

# Diet and Physical Activity of Nordic Children (NORMO2023)

## English Master Questionnaire December 2023

Date of interview: \_\_\_\_\_

Name of interviewer: \_\_\_\_\_

Identification number of respondent: \_\_\_\_\_

Only text stated in bold should be read aloud for the respondent.

<b>Q0</b>	Please register the sex of the interviewed person (parent/guardian)						
	Male.....						<input type="checkbox"/> 1
	Female.....						<input type="checkbox"/> 2
	Other.....						<input type="checkbox"/> 3
<b>Q1</b>	<b>What is your child's birthdate?</b> If the interviewed person answers a birthdate which is not possible to choose, then say: "The birthdate you have indicated does not match a child aged 7-13 years. The survey concerns your 7-13-year-old child."						
	1A Day	■ ■	1B Month	■ ■	1C Year	■ ■ ■ ■	
	(1;31)		January = February = March = (January;December)	01 02 03	(1957; 2005)		
<b>Q1x1</b>	<b>What is your child's sex?</b>						
	Boy.....						<input type="checkbox"/> 1
	Girl.....						<input type="checkbox"/> 2
	Other.....						<input type="checkbox"/> 3

<b>1.2</b>	<b>Are you the child's:</b>	
	<b>Mother or stepmother</b> .....	<input type="checkbox"/> 1
	<b>Father or stepfather</b> .....	<input type="checkbox"/> 2
	Other, write relationship to child here:	

	<b>The following questions concern what your child usually eats. Think of the last 12 months and what your child eats most often, when you answer the questions.</b>	
<b>Q2</b>	<b>What type of fat does your child most often spread on his/her bread?</b>	
	If the respondent mentions butter, ask if he/she means butter or (add country specific example)  If the respondent is in doubt whether the child uses frying and baking margarine or table margarine, ask if the fat comes in paper wrapping (frying and baking margarine) or in a container (table margarine).	
	1 <input type="checkbox"/>	Butter
	2 <input type="checkbox"/>	Low-fat butter, ≤60% fat, e.g. (add country specific example)
	3 <input type="checkbox"/>	Oil-butter spreads, ≥75% fat (country specific), e.g. (add country specific examples)
	4 <input type="checkbox"/>	Low-fat oil-butter spread, ≤60% fat, e.g. (add country specific example)
	5 <input type="checkbox"/>	Table margarine, ≥60% fat, including vegan spread, e.g. (add country specific examples)
	6 <input type="checkbox"/>	Low-fat margarine, ≤40% fat, e.g. (add country specific examples)
	7 <input type="checkbox"/>	Becel Pro-Activ
	8 <input type="checkbox"/>	Frying or baking margarine, >60% fat, e.g. (add country specific examples)
	9 <input type="checkbox"/>	Fat, e.g. pig, duck, beef, or lard
	10 <input type="checkbox"/>	Coconut oil
	11 <input type="checkbox"/>	Do not use fat/spread on bread
	12 <input type="checkbox"/>	Do not eat bread If "Do not eat bread" do not answer Q4
	98 <input type="checkbox"/>	Don't know

<b>Q3</b>	<b>What type of fat, e.g., butter, margarine, or oil, do you and your family most often use for domestic cooking?</b>	
	If the respondent mentions butter, ask if he/she means butter or (add country specific example).	

	If the respondent is in doubt whether she/he uses frying and baking margarine or table margarine, ask if the fat comes in paper wrapping (frying and baking margarine) or in a container (table margarine).	
	1 <input type="checkbox"/>	Butter
	2 <input type="checkbox"/>	Oil-butter spreads, ≥75% fat (country specific), e.g. (add country specific examples)
	3 <input type="checkbox"/>	Frying or baking margarine, >60% fat, e.g. (add country specific examples)
	4 <input type="checkbox"/>	Table margarine, ≥60% fat, including vegan spread, e.g. (add country specific examples)
	5 <input type="checkbox"/>	Liquid margarine, oil-margarine, ≥60% fat, e.g., (add country specific examples)
	6 <input type="checkbox"/>	Oil, e.g., rapeseed oil, olive oil, or salad oil
	7 <input type="checkbox"/>	Use both butter and oil at the same time
	8 <input type="checkbox"/>	Fat, e.g., pig, duck, beef, or lard
	9 <input type="checkbox"/>	Coconut oil
	10 <input type="checkbox"/>	Regularly use either butter or oil
	11 <input type="checkbox"/>	Do not use fat in cooking
	12 <input type="checkbox"/>	We do not cook/prepare food in our household
	98 <input type="checkbox"/>	Don't know

<b>Q4</b>	<b>Next, I will ask how much of different types of bread your child eats. Specify your answer in number of slices or ½-bread rolls.</b>			
		Slice/½-bread roll		
		A. Per day	OR	B. Per week
	White and whole grain bread			
<b>4.1</b>	<p><b>How many slices of <u>white</u> bread, e.g. toastbread and ciabatta, does your child eat <u>per day or per week</u>?</b></p> <p>If less than 1 per week, please tick off "Eat less than 1 slice per week."</p> <p>Q4.1 control: If slices of white bread &gt; 11 per day (77 slices per week): <b>"Is it correct that the</b></p>	■ ■	■ ■	

	<b>number of slices you have indicated for white bread exceeds 11 slices per day?"</b>				
	No – Go to Q4.1 Yes – Go to Q4.2				
	<b>97</b>	Eat less than 1 slice per week	<input type="checkbox"/>		
	<b>98</b>	Don't know	<input type="checkbox"/>		
<b>4.2</b>	<b>How many slices of <u>wholegrain bread</u> (insert country specific term), does your child eat <u>per day or per week</u>? (NOT rye bread and hard bread)</b>  If less than 1 per week, please tick off "Eat less than 1 slice per week."  Q4.2 control: If slices of wholegrain bread > 11 per day (77 slices per week): <b>"Is it correct that the number of slices you have indicated for wholegrain bread exceeds 11 slices per day?"</b>  No – Go to Q4.2 Yes – Go to Q4.3		<input type="checkbox"/>	<input type="checkbox"/>	
	<b>97</b>	Eat less than 1 slice per week	<input type="checkbox"/>		
	<b>98</b>	Don't know	<input type="checkbox"/>		
	Rye bread				
<b>4.3</b>	<b>How many slices of <u>rye bread</u> (include country specific definition if needed) does your child eat <u>per day or per week</u>?</b>  If less than 1 per week, please tick off "Eat less than 1 slice per week."  Q4.3 control: If slices of rye bread > 11 per day (77 slices per week): <b>"Is it correct that the number of slices you have indicated for rye bread exceeds 11 slices per day?"</b>  No – Go to Q4.3 Yes – Go to Q4.4		<input type="checkbox"/>	<input type="checkbox"/>	
	<b>97</b>	Eat less than 1 slice per week	<input type="checkbox"/>		
	<b>98</b>	Don't know	<input type="checkbox"/>		
	Hard bread/ crisp bread				

4.4	<p><b>How many pieces of <u>hard</u> bread does your child eat <u>per day</u> or <u>per week</u>?</b></p> <p>If less than 1 per week, please tick on “Eat less than 1 piece per week.”</p> <p>Q4.4 control: If pieces of hard bread &gt; 11 per day (77 pieces per week): <b>“Is it correct that the number of pieces you have indicated for hard bread exceeds 11 slices per day?”</b></p> <p>No – Go to Q4.4 Yes – Go to Q5</p> <p>Validation of Q4.1-Q4.4: If total number of slices &gt; 20 per day (140 slices per week): <b>“Is it correct that the total number of slices you have indicated for bread exceeds 20 slices per day?”</b>.</p> <p>No - <b>“We will go back to the first question about bread again.”</b> Yes – Go to Q5</p>															
	<p>97</p> <p>98</p>	<p>Eat less than 1 slice per week</p> <p>Don't know</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>													
Q5	<p><b>Next, I will ask about your child’s intake of fruits and vegetables.</b></p> <p><b>Think about your child’s average intake in a day, week, or month.</b></p> <p><b>Do not count potatoes and small portions such as a slice of cucumber.</b></p>															
5.1	<p><b>How often does your child eat vegetables, root vegetables, chickpeas, lentils, beans etc.?</b></p> <p><b>This includes fresh, frozen, and canned or jarred versions, eaten alone or in a dish.</b></p>															
	5.1A Times per month		5.1B Times per week				5.1C Times per day									
	Less than 1	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"/>
	97				Never eat it – Go to Q5.3						<input type="checkbox"/>					
	98				Don't know - Go to Q5.3						<input type="checkbox"/>					
	<p><b>In the next question, I am only interested in your child’s intake of chickpeas, lentils, beans, etc.</b></p> <p><b>Include also dishes, e.g., hummus and chili con carne.</b></p>															
5.2	<p><b>How often does your child eat chickpeas, lentils, beans, or hummus?</b></p> <p>Validation of Q5.1 and Q5.2: If the intake frequency in Q5.2 &gt; intake frequency in Q5.1, inform: <b>“The intake</b></p>															

<p>frequency you have indicated for chickpeas, lentils and beans exceeds the intake frequency you have reported on vegetables and chickpeas, lentils, and beans. Therefore, we will go back to the question about vegetables, root vegetables, chickpeas, lentils, and beans again.”</p> <p>Q5.1 + Q5.2 control: If intake frequency in Q5.1 = intake frequency in Q5.2, ask: “Is it correct that all the vegetables and chickpeas, lentils and beans you have indicated, are chickpeas, lentils, and beans?”</p> <p>No – Go to Q5.2 Yes – Go to Q5.3</p>															
5.2A Times per month				5.2B Times per week						5.2C Times per day					
Less than 1	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"/>
97				Never eat it						<input type="checkbox"/>					
98				Don't know						<input type="checkbox"/>					
<p><b>5.3</b> How often does your child eat fruits and berries? Include fresh, frozen, and canned or jarred fruits and berries, eaten alone or in a dish.</p>															
5.3A Times per month				5.3B Times per week						5.3C Times per day					
Less than 1	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"/>
97				Never eat it						<input type="checkbox"/>					
98				Don't know						<input type="checkbox"/>					
<p><b>Q6</b> Now I will ask how often your child eats and drinks a number of foods and beverages.</p>															
<p><b>How often does your child eat</b></p>															
Times per month				Times per week						Times per day					
Less than 1	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"/>
97				Never eat it						<input type="checkbox"/>					
98				Don't know						<input type="checkbox"/>					
<p><b>6.01</b> French fries, roasted or fried potatoes</p>															
	<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"/>
97				Never eat it						<input type="checkbox"/>					
98				Don't know						<input type="checkbox"/>					
<p><b>6.02</b> Fish and shellfish at lunch and dinner. Include fish on bread</p>															
	<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"/>
97				Never eat it						<input type="checkbox"/>					
98				Don't know						<input type="checkbox"/>					

6.03	<b>All types of meat, e.g. beef, veal, pork, chicken, venison or lamb at lunch and dinner. It could be minced meat, sausages, or steak. Include cold cuts of meat</b>														
	<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"/>
	97	Never eat it - Go to Q6.06				<input type="checkbox"/>									
	98	Don't know - Go to Q6.06				<input type="checkbox"/>									
<b>In the next question, I am <u>only</u> interested in your child's intake of beef, veal, and lamb.</b>															
<b>How often does your child eat</b>															
6.04	<b>Beef, veal, or lamb at lunch and dinner e.g., minced meat, sausages or steak. Include cold cuts of meat</b>														
Validation of Q.6.03 and Q6.04: If the intake frequency in Q6.04 > intake frequency in Q6.03 inform: "The intake frequency you have indicated for beef, veal or lamb exceeds the intake frequency you have reported on types of meat. Therefore, we will go back to the question about all types of meat again."															
		Times per month				Times per week						Times per day			
		Less than 1	1	2	3	1	2	3	4	5	6	1	2		
		<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"/>
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									
6.05	<b>Sausages at lunch and dinner</b>														
		Times per month				Times per week						Times per day			
		Less than 1	1	2	3	1	2	3	4	5	6	1	2		
		<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"/>
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									
6.06	<b>Chocolate and candy</b>														
		Less than 1	1	2	3	1	2	3	4	5	6	1	2	3	4
		<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"/>
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									
6.07	<b>Cake, biscuits, pie, etc.</b>														
		<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"/>
	97	Never eat it				<input type="checkbox"/>									
	98	Don't know				<input type="checkbox"/>									
6.08	<b>Cheese e.g. (include country specific examples) (NOT low-fat cheese)</b>														



	[Question 7 (moderate or harder physical activity in leisure time)]		
<b>Q7</b>	<p><b>During the <u>last 7 days</u>, how much time <u>in total</u> did your child spend on physical activity after school and on walking and cycling, during which physical effort was <u>moderate or harder</u>?</b>  <b>This type of activity increases heart rate and breathing, and includes cycling, soccer and playing outdoors</b> (examples may be country specific).</p> <p>Round off to the nearest half hour. It is important to know if physical activity is less or more than 3½ h (210 min) and if it is more or less than 7 h (420 min)</p>		
	Hours.....	<input type="text"/> <input type="text"/>	(0;more than 35)
	Minutes.....	<input type="text"/> <input type="text"/>	(0:30)
	Don't know.....	<input type="checkbox"/>	<b>98</b>
	<p>Filter: If hours + minutes = 0 or "Don't know" go to Q8</p> <p>Q7 control: If time &gt; 35 hours, ask: <b>"Is it correct that the time you have indicated on moderate or harder physical activity exceeds 35 hours in the last 7 days?"</b>.</p>		
	No	Go to Q7	
	Yes	Go to Q8	

<b>Q8</b>	[Question 8 (Walking and cycling as transportation)]		
<b>Q8.1</b>	<p><b>During the <u>last 7 days</u>, on how many days did your child <u>walk or cycle</u> for at least 10 minutes continuously to get to and from places?</b></p> <p><b>Include electric cycling</b></p>		
	Days .....	<input type="text"/>	(0;7)
	Don't know..... If "0 days" or "Don't know" go to Q9	<input type="checkbox"/>	<b>98</b>
<b>Q8.2</b>	<p><b>How much time does your child spend on walking or cycling to get to and from places <u>on a typical day</u>? (during the last 7 days)</b></p>		
	Hours per day .....	<input type="text"/> <input type="text"/>	(0;24)
	Minutes per day .....	<input type="text"/> <input type="text"/>	(0;50)
	Don't know.....	<input type="checkbox"/>	<b>98</b>

	Q8 control: If time > 28 hours, ask: <b>“Is it correct that the time you have indicated your child walks or cycles exceeds 28 hours in the last 7 days?”</b>		
	No	Go to Q8.2	
	Yes	Go to Q9	

	[Question 9 (Sedentary leisure time)] <b>The next question concerns your child’s sedentary <u>leisure time</u> in front of a <u>screen</u>.</b>		
<b>Q9</b>	<b>During the <u>last 7 days</u>, how much time did your child spend on average <u>per day</u> sitting in front of a <u>screen</u> in his/her leisure time?</b> <b>Include all screen time such as internet use, films, and TV programs streamed over the internet that are watched on e.g. a TV or mobile phone screen, and computer or console games, such as (add country specific examples).</b> Round off to the nearest half hour		
	Hours.....	<input type="text"/> <input type="text"/>	(0:mere end 18)
	Minutes .....	<input type="text"/> <input type="text"/>	(0:30)
	Don’t know .....	<input type="checkbox"/>	<b>98</b>
	Q9 control: If time> 18 hours, ask: <b>“Is it correct that the time you have indicated your child sits in front of a screen in his/her leisure time exceeds 18 hours per day?”</b>		
	No	Go to Q9	
	Yes	Go to Q10	

	<b>Finally, I will ask you some questions about your education, and your child’s height and weight</b>	
<b>Q10</b>	<b>How tall is your child without shoes?</b>	
	Decimal numbers must be indicated with “.” and not with “,”	
	<input type="text"/> <input type="text"/> <input type="text"/>	cm.
	Do not wish to answer.....	<input type="checkbox"/> <b>97</b>
	Don’t know .....	<input type="checkbox"/> <b>98</b>
<b>Q11</b>	<b>How much does your child weigh without clothes and shoes?</b>	
	Decimal numbers must be indicated with “.” and not with “,”	

	■ ■ ■ kg.	
	Do not wish to answer.....	<input type="checkbox"/> 97
	Don't know .....	<input type="checkbox"/> 98
<b>Q12</b>	<b>What is your highest completed education?</b>	
	Primary education (10 years or less)	<input type="checkbox"/> 1
	Vocational upper secondary education (approx. 2–5 years, most common: 3 years after primary education)(add country specific example)	<input type="checkbox"/> 2
	General upper secondary education (approx. 2-5 years, most common: 3 years after primary education)(add country specific example)	<input type="checkbox"/> 3
	Short-cycle tertiary education (approx. 2-3 years after secondary education)(add country specific example)	<input type="checkbox"/> 4
	Bachelor's or equivalent level (approx. 3-4 years after secondary education) (add country specific example)	<input type="checkbox"/> 5
	Master's or equivalent level (approx. 5+ years after secondary education)(add country specific example)	<input type="checkbox"/> 6
	Doctoral or equivalent level (approx. 3 years after master's or equivalent level)	<input type="checkbox"/> 7
	Don't know	<input type="checkbox"/> 98

<b>Q13</b>	<b>Do you live together with a spouse or cohabitant?</b>		
	Yes .....	<input type="checkbox"/> 1	Go to Q14
	No .....	<input type="checkbox"/> 2	End questionnaire
<b>Q14</b>	<b>What is the highest completed education of your spouse/cohabitant?</b>		
	Primary education (10 years or less)	<input type="checkbox"/> 1	
	Vocational upper secondary education (approx. 2–5 years, most common: 3 years after primary education)(add country specific example)	<input type="checkbox"/> 2	
	General upper secondary education (approx. 2-5 years, most common: 3 years after primary education)(add country specific example)	<input type="checkbox"/> 3	
	Short-cycle tertiary education (approx. 2-3 years after secondary education)(add country specific example)	<input type="checkbox"/> 4	
	Bachelor's or equivalent level (approx. 3-4 years after secondary education) (add country specific example)	<input type="checkbox"/> 5	
	Master's or equivalent level (approx. 5+ years after secondary education)(add country specific example)	<input type="checkbox"/> 6	

	Doctoral or equivalent level (approx. 3 years after master's or equivalent level)	<input type="checkbox"/> 7
	Don't know	<input type="checkbox"/> 98