Country			Year		School				Gr	Cl	Child code	

WORLD HEALTH ORGANIZATION EUROPE	**FAMILY'S RECORD FORM** **European Childhood Growth Surveillance Initiative**	**COUNTRY NAME/LOGO**

THIS PART CAN BE ADAPTED BY COUNTRY DEPENDING ON COUNTRY NEEDS

Dear Parent/Guardian parent or guardian,

This questionnaire has been sent to you from the *Leibniz-Institut für Epidemiologie und Präventionsforschung* which is working with the World Health Organization Regional Office for Europe in the "*European Childhood Surveillance Initiative*". This initiative aims to promote health and well-being of primary schoolchildren and is taking place in several countries in Europe, additionally as we are aware that these are challenging times, especially for parents, we aim to know and understand the impact of the COVID-19 pandemic situation on children´s daily routines, well being, eating habits and behaviors, physical activity.

We would like to ask you, as the child's parent, main caregiver or guardian, to complete this form. This can be completed online or on paper preferably together with your child. The information will be used to develop better health programmes for children like yours.

If you chose to complete the online version of the questionnaire, the information you provide will automatically be saved when you have completed the survey. If you complete the paper version of the survey, you or your child can return it to his or her teacher in the enclosed envelope, which can be sealed, or you can post it directly to the coordinating institute. The information you provide is confidential and will not be disclosed to anyone at the school. It will be made anonymous and will be used only for research and monitoring.

Your participation is voluntary and you are free to refuse to answer any question that is asked in this survey. If you have any questions about the survey, you may contact us by email:
who-cosi@leibniz-bips.de

We thank you very much in advance for your kind cooperation.

GENERAL IDENTIFICATION OF THE CHILD

0 What is your relationship to the child?

◯ I am the mother

◯ I am the father

◯ Other (please specify), I am ……..

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GENERAL IDENTIFICATION OF THE CHILD (continued)

(1) ***Obsolete***

2 What is your child's date of birth?

Day / Month / Year

☐☐/☐☐/☐☐☐☐

3 What is the sex of your child?

◯ Boy ◯ Girl

4 What did your child weigh when he/she was born? ☐ kg ☐☐☐ g

5.a Was your child born late, on time or early?

◯ Late birth (42 weeks or more)
◯ On time (37-41 weeks)
◯ Somewhat early (33-36 weeks)
◯ Very early (32 weeks or less)
◯ Don't know

5.b Was your child ever breastfed?

◯ No (if no, please proceed to question 9)
◯ Yes, for less than 1 month
◯ Yes, for ☐☐ months
◯ Don't know

6 Was your child ever exclusively breastfed? *(Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines)*

◯ No
◯ Yes, less than 1 month *(if no, please proceed to question 9)*
◯ Yes, for ☐☐ months
◯ I don't know
◯ I don't remember

7.a Was your child ever introduced to formula milk/infant formula?

◯ Yes
◯ No

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7.b If yes, from which month was your child introduced to formula milk/infant formula?

◯ Since the child's birth
◯ 1 month
◯ 2 months
◯ 3 months
◯ 4 months
◯ 5 months
◯ 6 months

8 From which month did your child start complementary feeding?

Complementary feeding is when your child is introduced to other beverages (ex: water, juices) and/or the first solid foods (ex: porridges and infant cereals, soups, fruits, vegetables, meat, fish, eggs etc)

◯ Before 3 months
◯ 4 months
◯ 5 months
◯ 6 months
◯ After 6 months

CHILD BEHAVIOUR CHARACTERISTICS

The next questions relate to some behaviour characteristics of your child:

9.a How far is your child's school from your home?

◯ Less than 1 km
◯ 1-2 km
◯ 3-4 km
◯ 5-6 km
◯ More than 6 km

9.b How does your child usually get to and from school? Please tick one option for 'to school' and one for 'from school' that he or she uses the most. If in doubt tick the option taking the longest time.

To school:	**From school:**
◯ Walking	◯ Walking
◯ Cycling, skating or non-motorized scooter	◯ Cycling, skating or non-motorized scooter
◯ School bus or public transport	◯ School bus or public transport
◯ Private motorized vehicles	◯ Private motorized vehicles

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10 If you chose the "Walking" or the "Cycling, skating or non-motorized scooter" answers above, how long does the journey usually take?

To school: Minutes ☐☐

From school: Minutes ☐☐

11 If your child doesn't walk or ride a bicycle, skateboard or non-motorized scooter from home to school or back home, please indicate the reason(s) (please tick all that apply)**:**

◯ the route is not safe

◯ the school is too far from home

◯ the child does enough physical activity during the day

◯ lack of time

◯ other, specify:_____

12 ***In your opinion, how safe are the routes to and from school for your child to walk or ride a bicycle, skateboard or non-motorized scooter*****? *(Circle the number that best represents your opinion)***

1 = Extremely safe (e.g. walking paths and/or cycling lanes and safe neighbourhood) to

10 = Extremely unsafe (e.g. no walking paths and/or cycling lanes and unsafe neighbourhood)

1 2 3 4 5 6 7 8 9 10

13 Over a typical week (including weekends), how much time on average per week does your child spend practising sports/exercise/dance on a sports club/health club/fitness centre/dance academy (e.g. football, track and field, hockey, swimming, tennis, basketball, gymnastics, ballet, fitness activities, dance classes, etc.)?

Hours ☐☐ Minutes ☐☐ per week

Please consider the following questions (14&15) only for weekdays (school days)

14 ***When does your child usually <u>go to bed</u> on school days?***

Please enter the time. An example: if your child usually goes to bed at seven thirty in the evening, enter

1 9 : 3 0 h.

My child usually goes to bed at ☐☐:☐☐ h.

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15 ***When does your child usually <u>wake up</u> on school days?***

Please enter the time. An example: if your child usually wakes up at six in the morning, enter

	6	:	0	0	h.

My child usual wakes up at ☐☐:☐☐ h.

16.a Outside school hours, how much time on average per day does your child spend on <u>playing actively at a moderate-vigorous intensity</u> (e.g. running, jumping, playing non-supervised sports/dance, or physically active games)?

Hours ☐☐ Minutes ☐☐ per weekday

Hours ☐☐ Minutes ☐☐ per weekend day

16.b Outside school hours, how much time on average per day does your child do homework or read a book, either at home or somewhere else?

Hours ☐☐ Minutes ☐☐ per weekday

Hours ☐☐ Minutes ☐☐ per weekend day

16.c Outside school hours, how much time does your child on average per day watch TV or play with electronic devices (e.g. computer, tablet, smartphone; not including moving or fitness games)?

Hours ☐☐ Minutes ☐☐ per weekday

Hours ☐☐ Minutes ☐☐ per weekend day

17.a Over a typical week, how often does your child have breakfast (more than just a beverage e.g. milk, tea or juice), including breakfast at school? Please tick one option only.

Never	1-3 days/week	4-6 days/week	Every day
◯	◯	◯	◯

17.b Over a typical week, how often does your child eat or drink the following kinds of foods or beverages? *Please tick one option only on each line.*

	Never	Less than once a week	1-3 days/week	4-6 days/week	Every day, once	Every day, more than once
Fresh fruit (excluding fruit juices)	☐	☐	☐	☐	☐	☐
Vegetables (including vegetable soup, excluding potatoes)	☐	☐	☐	☐	☐	☐
Soft drinks containing sugar	☐	☐	☐	☐	☐	☐

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18 Over a typical week, how many portions of fresh fruits and/or vegetables does your child eat on a typical day? *(One portion is the amount your child can fit in the palm of their hand, e.g., 4 dessertspoons of cooked vegetables, a small bowl of salad, a small bowl of vegetable soup; 1 medium size fruit [1 small apple], 2 small fruits [2 plums], 4-7 strawberries or 10-14 cherries)*

◯ None
◯ Less than one portion per day
◯ 1 to 2 portions per day
◯ 3 to 4 portions per day
◯ 5 or more portions per day

19 Over a typical week, how often does your child eat or drink the following kinds of foods or beverages?
Please tick one box for each line.

	Never	Less than once a week	1-3 days/week	4-6 days/week	Every day, once	Every day, more than once
Breakfast cereals	☐	☐	☐	☐	☐	☐
Meat	☐	☐	☐	☐	☐	☐
Fish	☐	☐	☐	☐	☐	☐
Egg dishes	☐	☐	☐	☐	☐	☐
Low fat/ semi-skimmed milk	☐	☐	☐	☐	☐	☐
Whole-fat milk	☐	☐	☐	☐	☐	☐
Flavoured milk	☐	☐	☐	☐	☐	☐
Cheese	☐	☐	☐	☐	☐	☐
Yoghurt, milk pudding, cream cheese/quark or other dairy products	☐	☐	☐	☐	☐	☐
100% Fruit Juice	☐	☐	☐	☐	☐	☐
Diet or “light” soft drinks	☐	☐	☐	☐	☐	☐
Savoury snacks (e.g. potato chips, corn chips, popcorn, peanuts)	☐	☐	☐	☐	☐	☐
Sweet snacks (e.g. cakes, biscuits, candy desserts	☐	☐	☐	☐	☐	☐
Legumes (eg beans, lentils)	☐	☐	☐	☐	☐	☐

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The next questions ask about your child's experience of cooking and preparing food at home and at school:

20 Does your child help to prepare family meals at home?

◯ No (if no, please proceed to question 22)
◯ Yes (if yes, please proceed to question 21)

21 If yes, please tell us about the food preparation activites that your child helps with at home (please, tick all items that apply)

◯ Weighing
◯ Grating
◯ Mashing
◯ Washing
◯ Chopping
◯ Peeling
◯ Measuring

22.a How often as a family do you order meals online using either a meal delivery app or from a website?

◯ Never
◯ Less than once a month
◯ Once a month
◯ 2-3 times per month
◯ Once per week
◯ More than once per week

22.b In your opinion, is your child:

◯ Underweight
◯ Normal weight
◯ A little overweight
◯ Extremely overweight

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HOUSEHOLD HEALTH CHARACTERISTICS

The next questions ask about some health characteristics of yourself and your household:

23 Have you or anyone else in your household ever been diagnosed or treated for high blood pressure (hypertension) by a doctor or other health worker?

◯ Yes
◯ No
◯ I don't know

24 Have you or anyone else in your household ever been diagnosed or treated for diabetes by a doctor or other health worker?

◯ Yes
◯ No
◯ I don't know

25 Have you or anyone else in your household ever been diagnosed or treated for high cholesterol level by a doctor or other health worker?

◯ Yes
◯ No
◯ I don't know

26.a We would also like to ask about your or your spouse's/partner's weight, height and age:

	You	Spouse/ partner
Weight (in kg)		
Height (in cm)		
Age (years)		

26.b For the home where your child lives all or most of the time (>50%) please tick the people who live there:

Adults	***Siblings***
◯ Mother ◯ Father ◯ Stepmother (or girlfriend/partner) ◯ Stepfather (or boyfriend/partner) ◯ Grandfather(s) ◯ Grandmother(s) ◯ Someone else (please specify)_____ ◯ The child lives in a foster home, children's Home or a boarding school	*Please say how many brothers and sisters live there (including half, step or foster brothers and sisters). Please write in the number 0 (zero) if there are none. Please do not count the child for which you fill out this survey.* How many brothers? _____ How many sisters? _____

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GENERAL HOUSEHOLD CHARACTERISTICS (continued)

27.a Was your child born in Germany?

◯ Yes (please proceed to question 28.a)

◯ No, he/she was born in:_____ (please proceed to question 27.b)

27.b If your child wasn´t born in Germany, please indicate since when your child has been living here

month / year

☐☐/☐☐☐☐

28.a Was the child's mother born in Germany?

◯ Yes (please proceed to question O29)

◯ No, he/she was born in:_____(please proceed to question O28a)

28.b If your child´s mother wasn´t born in Germany, please indicate since when she has been living here

month / year

☐☐/☐☐☐☐

29.a Was the child's father born in Germany?

◯ Yes (please proceed to question 30)

◯ No, he/she was born in:_____(please proceed to question 29.b)

29.b If your child´s father wasn´t born in Germany, please indicate since when he has been living here

month / year

☐☐/☐☐☐☐

30 In what language(s) do you usually/mainly speak with your child at home?

◯ German

◯ Other language, please specify:_____

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GENERAL HOUSEHOLD CHARACTERISTICS (continued)

31.a ***What is the highest level of education that you or your spouse or partner has completed*****? Please select only one answer for each of you.**

For this question each country will adapt the answer categories to suit the country context. They need to match the ISCED categories indicated in brackets. ISCED classifications are commonly used in international statistics regarding education. We suggest utilising experts from your national statistical office to ensure correct categorisation.

You

- ◯ Primary education or less
- ◯ Lower secondary education
- ◯ Upper secondary and post-secondary non-tertiary education
- ◯ Short-cycle tertiary education or Bachelor's or equivalent level
- ◯ Master's or Doctoral or equivalent level

Spouse/ partner

- ◯ Primary education or less
- ◯ Lower secondary education
- ◯ Upper secondary and post-secondary non-tertiary education
- ◯ Short-cycle tertiary education or Bachelor's or equivalent level
- ◯ Master's or Doctoral or equivalent level

◯ I don't have a spouse/partner

31.b ***Please tick the box which best represents your household situation? Please tick one box.***

- ◯ We easily pass the month with our earnings
- ◯ We pass the month without serious problems with our earnings
- ◯ We have trouble making ends meet in the month with our earnings
- ◯ We barely making ends meet in the month with our earnings

32 ***What is the main occupation of you and your spouse/partner over the last 6 months?*** *Please select one answer only for each of you.*

You

- ◯ Full-time domestic housework/homemaker
- ◯ Work full-time
- ◯ Work part-time
- ◯ Unemployed
- ◯ Full-time education
- ◯ Sick/disabled
- ◯ Something else:

Spouse or partner

- ◯ Full-time domestic housework/homemaker
- ◯ Work full-time
- ◯ Work part-time
- ◯ Unemployed
- ◯ Full-time education
- ◯ Sick/disabled
- ◯ Something else:
- ◯ I don't have a spouse/partner

Date of completion of this form

Day / Month / Year

☐☐/☐☐/☐☐☐☐

REMARKS

You may write down any remarks you would like to make in this box:

*************END OF QUESTIONNAIRE*************

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

PLEASE PUT IT IN THE ATTACHED ENVELOPE AND SEAL IT. YOUR CHILD CAN THEN RETURN IT TO HIS OR HER TEACHER.