

CHILDREN'S EATING HABITS AND PATTERNS



BACKGROUND INFORMATION AND CONSENT FORM FOR PARENTS OF TEDS

THANK YOU for your continued involvement in TEDS. Here is a questionnaire that we would be grateful if you could fill in about your twins. First we will tell you a bit about the background to this questionnaire and what taking part would involve.

Background information

Children's eating patterns vary widely, and different eating patterns may relate to other things about the child, such as their rate of growth. We would like to know a bit more about your twins' eating habits, and what it is like to feed them. We would also like to know their height and weight to see how much they have grown, and this time we are asking parents to measure their children's waists as another assessment of body size. The aim of this study is to find out which genetic and environmental factors play a part in the development of children's eating patterns and body size.

The study

To take part in this study, we would like you to complete the following questionnaire about your twins. We would like you to think about each twin separately, answering first for Twin A (the elder twin), and then for Twin B (the younger twin) as named on the covering letter. You are under no obligation to take part in this study, and if you do decide to take part you may withdraw from the study at any time without giving a reason. Your decision not to take part in this study will not affect your involvement with TEDS.

Feedback

Since this is a research study, there are no individual test results so we are unable to give out results to individuals. However, information on the progress of the research will be widely available and we will be happy to give out this general information. We treat any information you give us as confidential.

CONSENT FORM

If you are willing to take part in this study, please fill in the details, **sign below** and send this whole form back to us when you have completed the questionnaire. We have enclosed a Freepost envelope, and our Freepost address is at the end of the questionnaire if you need it.

Ibeing the parent/guardian of and
..... hereby consent to participation in this study, but feel under no
obligation to do so.

I have read the information sheet above and agree to take part in this study. I understand that my identity will remain entirely confidential. I also understand that I can withdraw from this study at any time without having to give any reasons for doing so, and that withdrawal from the study will not affect my right to take part in further studies.

Signed Name.....

If you do not want to take part in this stage of TEDS please put a tick in the box below and return it so we can update our records.

If you have any queries or would like to discuss
any aspect of this study, please ring us on **Freephone 0800 317 029**.

Today's Date: (d) (m) (y)

Please indicate your answers with a cross using black ink. If you make a mistake, shade out and cross the appropriate box e.g. →

You and Your Twins

What is your relationship to the twins?

Mother Father Guardian Other

If you are female, are you currently pregnant? Yes No

Now we would like to know the heights, weights and waist measurements of you and your children.

A. Heights

Please use the tape measure enclosed to measure your children's height to the nearest centimetre.

Twin A: cm

Twin B: cm

You: cm

B. Weights

METRIC

Twin A: . kg

Twin B: . kg

You: . kg

IMPERIAL

st pounds

OR

st pounds

st pounds

Did you weigh the twins yourself? Yes No

When were your twins weighed? (d) (m) (y)

C. Waist Measurements

To measure your child's waist, please use the following guidelines:

- 1) Lift the child's clothing to measure directly over skin
- 2) Use the tape measure enclosed to mark 4cm above the top of the navel (bellybutton)
- 3) Ask the child to hold the start of the tape measure at the 4cm mark
- 4) Wrap the rest of the tape measure around the waist, and ask your child to relax and breathe out
- 5) Note the measurement below to the nearest centimetre
- 6) Measure your own waist using the same method

Twin A: cm

Twin B: cm

You: cm

Your Children's Eating Patterns

For the following questions, please think about your children over the last 6 months.

This section is about how you feed your children.

		Disagree	Slightly disagree	Neutral	Slightly agree	Agree
I intentionally keep some foods out of my child's reach	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my child does not finish dinner, he/she should not get dessert	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my child says "I'm not hungry", I try to get him/her to eat anyway	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child should always eat all of the food on his/her plate	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I did not guide my child's eating, he/she would eat much less than he/she should	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally my child should only be permitted to eat at set meal times	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to make sure that my child does not eat too much of his/her favourite foods	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has to be encouraged to eat things he/she does not like because those foods are good for him/her	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I did not guide my child's eating, he/she would eat too much of his/her favourite foods	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child should be strongly reprimanded for playing or fiddling with food	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I did not guide my child's eating, he/she would eat too many junk foods	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to be especially careful to make sure my child eats enough	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to make sure that my child does not eat too many sweet things (e.g. biscuits)	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's OK for my child to snack	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to make sure that my child does not eat too many high fat foods	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you keep track of...		Never	Rarely	Some- times	Mostly	Always
...the sweet things (e.g. biscuits) your child eats?	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the snack food (e.g. crisps) your child eats?	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the high fat foods your child eats?	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the fruits and vegetables your child eats?	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section is about your children's eating habits.

		Never	Rarely	Some- times	Often	Always
My child gets full up easily	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child enjoys eating	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child leaves food on his/her plate at the end of a meal	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child gets full before his/her meal is finished	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child loves food	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child cannot eat a meal if he/she has had a snack just before	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is interested in food	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats slowly	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child looks forward to mealtimes	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child eats more and more slowly during the course of a meal	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly disagree	Disagree	Agree	Strongly agree
My child is constantly trying new and different foods	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child doesn't trust new foods	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is afraid to eat things that he/she has never had before	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my child does not know what is in a food, s/he won't try it	TWIN A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TWIN B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in our study!
 TEDS Research Centre, Freepost 767, London SE5 8YU.
 A study of King's College London.