

Question 2

Think about whether your child watched any television before school yesterday?

Record this as hours, or minutes or both.

TV/Video (before school): _____ hours _____ minutes

Question 3

Think about whether your child played any video or computer games before school yesterday? (eg Nintendo, Playstation, Game Boy etc..)

Record this as hours, or minutes or both.

Computer/Video games(before school): _____ hours _____ minutes

Question 4

Think about whether your child watched any television after school yesterday, including the time before dinner, during dinner and after dinner?

Record this as hours, or minutes or both.

TV/Video (before school): _____ hours _____ minutes

Question 5

Think about whether your child played any video or computer games after school yesterday, including the time before dinner, during dinner and after dinner? (eg Nintendo, Playstation, Game Boy etc..)

Record this as hours, or minutes or both.

Computer/Video games(before school): _____ hours _____ minutes

This section is about your child's food intake. Please think about what your child ate yesterday both at home, during and after school hours.

Please think about the food your child ate yesterday. Please record in the table below.

1. **Time:** Record the time that the food was consumed.
2. **Name, type, brand, cooking method:** Description of the food, drink or supplement including name, type, brand and cooking method. Use a new line for each food.
3. **Source:** Record where the food was prepared. H for home; F for friend's house, C for canteen, V for vending machine, I for takeaway; O for other.
4. **Amount eaten:** Record the amount eaten or drunk.

For example

1.Time	2.Name, type, brand, cooking method	3.Source	4.Amount eaten
8:30am	Kellogs Nutri-Grain	H	1 cup
	Light Start Milk	H	¾ cup
	100% Orange Juice	H	1 tall glass
10:30	Uncle Toby's Museli Bar – Toasted Choc Chip	H	1 bar
	Green Apple	H	1 small apple
12:00	Ham and Cheese Sandwich (white bread)	C	2 slices of bread
	Water	O	6 mouthfuls
3:30	Blueberry Muffin from Bakers Delight	T	1 muffin
6:00	Lasagna – Oven baked	H	10cm square slice
	Garden Salad	H	1 small bowl
	White crusty bread	H	1 thick slice
	Butter – Meadow Lea Polyunsaturated	H	Thin scrape
7:00	Vanilla icecream – Peter Premium Vanilla with milo sprinkled on top	H	2 scoops
	Milo	H	1 tablespoon

And finally, a few questions about yourself and your household.

1. Are you male or female?

- (a) Male
- (b) Female

2. How old are you?

- (a) less than 18
- (b) 18 - 24
- (c) 25 - 34
- (d) 35 - 44
- (e) 45 - 54
- (f) 55 - 64
- (g) 65 - 74
- (h) more than 75

3. Are you:

- (a) single
- (b) married
- (c) living as married
- (d) separated
- (e) divorced
- (f) widowed

4. There are many different ways in which people think of themselves. Which of the following describes the culture(s) you view yourself as being part of? (tick every option that applies)

- (a) Aboriginal/Torres Strait Island
- (b) Australian
- (c) British/English/Scottish/Welsh
- (d) Chinese
- (e) Dutch
- (f) German
- (g) Greek
- (h) Indian
- (i) Irish
- (j) Italian
- (k) Vietnamese
- (l) Other

5. Do you have any children?

- (a) No
- (b) 1
- (c) 2
- (d) 3
- (e) 4
- (f) more than 4

6. Do you have any children, under 18 years, living with you?

- (a) Yes
- (b) No

7. What is the highest level of education you have completed?

- (a) no school
- (b) primary school
- (c) some high school
- (d) completed high school
- (e) tech or trade qualification
- (f) tertiary degree (not TAFE)

8. What is your average annual household income?

- (a) less than \$20,800
- (b) \$20,800 to \$36,399
- (c) \$36,400 to \$51,999
- (d) \$52,000 to \$77,999
- (e) \$78,000 and over

8. Do you have any health or nutrition related qualifications?

- (a) Yes

Please specify:

.....

- (b) No

9. What is your job? If you are not working now, what is your usual job? (please be specific).

.....

.....

10. If you have a partner, what is his/her job? If he/she is not working now, what is his/her usual job? (please be specific):

.....

.....

11. Are you currently:

- (a) employed full time
- (b) employed part time
- (c) unemployed
- (d) full time homemaker
- (e) retired
- (f) student
- (g) disabled or too ill to work

THE END

Thank you very much for your time. Please start Questionnaire 2 and Questionnaire 3 will be sent out to you in the mail.

If there are any comments you would like to make about this questionnaire, please do so below, they would be very welcome.

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Thank you



“Healthy Kids” The Family Way

Questionnaire 2

Food Frequency Questionnaire



Researcher: **Gilly Hendrie**
Gilly.Hendrie@csiro.au
(08) 8303 8936



See Appendix 4 for a copy of the Food Frequency Questionnaire used.

“Healthy Kids” The Family Way

Questionnaire 3



Researcher: **Gilly Hendrie**
Gilly.Hendrie@csiro.au



About this study – Part 2

Thank you for agreeing to participate in this study and completing the first questionnaire. I appreciate your time to be part of the research

As you know this study is being undertaken to contribute to an understanding of the **family environment and how parents influence the food and physical activity habit of children.**

Your participation will provide valuable and important information about the family factors that have a positive influence on children's health. This research aims to find out about many different household environments and your honesty in responding will be much appreciated. Whilst you may not personally benefit from the study your responses to this survey are very important as they will assist in the **understanding and promoting of healthy families in South Australia**

This questionnaire should take 30 minutes to complete. We ask you to read each item and then to respond to each question.

All the information you give us will be treated in the strictest confidence. You are free to withdraw from the study at anytime.

If you have any queries please contact the study coordinator, Gilly Hendrie 8303 8936 (email: Gilly.Hendrie@csiro.au). Please return this questionnaire in the replied paid envelope provided within 7 days of receiving it or as soon as possible.

Thank you in advance for your help.

Yours sincerely



Gilly Hendrie

Section 1

This section asks questions about your child's food intake for one day. Please select any week day (eg yesterday) and report all food and drinks consumed by your child.

This section is about your child's food intake. Please think about what your child ate yesterday both at home, during and after school hours.

Please think about the food your child ate yesterday. Please record in the table below.

1. **Time:** Record the time that the food was consumed.
2. **Name, type, brand, cooking method:** Description of the food, drink or supplement including name, type, brand and cooking method. Use a new line for each food.
3. **Source:** Record where the food was prepared. H for home; F for friend's house, C for canteen, V for vending machine, T for takeaway; O for other.
4. **Amount eaten:** Record the amount eaten or drunk.

For example

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7:00	Vanilla icecream – Peter Premium Vanilla with milo sprinkled on top	H	2 scoops
	Milo	H	1 tablespoon

Section 2

In this section we are interested you as a parent, and your food and activity related behaviours, and general parenting styles.

The rest of the questionnaire is about you and your attitudes, beliefs and practices. Please answer the following questions, and respond thinking about **YOURSELF and your family**.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Adult work schedules often make it difficult to have breakfast together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult work schedules often make it difficult to have an evening meal together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In our family it is OK for the children to eat dinner separately from the adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In our family we have a rule against answering the phone during the evening meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evening meal is usually a pleasant time for the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evening meal is usually a time when our family connects and talks with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with how often my family eats the evening meal together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults in the family want the television on during meal time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan the evening meal in advance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy cooking for the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident to cook a wide range of meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident cooking new dishes and trying new ingredients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult to find the time to cook the evening meal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Once a month or less	2-3 times per month	1-3 times per week	4 or more times per week
How often would you cook an evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does your child help to prepare the evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would you use prepared dishes (eg crumbled meat/fish, oven fires, pre-prepared vegetables)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would you use ready made sauces (eg Domino Pasta Bake, Chicken Tonight) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would you buy take-away for the evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would your child have take-away for lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does your whole family sit down together for the evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is the television on during the evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would you say a disagreement about eating occurs during the evening meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would your child come shopping for food with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your child involved in making their own breakfast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your child involved in making their own lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
At the shop where I buy my groceries, the variety of fresh fruits and vegetables is limited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the shop where I buy my groceries, the condition of fresh fruits and vegetables is poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not buy many fruits because they cost too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not buy many vegetables because they cost too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The fresh produce in my area is usually of a high quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy food in my area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not buy many fruits because my family doesn't like them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not buy many vegetables because my family doesn't like them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats many different vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats many different fruits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats enough vegetables to keep him/her healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats enough fruit to keep him/her healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats many different foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with my child's eating habits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please respond to the following questions on a scale of 1 to 7 where:
1 = Disagree strongly and 7 = Agree strongly
Please circle the appropriate number to reflect your response.**

	Disagree strongly					Agree strongly	
	1	2	3	4	5	6	7
I don't think much about food each day.	1	2	3	4	5	6	7
Cooking or barbequing is not much fun.	1	2	3	4	5	6	7
Talking about what I ate or am going to eat is something I like to do.	1	2	3	4	5	6	7
Compared with other daily decisions, my food choices are not very important.	1	2	3	4	5	6	7
When I travel, one of the things I anticipate most is eating the food there.	1	2	3	4	5	6	7
I do most or all of the clean up after eating.	1	2	3	4	5	6	7
I enjoy cooking for others and myself.	1	2	3	4	5	6	7
When I eat out, I don't think or talk much about how the food tastes.	1	2	3	4	5	6	7
I do not like to mix or chop food.	1	2	3	4	5	6	7
I do most or all of my own food shopping.	1	2	3	4	5	6	7
I do not wash dishes or clean the table.	1	2	3	4	5	6	7
I care whether or not a table is nicely set.	1	2	3	4	5	6	7

Please respond to the following statements by ticking the appropriate box.

	Never	Seldom	Half of the time	Most of the time	Always
When your child is at home, how often are you responsible for feeding them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are you responsible for deciding what your child's portion sizes are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are you responsible for deciding if your child has eaten the right kinds of food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not concerned	Little concerned	Concerned	Fairly concerned	Very concerned
How concerned are you about your child eating too much when you are not around them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How concerned are you about your child having to diet to maintain a desirable weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How concerned are you about your child becoming overweight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disagree	Slightly disagree	Neutral	Slightly agree	Agree
I have to be sure that my child does not eat too many sweets (lollies, icecream, cake, pastry etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to be sure that my child does not eat too many high fat foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to be sure that my child does not eat too much of her favourite foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I intentionally keep some foods out of my child's reach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I offer sweets (lollies, icecream, cake, pastries etc) to my child as a reward for good behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I offer my child their favourite foods in exchange for good behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I did not guide or regulate my child's eating, they would eat too many junk foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I did not guide or regulate my child's eating, they would eat too much of their favourite foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child should always eat all of the food on their plate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to be especially careful to make sure my child eats enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my child says "I'm not hungry", I try to get them to eat anyway.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I did not guide or regulate my child's eating, they would eat much less than they should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Rarely	Sometimes	Mostly	Always
How much do you keep track of the sweets (lollies, icecream, cake, pastries etc) that your child eats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you keep track of the snack foods (chips, donuts, biscuits etc) that your child eats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do you keep track of the high fat food that your child eats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the following by ticking the appropriate box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Adult work schedules often make it difficult to have time to play or be active with our child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Despite work schedules we try to make time to spend time with our children on most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with our child is usually a pleasant time for the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In our family we have rules about how much television our children are allowed to watch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In our family we have rules about how much time the children can spend playing computer games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activities we do together as a family is usually a good time for us to connect and talk with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with how often my family does activities together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults in the family like watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan the active things we are going to do in advance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy spending time being active with the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident being involved in activities with the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident trying new games, sports or playing with my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult to find the time to be active most days with my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Once a month or less	2-3 times per month	1-3 times per week	4 or more times per week
How often would you do 30 minutes or more of moderate to vigorous activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would you do 30 minutes or more of moderate to vigorous activity with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often would you take your child to somewhere to play sport or play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often does your family do something active together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your child involved organised sports or active play time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you stay and watch your children while at sport or active play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please respond to the following questions on a scale of 1 to 7 where:
1 = Disagree strongly and 7 = Agree strongly**

Please circle the appropriate number to reflect your response.

	Disagree strongly						Agree strongly	
	1	2	3	4	5	6	7	
I don't think much about being active each day.	1	2	3	4	5	6	7	
Exercising or being active is not much fun.	1	2	3	4	5	6	7	
Talking about what activity I have done or am going to do is something I like to do.	1	2	3	4	5	6	7	
Compared with other everyday decisions, my exercise choices are not very important.	1	2	3	4	5	6	7	
When I travel, one of the things I anticipate most is how I am going to be active there.	1	2	3	4	5	6	7	
I do most or all of the planning for family activities.	1	2	3	4	5	6	7	
I enjoy exercising by myself and with others.	1	2	3	4	5	6	7	
I don't think or talk much about how much I am being active or involved in sports.	1	2	3	4	5	6	7	
I do not like to plan exercise for myself or activities for my family.	1	2	3	4	5	6	7	
I do most or all of my exercise sessions alone.	1	2	3	4	5	6	7	
I do not like getting sweating and / or feeling tired after exercise.	1	2	3	4	5	6	7	
I care what I look like or people think of me when am exercising.	1	2	3	4	5	6	7	

Think about **YOU AND YOUR PARTNER**. Please answer how often **YOU and YOUR PARTNER** exhibit this behaviour with your child.

1=Never **3= About half the time** **5=Always**
2= Once in awhile **4=Very often**

For example: “*I always encourage our child to talk about their troubles and my partner never does.*” Would be answered as follows.

I	My partner	
5	1	...encourage our child to talk about the child’s troubles.

I	My partner	
		...encourage our child to talk about the child’s troubles.
		...guide our child by punishment more than by reason.
		...know the names of our child’s friends.
		...give praise when our child is good.
		...play and joke with our child.
		...withhold telling off or criticism even when our child acts against our wishes.
		...show sympathy when our child is hurt or frustrated.
		...punish by taking privileges away from our child with little if any explanation.
		...spoil our child.
		...give comfort and understanding when our child is upset.
		...yells or shouts when our child misbehaves.
		...am easy going and relaxed with our child.
		...allow our child to annoy someone else.
		...tell our child our expectations regarding behaviour before the child engages in an activity.
		...scolds and criticises to make our child improve.
		...show patience with our child.
		...grab our child when being disobedient.
		...state punishments to our child and does not actually do them.
		...am responsive to our child’s feedings or needs.
		...allow our child to give input into family rules.
		...argue with our child.
		...appear confident about parenting abilities.
		...give our child reasons why rules should be obeyed.
		...appear to be more concerned with own feelings than with our child’s feelings.
		...tell our child that we appreciate what the child tries or accomplishes.
		...punish by putting our child off somewhere alone with little if any explanation.

I	My partner	
		...help our child to understand the impact of behaviour by encouraging our child to talk about the consequences of own actions.
		...am afraid that disciplining our child for misbehaviour will cause the child to not like their parents.
		...am aware of problems or concerns about our child in school.
		...threaten our child with punishment more often than actually giving it.
		...express affection by hugging, kissing, and holding our child.
		...ignore our child's misbehaviour.
		...carry out discipline after our child misbehaves.
		...apologise to our child when making a mistake in parenting.
		...tell our child what to do.
		...give into our child when the child causes a commotion about something.
		...talk it over and reason with our child when the child misbehaviours.
		...disagree with our child.
		...allow our child to interrupt others.
		...have warm and intimate times together with our child.
		When two children are fighting, ... discipline the children first and ask questions later.
		...encourage our child to freely express themselves even when disagreeing with parents.
		...bribe our child with rewards to bring about compliance.
		...scold or criticise when our child's behaviour doesn't meet our expectations.
		...show respect for our child's opinions by encouraging our child to express them.
		...set strict well established rules for our child.
		...explain to our child how we feel about the child's good and bad behaviour.
		...use threats as punishment with little or no justification.
		...take into account our child's preferences in making plans for the family.
		When our child asks why they have to conform, ... state: because I said so, or I am your parent and I want you to.
		...appear unsure on how to solve our child's misbehaviour.
		...explain the consequences of the child's behaviour.
		...demand that our child does/do things.
		...channel our child's misbehaviour into a more acceptable activity.
		...emphasises the reasons for rules.

Section 3

This section asks questions about your own physical activity and exercise habits.

The following questions will ask you about the time you spent being physically active in the last 7 days.

Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

The following questions are about any physical activity that you may have done in the last week:

1. In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places?

times

2. What do you estimate was the total time that you spent walking in this way in the last week?

In hours and/or minutes

minutes

hours

3. In the last week, how many times did you do any vigorous gardening or heavy work around the yard, which made you breathe harder or puff and pant?

times

4. What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the last week?

In hours and/or minutes

minutes

hours

The next questions exclude household chores, gardening or yard work:

5. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (eg jogging, cycling, aerobics, competitive tennis)

times

6. What do you estimate was the total time that you spent doing this vigorous physical activity in the last week?

In hours and/or minutes

minutes

hours

7. In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned? (eg gentle swimming, social tennis, golf)

times

8. What do you estimate was the total time that you spent doing these activities in the last week?

In hours and/or minutes

minutes

hours

9. In the last week, how many times did you spend an extended period of time sitting? (eg working at a computer, sitting at a desk, watching television)

times

10. What do you estimate was the total time that you spent sitting in the last week?

In hours and/or minutes

minutes

hours

Please return this questionnaire booklet AND the food frequency questionnaire (if you haven't already) in the reply paid envelope provided. I would be very grateful if you could send it back to me with 7 days of receiving it or as soon as possible.

Thank you very much for completing this questionnaire. Your responses are valuable and will be extremely helpful for my research.

Any further comments

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