

Diet and physical activity of Nordic children

English Master questionnaire 2014

Date of interview _____

Name of interviewer, identification number of respondent etc.

Q0 Registration of the sex of the interviewed person

Male ☐ 1

Female ☐ 2

Q1 A. What is your child's date of birth ?

Q1A Month Q1B. Year

January =01

February=02

May =03

Etc.

Q1C. What is your child's sex?

Boy ☐ 1

Girl ☐ 2

Q1C open : What is the child's pet name? Write here: _____

Q1D. Are you the child's:

Mother/Stepmother ☐ 1

Father/Stepfather ☐ 2

Other, write the relationship here: _____

B.

Q2. What is your education¹?

- | | |
|---|----------------------------|
| Basic education
<i>10 years or less</i> | <input type="checkbox"/> 1 |
| Vocational education/ Practical - Upper secondary education
<i>approx. 1-3 years after Basic education</i> | <input type="checkbox"/> 2 |
| Theoretical Upper Secondary education
<i>approx. 2-3 years after Basic education</i> | <input type="checkbox"/> 3 |
| Short higher education – not vocational or practical
<i>approx. 1-2 years after basic or secondary education</i> | <input type="checkbox"/> 4 |
| Medium higher
<i>approx. 3-4 years after secondary education</i> | <input type="checkbox"/> 5 |
| Long higher education
<i>approx. 5+ years after secondary education</i> | <input type="checkbox"/> 6 |

Q3. Which description explains best where you live?

(Place only one cross)

- | | | |
|---|--------------------------|---|
| The Capital and suburb..... | <input type="checkbox"/> | 1 |
| A large city (more than 50.000 inhabitants) | <input type="checkbox"/> | 2 |
| A city of between 20.000 – 49.999 inhabitants... | <input type="checkbox"/> | 3 |
| A town between 1000 – 19.999 inhabitants..... | <input type="checkbox"/> | 4 |
| Country side..... | <input type="checkbox"/> | 5 |
| Do not know | <input type="checkbox"/> | 8 |

¹ Combined school and further education. The education has to be completed.

Q4. Do you live together with anyone? (multiple responses possible)

1= Yes, 0=No

- | | |
|--|--|
| 4.1 Yes, with spouse/partner or cohabite | <input type="checkbox"/> 1=Yes, else 0 |
| 4.2 Yes, with mother/father/parents | <input type="checkbox"/> 1=Yes, else 0 |
| 4.3 Yes, with kids living at home (kids < 18 y) | <input type="checkbox"/> 1=Yes, else 0 |
| 4.4 Yes, with kids living at home (≥ 18 y) | <input type="checkbox"/> 1=Yes, else 0 |
| 4.5 Yes, with others | <input type="checkbox"/> 1=Yes, else 0 |
| 4.6 No I live alone | <input type="checkbox"/> 1=Yes, else 0 |

4.6 (Single Response only) If 4.6= 1 → go to question 6

Q5. How many people live in your household including yourself?

number of persons in the
household

(Must be at least 2)

Q6. How tall is your child?

cm.

Do not know ☐ 998

No response ☐ 997

Q7. How much does your child weigh?

kg.

Do not know ☐ 998

No response ☐ 997

The following questions regard what your child usually eat. Please keep the last 12 months in mind when you respond to the questions. You have to keep in mind what your child eats *most often* (if national relevance)

Q 8 What type of spread/grease do your child usually put on his/hers bread? If your child use more than one kind, respond to what your child uses the most.

If the respondent mentions butter, ask if he/she means butter or Kærgården/similar.

If the respondent is in doubt whether the child uses margarine or vegetable margarine, ask if the grease comes in paper wrapping or in a container

- 1 ☐ Butter
- 2 ☐ Oil-butter spreads, Kærgården, Bakkedal, Marklyst, Mælkebøtte, Butter Bar
- 3 ☐ Vegetable margarine 60-80%
- 4 ☐ Low fat margarine ('Lätta', 'Becel', 38% fat)
- 5 ☐ 'Becel Pro-Activ'
- 6 ☐ Margarine 70-80%
- 7 ☐ Fat (pig or duck)
- 8 ☐ Do not use spread/grease/fat on bread
- 98 ☐ Do not know

**9 What type of fat, eg. butter, margarine or oil, do you usually use for domestic cooking?
If you use more than one kind, respond regarding to what you use most. (if national relevance)**

If the respondent mentions butter, ask if he/she means butter or 'Kærgården'/ similar.

If the respondent is in doubt whether she/he uses margarine or vegetable margarine, ask if the grease comes in a paper wrapper or in a container

01 ☐ Butter

02 ☐ Oil-butter spreads, Kærgården, Bakkedal, Marklyst, Mælkebøtte, Lurpak butter bar

03 ☐ Frying or baking margarine 70-80% fat

04 ☐ Vegetable margarine 60-80% fat

05 ☐ Fluid margarine, oil-margarine (eg 'Becel', 'Lise')

06 ☐ Oil (eg. rapeseed oil, olive oil, corn oil, sunflower oil, grapeseed oil, salad oil etc)

07 ☐ Use a mixture of oil and butter/Kærgården

08 ☐ Fat (pig, duck)

09 ☐ Do not use spread/grease/fat for cooking

10 ☐ We do not cook/prepare food in our household

11 ☐ Kasvisterolimargariinia (esim. Becel ProActivem Benecol (only Finland)

98 ☐ Do not know

10 How many slices of bread does your child eat per day or per week?

Answer according to slice/piece/½ roll

*Grain bread also includes wholemeal bread, full grain bread and might carry the wholegrain label.
Rolls are also considered bread.*

	Slice/piece/½ roll	
	per day	per week
	or	
Rye Bread		
Q10.1		
How many slices of rye bread does your child eat?		
Never eat 97	<input type="text"/>	<input type="text"/>
Do not know 98		
10.1a per day		
10.1b per week		
White Bread or Wholegrain (not rye bread):		
Q10.2		
How many slices of whole grain bread, with grain does your child eat?	<input type="text"/>	<input type="text"/>
Never eat 97		
Do not know 98		
10.2a per day		
10.2b per week		
Q10.3		
How many slices of white bread, toastbread, ciabbata does your child eat?	<input type="text"/>	<input type="text"/>
Never eat 97		
Do not know 98		
10.3a per day		
10.3b per week		
Q10.4		
How many slices of hard bread does your child eat?	<input type="text"/>	<input type="text"/>
Never eat 97		
Do not know 98		
10.4a per day		
10.4b per week		

- 11 How often does your child eat fruit and vegetables during a day, a week or a month. If your child does not eat fruit and vegetables every day, please think about how often your child eats it in a week or in a month. Think about the last 12 months when you respond.**

Please respond to both sub questions, but only one response (cross, X) on each row

Do not count small portions, eg. a slice of cucumber on bread, parsley as decoration, berries on cake etc.

		11.1a Times per month				11.1b Times per week						11.1c Times per day						
		<1	1	2	3	1	<1	1	2	3	1	1	2	3	4	5	6 or more	
1	<p>How often does your child eat vegetables, pulses and/or root fruits (includes fresh, frozen, canned, glass/potted etc) DO NOT COUNT POTATOES It is vegetables such as carrots, tomatoes, cucumber, broccoli, peppers, salad, beans, chick peas, lentils, beetroot, celery and parsnip.</p> <p>Try also to include dishes that have vegetables in them, such as mixed salad, mixed vegetables, fried vegetables, vegetable soup and stews.</p>	0	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Dont Know=8 None= 7																

- 11 How often does your child eat fruit and vegetables during a day, a week or a month. If your child does not eat fruit and vegetables every day, please think about how often your child eats it in a week or in a month. Think about the last 12 months when you respond.**

Please respond to both sub questions, but only one response (cross, X) on each row

Do not count small portions, eg. a slice of cucumber on bread, parsley as decoration, berries on cake etc.

	Times per month				Times per week						Times per day					
	<1	1	2	3	1	2	3	4	5	6	1	2	3	4	5	6 or more
11.2 How often does your child eat fruit and berries (includes fresh, frozen, canned, glassed/potted etc.) . Fruit and berries include: an apple, an orange, a banana, a bunch of grapes, a plate of strawberries or fruit and berries that are part of porridge, fruit stew, or fruit salad etc.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	Dont Know=8 None= 7															

<p>12 Now I will ask you how often your child eats and drinks a selection of food. Please consider the past 12 months when you answer these questions.</p> <p>Please answer all questions, but only cross one box on each row</p>															
		A Times per month				B Times per week						C Times per day			
		<1*	1	2	3	1	2	3	4	5	6	1	2	3	4 or more
How often does your child eat/drink?		0	1	2	3	1	2	3	4	5	6	1	2	3	4
12.01	French fries, roasted/fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.02	Fish and shellfish as main course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.03	Sausage as a main course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.04	Chocolate and/or candy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.05	Cake, biscuits, tart etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.06	Full fat cheese (45-60+ or 24-44% fat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.07	Low fat/sugar-free fizzy drinks, cordial, ice-tea, light or sugar free drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.08	Normal fizzy drinks, cordial, ice-tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.09	Energy drinks, red bull, cult etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.10	Fruit juice or Vegetable Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Dont Know=8 None= 7													

The next questions regard physical activity of the child

[Comment: *The interviewer reads three examples of activity. Additional examples are in italics and if the respondents have difficulties in answering, the interviewer can add some of these additional examples on request. Generally the interviewer does not read the text in italics but can use the text as a reminder or can read it on request.*]

I am going to ask you about physical activity of your child outside school hours during the last 7 days. Your information is important even if your child has not been physically active.

[Question 13]

I am going to ask you about all physical activity during your child's leisure time and active transportation [e.g. transportation to and from school]. Include all activity where the physical effort is moderate or harder that is, you should include both moderate and vigorous activity. This kind of activity accelerates heart rate and breathing. Examples are bicycle riding, football (soccer) or outdoor games. Additional examples are playing handball, skateboarding; these examples can be age and country specific

During the last 7 days, how much time in total did your child spend in physical activity where the physical effort was moderate or harder? Estimate to the nearest half hour.

The interviewer can help the respondent to narrow down the answer to the nearest half hour. It is important to know if physical activity is less or more than 3½ hours and if it is more or less than 7 hours

Hours.....
Minutes.....
DK (Dont Know)

98

[Question 14a (Sedentary time, TV watching)]

During the last 7 days, how much time per day on average did your child spend sitting and watching TV in his/her leisure time? Estimate it to the nearest half hour. Include videos, DVD and console games (PlayStation, Xbox, etc) played on TV screen.

The interviewer can help the respondent to narrow down the answer to the nearest half hour. It is important to know if average time is less or more than 1 hour and if it is more or less than 2½ hours

Hours.....
Minutes.....
DK (Dont Know)

98

[Question 14b (Sedentary time; Computer screen time)]

Interviewer: During the last 7 days, how much time per day on average did your child spend in front of a computer screen during his/her leisure-time? Estimate to the nearest half an hour. Include video-games, mobile phone games and internet use, and TV programs watched on a computer screen; include home work.

The interviewer can help the respondent to narrow down the answer to the nearest half hour. It is important to know if average time is less or more than 1 hour and if it is more or less than 2½ hours

Hours.....
Minutes.....
DK (Dont Know)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

98

[Question 15 (classification of leisure-time physical activity)]

Choose one of the following descriptions that best fits your child's leisure time activity during the last 7 days.

(1) Reading, watching TV or other sedentary activity. ☐ 1

(2) Walking, cycling, or other forms of light exercise that lasted for at least 4 hours during the last 7 days. Include walking or cycling to and from school, active recreation, etc. *[such as skateboarding or rollerblading]* ☐ 2

(3) Participation in recreational sports [such as football or swimming], active games, etc. [such as tag], where the duration of activity lasted for at least 4 hours in total during the last 7 days. ☐ 3

(4) Participation in hard training or sports competitions, regularly several times during the last 7 days. ☐ 4