

1. How much does your child weigh?: kg / stone / pounds
 (please circle the measurement you used)

2. How tall is your child?: metres / centimetres / feet and inches
 (please circle the measurement you used)

3. In the past 12 months, how often, on average, did your child eat or drink the following?: (Please leave blank if you do not know what a food is)

	Never or occasionally	Once or twice per week	Three or more times a week
Meat (e.g. beef, lamb, chicken, pork)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seafood (including fish)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vegetables (green and root)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulses (peas, beans, lentils)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cereal (including bread)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pasta	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rice	<input type="text"/>	<input type="text"/>	<input type="text"/>
Butter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Margarine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nuts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Potatoes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Milk	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eggs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fast food/burgers	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. How many times a week does your child engage in vigorous physical activity long enough to make him/her breathe hard?:

Never or occasionally

Once or twice per week

Three or more times a week

5. During a normal week, how many hours a day (24hours) does your child watch television?:

Less than 1 hour

1 hour but less than 3 hours

3 hours but less than 5 hours

5 hours or more

6. In your house, what fuel is usually used for cooking?:

Electricity

Gas

Open fires

Other – Please specify

7. In your house, what fuel is usually used for heating?:

Electricity

Gas, kerosene, paraffin

Wood, coal, oil

Other – Please specify

8. In the first 12 months of your child's life, did you usually give paracetamol (e.g. Panadol, Pamol) for fever?:

Yes

No

9. In the past 12 months, how often, on average, have you given your child paracetamol (e.g. Panadol, Pamol)?:

Never

At least once a year

At least once per month

10. In the first 12 months of life, did your child have any antibiotics?:

Yes

No

11. How many older brothers and sisters does your child have?:

brothers and sisters

12. How many younger brothers and sisters does your child have?:

brothers and sisters

13. Was your child born in (NZ - See instructions)?:

Yes

No

14. How many years has your child lived in (NZ - see instructions)?: years

15. What level of education has the child's mother received?: (local wording)

- Primary school
- Secondary school
- College, university or other form of tertiary education

16. How often do trucks pass through the street where you live, on weekdays?:

- Never
- Seldom
- Frequently through the day
- Almost the whole day

17. What was the weight of your child when he/she was born?: kg / stone / pounds
(please circle the measurement you used)

18. Was your child breastfed?:

- Yes
- No

19. Did you have a cat in your home during the first year of your child's life?:

Yes

No

20. In the past 12 months, have you had a cat in your home?:

Yes

No

21. Did you have a dog in your home during the first year of your child's life?

Yes

No

22. In the past 12 months, have you had a dog in your home?:

Yes

No

23. In your child's first year of life did he/she have regular (at least once a week) contact with farm animals (e.g. cattle, pigs, goats, sheep or poultry)*?:

Yes

No

24. Has this child's Mother had regular (at least once a week) contact with farm animals (e.g. cattle, pigs, goats, sheep or poultry) while being pregnant with this child?

Yes

No

25. Does your child's mother (or female guardian) smoke cigarettes?:

Yes

No

If **YES**, about how many cigarettes does the child's mother (or female guardian) smoke each day?

number of cigarettes

26. Does your child's father (or male guardian) smoke cigarettes?:

Yes

No

If **YES**, about how many cigarettes does the child's father (or male guardian) smoke each day?

number of cigarettes

27. Did your child's mother (or female guardian) smoke cigarettes during your child's first year of life?:

Yes

No

28. How many people living in the house smoke cigarettes, including parents?:

people

Thank you very much for your help with this questionnaire. We appreciate your assistance.