

3-year questionnaire



Fill in the questionnaire at home. The box below is filled in at CHC.

Today's date:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>		
	Year			Month			Day			
Health centre:.....						Code:	<input type="text"/>	<input type="text"/>		
Child's weight:	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	kg	Child's height:	<input type="text"/>	<input type="text"/>	<input type="text"/>	cm

B23. Who completed this questionnaire?

- mother father the parents together another person

Consent to research

B24. Do you wish to contribute to increasing knowledge about children's health and development, as well as how these can be influenced by factors early in life and by the parents' health, lifestyle and living conditions?

Before answering, it is important that you read the information on page 4.

Do you consent to Umeå University processing your child's personal data for this research?

- Yes No

Date:..... Signature:



Thank you for answering the questions!

B12. Is your child in childcare?

- Yes, in preschool (which one)?
- Yes, with a childminder
- No

B13. If yes, how many hours is your child in childcare?

hours per week

B14. How long does your child play outside?

During the week **During weekends**
 hours per day hours per day

B15. How long does your child sit in front of the TV, a computer, tablet or mobile?

During the week **During weekends**
 hours per day hours per day

B16. How often does a parent read to your child (or look in a book with the child)?

- Every day
- A few times a week
- Once a week
- Less often

B20. Did you participate in

at least three parental meetings...

- a) during the pregnancy with the 3-year-old?**
- mother/mothers father/fathers
- Yes No Yes No

B21. Does your 3-year-old have any siblings?

- Yes No

B22. Did you participate in

at least three parental meetings...

- b) while you were pregnant with a sibling?**
- mother/mothers father/fathers
- Yes No Yes No

B17. How often does your child meet relatives, friends or acquaintances of the family?

- Every day
- A few times a week
- Once a week
- Less often
- Very seldom or never

B18. Is there anyone who can help you if you are ill or have practical problems?

E.g. giving advice, lending you things, helping out with shopping, repairs, child-minding.

- Yes, always
- Yes, most of the time
- No, not usually
- No, never

B19. How safe or unsafe do you normally feel when you are alone outside your home at night?

- Very safe
- Quite safe
- Not very safe
- Very unsafe

- Not relevant

b) during the first year of the 3-year-old's life?

- mother/mothers father/fathers
- Yes No Yes No

- Not relevant

b) the first years of a sibling's life?

- mother/mothers father/fathers
- Yes No Yes No

Prior to your visit to Child Health Care!

Now that your child is 3-years-old, it is time for another visit to Child Health Care. Before the visit, we would like you to answer some questions about your perceptions of your child's development, health and living conditions. Answering these questions is of course voluntary!

During the Child Health Care visit the nurse will give you the opportunity to talk about your child on the basis of your answers. The questionnaire is a part of the healthcare record and is therefore saved by the Region. The staff who come into contact with the questionnaire have a duty of confidentiality.

Questionnaire replies are compiled at group level in such a way that no single individual's answer is shown. The result is used to develop our activities and improve the support that is given to children and parents. This is done in collaboration between the Child Health Care and the Salut Programme.

The Salut Programme in Västerbotten aims to support the child throughout childhood, starting right from pregnancy. You and your child will find health-promoting and disease prevention efforts in antenatal care, child health care, dental care, open preschool, preschool, and then in school.

Sincerely
Child Health Care and the Salut Programme



Help us to process your answers!

The questionnaire is machine-read.

When filling your answers, we therefore ask you to:

- use a lead pencil
- write numbers clearly, like this: 1234567890
- mark your answers with a cross, like this:
- if you tick the wrong box, rub it out and mark the correct box.

Do you wish to contribute to increasing knowledge about children's health and development, as well as how these can be influenced by factors early in life and by the parents' health, lifestyle and living conditions?

For many years now, Umeå University has conducted research aimed at increasing knowledge about 3-year-old children's health and development, as well as how these can be influenced by factors early in life and by the parents' health, lifestyle and living conditions. The university bases its research on parents' and guardians' consent and *you are asked about this on page 11*. The research has been approved by the Regional Ethical Review Board in Umeå (serial no. 2013-268-31Ö).

It is questionnaires from the regular 3-year-old visit at Child Health Care that are used. Where the parents or guardians have given consent to the research, the questionnaires are added to a research database. In research, this 3-year-old questionnaire is sometimes used together with information from other sources, such as the health forms that prospective parents fill out at Antenatal Care and as part of the Västerbotten Intervention Program. This only applies if you have previously agreed that these questionnaires may be used in research. Other sources that may be relevant are Statistics Sweden's population register (demographic data, e.g. residential type, family size, parents' country of birth and education) and the National Board of Health and Welfare's data registers (medical data, such as on pregnancy and childbirth, hospital admissions and medicines prescribed by doctors).

At Umeå University, Anneli Ivarsson (professor and pediatrician), together with co-workers, will use the personal data. The data is stored in accordance with the university's archiving procedures. Staff who come into contact with the questionnaire have a duty of confidentiality. Questionnaire replies are compiled at group level so that no single individual's answer is shown. The results of the research will be used by Region Västerbotten to improve support for children and their parents. The results will also be disseminated through lectures and articles in Sweden and internationally.

Umeå University is the personal data controller for the research. Participation is voluntary, and you have the right to stop your participation at any time and withdraw your consent without having to justify the decision. Note that withdrawal does not affect the legality of the processing that occurred before the withdrawal. *If you refrain from participating, it will in no way affect the support you receive at the Child Health Care or from the health services in general.*

The project has no fixed time for conclusion. The personal data is processed throughout the project period. When the project is concluded, the personal data will be archived in accordance with the Archives Act and the archive procedures at Umeå University. As a rule, materials such as this are kept for at least ten years. You can request an extract from the register and receive data in an electronic format against an administrative charge. If at the time of your request it is technically possible, you can request that Umeå University transfers the personal data directly to another personal data controller. You may also, under certain circumstances, request deletion of data, have inaccurate data corrected and supplement incomplete personal data. You can request that the processing is restricted instead of the data being deleted. This applies if you believe that Umeå University's processing is unlawful or if you need the personal data to assert or defend a legal claim, such as if you wish to sue Umeå University for incorrect processing of personal data. If you believe that your personal data is being processed incorrectly, you can complain to the Swedish Data Protection Authority through their website and you can also claim damages.

If you have any questions or wish to withdraw your consent, you are welcome to contact Anneli Ivarsson (professor and pediatrician) at Umeå University or Umeå University's data protection officer. The address is: Umeå University, 901 87 Umeå, telephone 090-786 50 00 (switchboard).

Sincerely
Research Group



UMEÅ UNIVERSITY

The child's health, lifestyle and living conditions

Each question should be answered with a cross or with numbers.

B1. How do you think your child's general health has been during the past 3 months?

- Very good
- Good
- Neither good or bad
- Poor
- Very poor

B2. Who does your child live with? Choose the option that fits best.

- Guardians who live together
- Alternately with each guardian
- Only with one guardian:
 - woman
 - man
 - Other gender identity
- Another person

Please give the approximate age

B3. How long was your child fed breast milk exclusively?

months not received breast milk

B4. When did your child start weaning?

months

B5. When did your child stop having breast milk completely?

months not received breast milk

B6. How often does your child drink milk? *Not oats, soya and other substitutes.*

- Twice a day or more often
- Once a day
- A few times a week
- Once a week or less often

B9. How often does your child eat fish/shellfish as main course, in salad or as sandwich filling?

- Three times a week or more often
- Twice a week
- Once a week
- A few times a month, less often or never

B7. How often does your child eat vegetables and/or root vegetables?

- Twice a day or more often
- Once a day
- A few times a week
- Once a week or less often

B10. How often does your child have biscuits, cakes, chocolate, sweets, crisps or soft drinks?

- Twice a day or more often
- Once a day
- A few times a week
- Once a week or less often

B8. How often does your child eat fruit/berries?

- Twice a day or more often
- Once a day
- A few times a week
- Once a week or less often

B11. How often do your child's teeth get brushed?

- Twice a day or more often
- Once a day
- Rarely or irregularly

Questions about your child's development at 3 years of age

Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE), version 1.5

A parental survey concerning children's socio-emotional behavior by Jane Squires, Diane Bricker and Elizabeth Twombly with assistance from Suzanne Yockelsson, Maura Schoen Davis and Younghee Kim. Copyright 2002 by Paul H. Brookes Publishing Co. Swedish translation 2012-13 by Hans Löfgren, Child and Adolescent Psychiatry Unit, Department of Clinical Sciences, Umeå University, SE-901 87 Umeå. Copying of this form without permission from the copyright owner is prohibited by law.

Child's name:

Child's pers.id no: - - -

Year Month Day

Read each question carefully!

I. First insert a cross in the box that best describes your child's behaviour.

II. Then insert a cross in the box to the right if the behaviour concerns you.

		I			II
		AL- WAYS OR OFTEN	SOME- TIMES	SELDOM OR NEVER	INSERT A CROSS HERE IF THIS CONCERNS YOU
1.	Does your child look at you when you are talking to him/her?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
2.	Does your child like being hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
3.	Does your child talk to and/or play with adults who he/she knows well?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
4.	Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
5.	Does your child calm down within 15 minutes when upset?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
6.	Does your child seem overly friendly towards strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
7.	Can your child settle herself/himself down after having been excited?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v

To be filled in at CHC

32. Are you worried about your child's eating, sleeping or toilet habits?
If so, give details below:

33. Is there anything about your child that worries you? If so, give details below:

34. What characteristics of your child do you like the most?

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To be filled in at CHC

	I			II
	AL- WAYS OR OFTEN	SOME- TIMES	SELDOM OR NEVER	INSERT A CROSS HERE IF THIS CONCERNS YOU
8. Can your child switch activity without great difficulty? E.g. from playing to meals.	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
9. Does your child seem satisfied and happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
10. Is your child interested in things around him/her? For example, people, toys and food.	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
11. Does your child do what you ask him/her?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
12. Does your child seem to be more active than other children of the same age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
13. Can your child occupy herself/himself for at least 5 minutes with things he/she enjoys (not including TV-watching)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
14. Do you and your child have pleasant meals together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
15. Does your child have any eating problems? E.g. stuffing foods, vomiting, eating things that are not meant to be eaten or? (Describe any other problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
16. Does your child sleep at least 8 h in 24 h?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
17. Does your child use words to tell you what he/she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
18. Does your child comply with requests in everyday routines? For example, coming to the dinner table or putting away toys when you tell him/her.	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
19. Does your child cry, scream or have fits of rage that are prolonged?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v

To be filled in at CHC



	I			II
	AL- WAYS OR OFTEN	SOME- TIMES	SELDOM OR NEVER	INSERT A CROSS HERE IF THIS CONCERNS YOU
20. Does your child check that you are nearby when he/she is exploring new places such as parks or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
21. Does your child do things over and over again and get upset if you try to stop him/her? For example rocking, flapping their hands, spinning round or (Describe anything else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
22. Does your child hurt her/himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
23. Does your child keep away from dangerous things? For example, fire and moving cars.	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
24. Does your child break or destroy things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
25. Does your child use words to describe their own and others' feelings? For example "I am happy", "I don't like it" or "She is sad".	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
26. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
27. Do <i>other kids</i> like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
28. Does <i>your child</i> like to play with other kids?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="checkbox"/> v
29. Does your child try to hurt other children, adults or animals (e.g. by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
30. Does your child show an unusual interest in, or knowledge of sexual words/activities?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v
31. Has anyone expressed worries about your child's behaviours? If you marked "sometimes", "always", "often", give details below:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="checkbox"/> v

To be filled in at CHC

