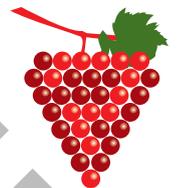


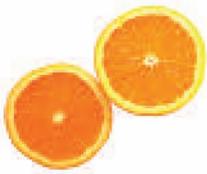


Scottish Collaborative Group Food Frequency Questionnaire version C2



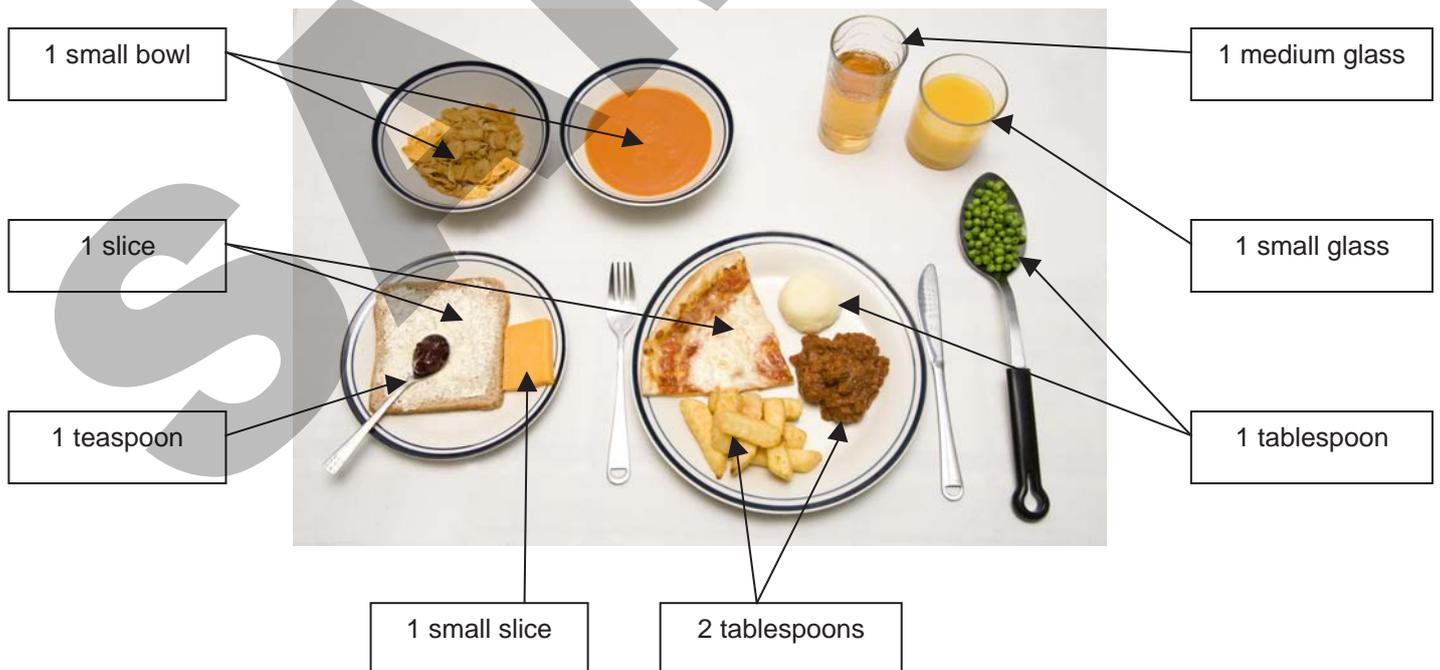
Diet questionnaire for children

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We would like you to describe your child's usual diet over the last 2-3 months. This should include all main meals, snacks, and drinks. You should also include any foods and drinks your child consumed outside your home, e.g. at school or nursery, at out of school clubs, at restaurants or cafes or with friends and other family members.

The questionnaire lists 140 types of foods and drinks. For each food or drink a measure is given which describes a small portion to help you estimate how much your child usually has. The photograph below gives examples of some of these measures.



Please return the questionnaire in the FREEPOST envelope provided.

How to complete the questionnaire

Please take a few minutes to read the instructions carefully.

Please use **black or blue pen** to complete the questionnaire: do not use pencil.

For **every line** in the questionnaire, you need to tick **one box** to say how many times your child usually has this food or drink.

- If your child does not usually have any of this food or drink, please tick the first box (rarely or never).
- If your child has the food or drink more than once a month but less than once a week, please tick the next box (one or two per month).
- If your child has the food or drink every week but not every day, please tick one of the weekly boxes to indicate how many measures of this food or drink he/she has in a typical week (1 per week, 2-3 per week or 4-6 per week).
- If your child has the food or drink every day, please tick one of the daily choices (1 per day, 2-3 per day, 4-6 per day or 7 or more per day).

For dishes that are made up of more than one food you may have to split it up into its separate parts e.g. a ham sandwich (2 slices of white bread, 1 teaspoon of butter and 2 slices of ham).

For a few foods, your child may have more than one measure on several days a week but not every day. For these foods please use the daily choices which give approximately the same total intake per week, e.g. for 8-10 measures per week please tick 1 per day (see example of white bread below).

Example:

If your child has a piece of Weetabix every day, three medium glasses of regular blackcurrant diluting juice every day, two slices of white bread 5 days a week, an apple twice a week, but never has peanut butter, your answers should look like this:

Food	Measure	Rarely or never	One or two per month	1 per week	2 – 3 per week	4 – 6 per week	1 per day	2 – 3 per day	4 – 6 per day	7 or more per day
Unsweetened cereals (e.g. Cornflakes, Shreddies, Weetabix, Rice Krispies)	1 small bowl, 3 tablespoons or 1 piece						√			
Regular blackcurrant diluting juice	1 medium glass							√		
White bread or rolls	1 slice or roll						√			
Apple	1 small apple				√					
Peanut butter	1 teaspoon	√								

If you want to change an answer, simply cross out your first tick and add another one in the right box.

If your child has any foods or drinks which are not listed, or if you are not sure about where to add any foods or drinks, please use section 17 ('other foods') at the end of the questionnaire.

It is very important that you put a tick on every line.

If your child rarely or never has the food, it is very important that you tick the box for rarely or never.

17. Other foods

Please enter details of any foods or drinks which your child has at least once a week which have not been included in the questionnaire above

Food or drink description	Amount usually consumed	1 per week	2-3 per week	4-6 per week	1 per day	2-3 per day	4-6 per day	7 or more per day

18. Brand details

Please give full details of the types (including brand name if possible) of any of the following foods which your child usually has

Butter or Margarine (e.g. Flora Buttery)

.....

Office code

Office code

Oil or fat used for home cooking (e.g. Tesco corn oil)

.....

Office code

Office code

19. Dietary supplements

Please give as full details as possible (including brand name and amount used) of any supplements

	Brand name and strength	Amount usually taken per week (e.g. 7 tablets, 2 teaspoons)
Vitamins or multivitamins		
Cod liver oil or other oil		
Other supplement		

20. Any other information on your child's diet

Date of completing questionnaire