



6-week Data Collection Wave: Main Cohort

Questionnaire

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6 Week Phone Call

1. Who answered the questions?

Mother = 1 Father = 2 Other partner = 3

2. Did you have a boy or a girl?

Boy = 1 Girl = 2

If the mother had a multiple birth, ask who was born first, second, third and fourth (if necessary). Then complete the questionnaire for each child.

NOTE: Questions marked by asterisks ** only need to be asked once (i.e., not for each child).

3. **What did you name him/her/them? Can you give me his/her/their full name(s)?

	First born Second born Third born Fourth born						- - -
4.	When was <name> bo</name>	n? [day]	/	[month]	/	[year]	
5.	How much did <name< td=""><td>weigh when he/she</td><td>was</td><td>born?</td><td></td><td></td><td></td></name<>	weigh when he/she	was	born?			

Range: lb: 1-22; oz: 0-15; kg: 0-10; g: 0-999

Pounds/Ounces = 1 Kilos/Grams = 2

6. When was <NAME> last weighed? Code number of weeks ago (0 = <1 week).

7. How much did <NAME> weigh then? *Range: lb: 1-22; oz: 0-15; kg: 0-10; g: 0-999*

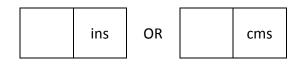
8.

Range: ins: 1-22; cms: 0-80

Inches = 1

kgs

Centimetres = 2



OR

ozs

9. **Where was your baby/were your babies born? Please get name of birthing unit, hospital, clinic, etc

How long was <NAME> when he/she was born?

10. **How long did you stay in hospital after the birth

Days Had a home birth = 87

11. What is the current sleeping arrangement you have for your baby in your home?

Lbs

Infant cot in a separate room alone = 1

Infant cot in a separate room with sibling(s) = 2

Infant cot in parents' room = 3

In protected space in parents' bed = 4

In parents' bed but not in a protected space = 5

Other (please specify) = 87

Wks

Pounds/Ounces = 1 Kilos/Grams = 2 12. In what position do you usually put your child to sleep?

On his/her stomach = 1 On his/her side = 2 On his/her back = 3

13. What is the longest stretch that <NAME> sleeps for? (DAY or NIGHT)

_____ Hours Minutes

14. What are you currently feeding your baby?

Breast milk only (means no water, breast milk substitutes, other liquids or solid foods) = 1 Mainly breast milk, but has also received some water based drinks

(e.g., water, sugar water, fruit juice) = 2

Formula only = 3

Formula and breast milk = 4

Other. Please specify = 5

**How many visits did your Midwife (or other Lead Maternity Carer) make to your home after the birth? Do not include visits by the 3lunked nurse.
Code number.

Visits

16. Which health professionals are looking after <NAME> now? *Please tick all that apply.*

A general practice team \Box

Plunket 🛛

- Specialist, e.g., a paediatrician 🛛
 - Māori health provider 🛛
 - Pacific Island health provider \Box
 - Public health nurse
 - Community nurse 🛛
 - Community health worker \Box
 - Other. Please specify \Box
 - None 🛛

**And finally, how are you feeling within yourself? Use a scale from 1-10, where 10 = better than I've ever been and 1 = worse than I've ever been.
Code 1-10