

Thank you very much for still taking part in the Baby e-Food Study!

It's easiest to fill out the questionnaire on a computer. You navigate in the form by pressing the arrows / "next button" at the bottom of the page.

After some initial questions, the questionnaire is two-fold:

The first part of the questionnaire is about the child participating in the survey. The second part is about you who is the mother or father of the child.

Good luck!

What is your relationship with the child participating in the survey?

- (1) ☐ Mother
- (2) ☐ Father
- (3) ☐ None, describe _____

What is the child's date of birth?

Must be written DD.MM:YYYY

What is the child's gender?

- (1) ☐ girl
- (2) ☐ boy

Is the child participating in this study your only child?

- (0) ☐ Yes
- (1) ☐ No

How many children do you have?

- (1) ☐ Two
- (2) ☐ Three
- (3) ☐ Four or more

Were you in the group who had access to the website and movies?

(Intervention group)

- (1) ☐ Yes
(2) ☐ No

Did you watch the monthly infant-feeding videos?

- (1) ☐ Yes, watched all the videos
(2) ☐ Yes, watched most of the videos
(3) ☐ Yes, watched about half of the videos
(4) ☐ Yes, watched one or two of the videos
(5) ☐ No, watched none of the videos

Did you watch the cooking films or recipes?

- (1) ☐ Yes, watched all the cooking films/recipes
(2) ☐ Yes, watched most of the cooking films/recipes
(3) ☐ Yes, watched about half of the cooking films/recipes
(4) ☐ Yes, watched one or two of the cooking films/recipes
(5) ☐ No, watched none of the cooking films/recipes

Now follow some questions about the child's growth and development over the past year

Based on the child's health card from the child health center, enter the date of examination, weight and length in the questions below. If you do not have the current weight or height measures, you can proceed with the form.

Examination at ap. 18 months of age:

Date of investigation _____
weight in grams _____
length in cm _____

Examination at ap. 24 months of age:

Date of investigation _____
weight in grams _____
length in cm _____

Now follow questions about the child's diet and eating at two years of age:

How often does your child eat the following meals within a week?

	Never / seldom	1 / week	2 / week	3 / week	4 / week	5 / week	6 / week	Every day
Breakfast	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Lunch	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Snack before dinner	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Dinner	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Snack after dinner	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Supper	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Other meals/snacks	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>

How often does the child eat the following meals together with family now? (at least one adult eating the same meal)

	Aldri/sjelden	1-3 ganger per uke	4-6 ganger per uke	Hver dag
Breakfast	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
Lunch	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
Dinner	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
Supper	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>

Is it you who usually gives the baby food?

- (1) ☐ Yes
 (2) ☐ No
 (3) ☐ Share alike

Do you feed the child (ie, an adult keeps the spoon or splits the food and gives it bit by bit), or does he/she eats by him/herself

	Always eats by her / him self	Mostly eats by him/her self	Both	Mostly fed	Always fed
Breakfast	(1) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(2) <input type="checkbox"/>
Lunch	(1) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(2) <input type="checkbox"/>
Afternoon (meal after lunch and before dinner)	(1) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(2) <input type="checkbox"/>

	Always eats by her / him self	Mostly eats by him/her self	Both	Mostly fed	Always fed
Dinner	(1) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(2) <input type="checkbox"/>
Supper	(1) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(2) <input type="checkbox"/>
Other meals / snacks	(1) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(2) <input type="checkbox"/>

How often do the statements below match the child's meals now?

	Almost always	Often	Sometimes	Seldom	Almost never
The child eats the same for dinner as the rest of the family	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I / we make separate dinner for the child	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
The child sits at the table when she / he eats	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
The child plays or watches TV / tablet / smartphone while eating	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Has or has the child had problems with eating / eating?

Here you can make several crosses

- (1) ☐ No, have no problems
 (2) ☐ Yes, poor appetite / eats too little
 (3) ☐ Yes, like few food types
 (4) ☐ Yes, difficulties adjusting to the family diet
 (5) ☐ Yes, allergy / intolerance to some food types
 (6) ☐ Yes, other problems - describe _____

How often does the child have the following drink nowadays?

	Never / seldom	1-3 times per week	4-6 times per week	1 time a day	2 times a day	3 times a day	4 times a day	5 or more times a day
Milk, all types	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Sour milk (e.g. yoghurt)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Chocolate milk, all types	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Water	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>

How often does the child have the following drink nowadays?

	Never / seldom	1-3 times per week	4-6 times per week	1 time a day	2 times a day	3 times a day	4 times a day	5 or more times a day
Limonade, with sugar	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Limonade, sweetener	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Juice	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Mineral water with sugar	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>
Mineral water, sweetener	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>

How often does the child eat the following food nowadays?

How often?

	Never / seldom	1-3 /week	4-6 / week	1 /day	2 / day	3 / day	≥ 4 /day
Industrial-made porridge, all types	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Homemade porridge of whole-grain flour or oatmeal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Homemade porridge of white flour, rusk, semule, rice, or corn	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often does the child eat the following food nowadays?

How often?

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Bread with liver paste	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Bread with other cold meats	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Bread with toppings of fish	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Bread with cheese	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often?

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Bread with jam / honey	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Bread with other toppings	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often does the child eat the following food nowadays?

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Meat, minced meat, meatballs, sausage etc.	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Fish, fish cakes, fish fingers etc.	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Pancakes	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Pizza	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Pasta / rice, ordinary type	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Pasta / rice, wholegrain	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often does the child eat the following food nowadays?

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Cakes, waffles, sweet biscuits	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Dessert / Ice Cream	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Chocolate	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Sweets / candy	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Chips	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often does the child eat the following vegetables nowadays? Include both raw, cooked and mashed vegetables

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Potato	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Carrot	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Rutabaga	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Sweet potato	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Cauliflower	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Broccoli	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Green salad	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Spinach	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often does the child eat the following vegetables nowadays? Include both raw, cooked and mashed vegetables

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Cucumber	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Tomato	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Corn	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Paprika	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Peas / beans	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Frozen vegetable mix	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Salad of raw vegetables	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often does the child eat the following fruits and berries nowadays?

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
--	----------------------	-------------------------	-----------------------------	-----------------------------	-----------------------------	--------------------	---------------------	---------------------	-----------------------

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Orange / clementine	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Banana	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Apple	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Pear	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Plum	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Grapes	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

How often does the child eat the following fruits and berries nowadays?

	Never / not tried	< 1 time per week	1-2 times per week	3-4 times per week	5-6 times per week	1 time a day	2 times a day	3 times a day	≥ 4 times a day
Kiwi	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Melon	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Mangos	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>
Berries, all types	(1) <input type="checkbox"/>	(8) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(9) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>

Does the child get homemade dinner or industrially made baby food on glass or bag?

- (1) ☐ Only homemade
(2) ☐ Mostly homemade
(3) ☐ About half of each
(4) ☐ Mostly industrially made
(5) ☐ Only industrially made

Does the child get cod liver oil or other supplements?

- (1) ☐ yes
(2) ☐ no

Specify type of dietary supplement, amount and frequency.

Number of T-spoons?

How often?

	Not applicable	1	2	3	≥4	Not applicable	daily	Now and then
Cod liver oil	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>
Fluent multivitamin supplement	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>
Other	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>	(4) <input type="checkbox"/>	(3) <input type="checkbox"/>	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>

What is the consistency of the food your child is eating now?

	Eats often	Eats sometimes	Will not eat	Used to eat	Never tried / offered
Purees	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
Fine-mashed food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
Mashed food with lumps	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
Finely chopped / cut food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
Finger food / food in pieces	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Here are some questions about the child's appetite and eating habits. Think about how it usually tends to be when answering the questions. Some of the questions may resemble each other, but they highlight some different issues and it is great if you will answer all the questions.

Please read the following statements and tick the boxes most appropriate to your child's eating behaviour

	Never	Rarely	Some-times	Often	Always
My child loves food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats more when worried	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child has a big appetite	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child finishes his/her meal quickly	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child is interested in food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child is always asking for a drink	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Never	Rarely	Some-times	Often	Always
My child refuses new foods at first	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats slowly	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats less when angry	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Please read the following statements and tick the boxes most appropriate to your child's eating behaviour

	Never	Rarely	Some-times	Often	Always
My child enjoys tasting new foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats less when s/he is tired	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child is always asking for food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats more when annoyed	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
If allowed to, my child would eat too much	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats more when anxious	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child enjoys a wide variety of foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child leaves food on his/her plate at the end of a meal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child takes more than 30 minutes to finish a meal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Please read the following statements and tick the boxes most appropriate to your child's eating behaviour

	Never	Rarely	Some-times	Often	Always
Given the choice, my child would eat most of the time	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child looks forward to	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Never	Rarely	Some-times	Often	Always
mealtimes					
My child gets full before his/her meal is finished	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child enjoys eating	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats more when she is happy	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child is difficult to please with meals	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats less when upset	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child gets full up easily	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats more when s/he has nothing else to do	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Please read the following statements and tick the boxes most appropriate to your child's eating behaviour

	Never	Rarely	Some-times	Often	Always
Even if my child is full up s/he finds room to eat his/her favourite food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
If given the chance, my child would drink continuously throughout the day	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child cannot eat a meal if s/he has had a snack just before	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
If given the chance, my child would always be having a drink	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child is interested in tasting food s/he hasn't tasted before	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child decides that s/he doesn't like a food, even	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Never	Rarely	Some-times	Often	Always
without tasting it					
If given the chance, my child would always have food in his/her mouth	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child eats more and more slowly during the course of a meal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

To which extent do you agree in the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
My child does not trust new foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
If my child doesn't know what's in a food, he or she won't try it	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
My child is afraid to eat things s/he has never had before	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
My child will eat almost anything	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
My child is very particular about the foods he or she will eat	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>
My child is constantly sampling new and different foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>

How often do you offer new and unknown food to the child before assuming the child doesn't like the food?

- (1) ☐ Once
(6) ☐ Twice
(5) ☐ 3-5 times
(2) ☐ 6-10 times
(3) ☐ 11 times or more

Here follow some questions about the child's appetite, eating behavior and how it usually is to feed the child. Think about how it has been the last month when answering the questions.

How agree or disagree are you in the following statements:

	Strongly disagree	Disagree	Neither-nor	Agree	Strongly agree
I have to be sure that my child does not eat too many sweets (candy, ice cream, cake, pastries)	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I have to be sure that my child does not eat too many high fat foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I have to be sure that my child does not eat too much of her favorite foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I intentionally keep some foods out of my child's reach	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I offer sweets (candy, ice cream, cake, pastries) to my child as a reward for good behavior	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I offer my child her favorite foods in exchange for good behavior	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

How agree or disagree are you in the following statements:

	Strongly disagree	Disagree	Neither-nor	Agree	Strongly agree
If I did not guide or regulate my child's eating, she would eat too many junk foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
If I did not guide or regulate my child's eating, she would eat too much of her favorite foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
My child should always eat all of	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Strongly disagree	Disagree	Neither-nor	Agree	Strongly agree
the food on her plate					
I have to be especially careful to make sure my child eats enough	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
If my child says "I'm not hungry", I try to get her to eat anyway	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
If I did not guide or regulate my child's eating, she would eat much less than she should	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

And how often do you follow up ..

	Never	Rarely	Some-times	Often	Always
how much sweets (sweets, ice cream, cakes / biscuits etc.) your child eats	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
how much snacks (potato chips, cheese pops and the like) your child eats?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
how much fatty food your child eats?	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Here are some questions regarding the child's eating behavior and appetite and how you are dealing with feeding your child. There are no right or wrong answers to these questions, we are interested in what parents really feel and do.

Please read the following statements and tick the appropriate boxes to show how you deal with feeding your child.

	Never	Rarely	Sometimes	Often	Always
I allow my child to choose which foods to have for meal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I give my child something to eat to make him/her feel better when s/he is feeling upset	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Never	Rarely	Sometimes	Often	Always
I encourage my child to look forward to the meal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I praise my child if s/he eats what I give him/her	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I decide how many snacks my child should have	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I encourage my child to eat a wide variety of foods	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
In order to get my child to behave him/herself I promise him/her something to eat	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I present food in an attractive way to my child	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
If my child misbehaves I withhold his/her favourite food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Please read the following statements and tick the appropriate boxes to show how you deal with feeding your child

	Never	Rarely	Sometimes	Often	Always
I encourage my child to taste each of the foods I serve at mealtimes	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I allow my child to wander around during a meal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I encourage my child to try foods that s/he hasn't tasted before	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I give my child something to eat to make him/her feel better when s/he has been hurt	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I let my child decide when s/he would like to have her meal	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Never	Rarely	Sometimes	Often	Always
I give my child something to eat if s/he is feeling bored	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I allow my child to decide when s/he has had enough snacks to eat	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I decide when it is time for my child to have a snack	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I use puddings as a bribe to get my child to eat his/her main course	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Please read the following statements and tick the appropriate boxes to show how you deal with feeding your child

	Never	Rarely	Sometimes	Often	Always
I encourage my child to enjoy his/her food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I decide the times when my child eats his/her meals	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I give my child something to eat to make him/her feel better when s/he is worried	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I reward my child with something to eat when s/he is well behaved	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I let my child eat between meals whenever s/he wants	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I insist my child eats meals at the table	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I give my child something to eat to make him/her feel better when s/he is feeling angry	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>
I decide what my child eats between meals	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

	Never	Rarely	Sometimes	Often	Always
I praise my child if s/he eats a new food	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>

Now follows the second part of the questionnaire with questions about yourself.
The questions deal with background information, eating habits and your experience of your own health.

What is your date of birth?
Must be written DD.MM:YYYY

Have you become pregnant again after the child participating in the study was born?

- (1) ☐ No
- (2) ☐ Yes, I'm pregnant now
- (3) ☐ Yes, I the child is born

Do you live with your child's other parent?

- (1) ☐ Yes
- (2) ☐ No

What civil status do you have now?

- (1) ☐ Married
- (2) ☐ Cohabitant
- (3) ☐ Single
- (4) ☐ Divorced
- (5) ☐ Widow / widower
- (6) ☐ Other, describe _____

What education do you have?
Choose the highest completed education

- (1) ☐ Less than 9/10 years primary school
- (2) ☐ Primary school
- (3) ☐ High school
- (4) ☐ Highschool, vocational

- (5) ☐ University / college up to 4 years
- (6) ☐ University / college more than 4 years
- (8) ☐ Other education

What is your main activity now?

- (1) ☐ Working full time
- (2) ☐ Working part-time
- (3) ☐ Homemakers
- (4) ☐ Sick leave
- (5) ☐ Leave
- (6) ☐ Disability benefits
- (7) ☐ During admission / rehabilitation
- (8) ☐ Student
- (9) ☐ Unemployed
- (10) ☐ Other

Are you able to pay an unforeseen expence of 3000 NOK, e.g. for a repair or a dental bill?

- (1) ☐ Yes
- (2) ☐ No
- (3) ☐ Don't know

Has it occurred during the past six months that you / you have had difficulties coping with expenses for food, transport, rent and the like?

- (1) ☐ No, never
- (2) ☐ Yes, seldom
- (3) ☐ Yes, sometimes
- (4) ☐ Yes, often

Now follow some questions about living habits and lifestyle:

How much do you weigh now?

Answer in kg _____

How tall are you? Answer in cm cm

Do you smoke?

- (1) ☐ No, never smoked regularly
(2) ☐ No, has quitted
(3) ☐ Yes, but not daily
(4) ☐ Yes, daily

Do you use snus (powdered tobacco)?

- (1) ☐ No, never used snus regularly
(2) ☐ No, has quitted
(3) ☐ Yes, but not daily
(4) ☐ Yes, daily

Do you have the main responsibility for cooking at home?

- (1) ☐ Yes
(2) ☐ No
(3) ☐ The responsibility is shared

How often do you do the following?

	Never	<1 / w	1 / w	2 / w	3 / w	4 / w	5 / w	6 / w	Daily
Cuts up vegetables	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>	(9) <input type="checkbox"/>
Cuts up fruit	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>	(9) <input type="checkbox"/>
Preparing dinner with raw materials	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>	(4) <input type="checkbox"/>	(5) <input type="checkbox"/>	(6) <input type="checkbox"/>	(7) <input type="checkbox"/>	(8) <input type="checkbox"/>	(9) <input type="checkbox"/>
Bake bread or rolls									

Then you have completed filling out the form.
You submit it by pressing the button below.

Thank you!