom is ok
- TV in a child's bedroom helps them to sleep
- Parents should limit the amount of TV watching in a child's bedroom
- TV in a child's bedrooms promotes more TV watching
- TVs in a child's bedrooms makes it more difficult for a child to sleep
- TV in a child's bedroom can lead to less appropriate viewing

Thank you for completing the questionnaire. Please return it to the NAP SACC UK Study in the stamped addressed envelope to: NAP SACC UK Study (room 4.09), School of Social and Community Medicine, University of Bristol, Canynge Hall, 39 Whatley Road, Bristol BS8 2PS.