
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> born?

_____ / _____ / _____
[day] [month] [year]

5. How much did <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

	Lbs		ozs
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OR

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

	Wks
--	-----

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

Pounds/Ounces = 1
Kilos/Grams = 2

	Lbs		ozs	OR	.	kg
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8. How long was <NAME> when he/she was born?
Range: ins: 1-22; cms: 0-80

Inches = 1
Centimetres = 2

	ins	OR		cms
--	-----	----	--	-----

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

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?

- 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

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

15. **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
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16. Which health professionals are looking after <NAME> now?

Please tick all that apply.

- A general practice team
- Plunket
- Specialist, e.g., a paediatrician
- Māori health provider
- Pacific Island health provider
- Public health nurse
- Community nurse
- Community health worker
- Other. Please specify
- None

17. **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