

Study Number :

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serial

BRITISH REGIONAL HEART STUDY

20 YEAR FOLLOW-UP SURVEY

QUESTIONNAIRE ON PHYSICAL ACTIVITY AND DIET

We should be very grateful if you would complete this questionnaire which asks about your physical activities and diet. Please return it to us with your appointment reply card in the reply-paid envelope provided. You may wish to seek help from others with some of the questions on diet, especially if you do not do your own cooking. If you have any difficulties in completing this questionnaire, please phone us on 0171 830 2335 and leave your telephone number so that we can call you back and answer your queries.

All information will be treated as **strictly confidential**.

Thank you for your help.

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PART I : PHYSICAL ACTIVITY

These questions are designed to find out how physically active you are in everyday life, both inside and outside your home. Please try to answer all questions, describing your usual activities **OVER THE LAST YEAR**.

Getting About

1.0 Which of the following forms of transport do you use most often? (tick only one box)

Car 1

Public transport 2

q20pa_q1_0

Walking or Cycling 3

Walking

1.1 How many miles do you walk in total in an average week? [q20pa_q1_1](#) miles / week

1.2 How many journeys of at **least a mile** do you walk each week? [q20pa_q1_2](#) journeys

(Please write '0' if none)

2.0 Household Activities

About how many hours each week do you usually spend on the following household activities ?
(please tick one box for each question)

	None 1	Less than 1 hour a week 2	1 to 3 hours a week 3	3 to 6 hours a week 4	6 to 10 hours a week 5	More than 10 hours a week 6
Light Activities (eg preparing food, cooking, washing up, dusting) q20pa_q2_0la						
Moderate Activities (eg cleaning, sweeping, hoovering washing floors, shopping) q20pa_q2_0ma						
Heavy Activities (eg scrubbing floors, walking with heavy shopping) q20pa_q2_0ha						

3.0 Climbing Stairs

How many flights of stairs do you climb up each day ? (a flight of stairs = 10-15 stairs)

	None 1	1 to 5 flights 2	6 to 10 flights 3	11 to 15 flights 4	More than 15 flights 5
On a weekday q20pa_q3_0wky					
On a weekend day q20pa_q3_0wkd					

4.0 Other Activities in the past year

Please indicate how often you did these activities **during the past year**.
If you didn't do a particular activity at all, simply write 'X' in the first column.

	How many times each month? <input type="text"/>	→	How many months of the year? <input type="text"/>	→	Average time on each occasion?	
					Hours <input type="text"/>	Minutes <input type="text"/>
Walking on specific journeys (eg to shops, errands)	q20pa_q4_0walk_tmonth	→	q20pa_q4_0walk_tyear	→	q20pa_q4_0walk_hocc	q20pa_q4_0walk_mocc
Rambling / Hiking	q20pa_q4_0ramb_tmonth	→	q20pa_q4_0ramb_tyear	→	q20pa_q4_0ramb_hocc	q20pa_q4_0ramb_mocc
Cycling	q20pa_q4_0cycle_tmonth	→	q20pa_q4_0cycle_tyear	→	q20pa_q4_0cycle_hocc	q20pa_q4_0cycle_mocc
Light gardening (eg watering the lawn/garden)	q20pa_q4_0lgarden_tmonth	→	q20pa_q4_0lgarden_tyear	→	q20pa_q4_0lgarden_hocc	q20pa_q4_0lgarden_mocc
Moderate gardening (eg planting, cutting grass)	q20pa_q4_0mgarden_tmonth	→	q20pa_q4_0mgarden_tyear	→	q20pa_q4_0mgarden_hocc	q20pa_q4_0mgarden_mocc
Heavy gardening (eg digging, shovelling)	q20pa_q4_0hgarden_tmonth	→	q20pa_q4_0hgarden_tyear	→	q20pa_q4_0hgarden_hocc	q20pa_q4_0hgarden_mocc
DIY (eg home / car maintenance, carpentry)	q20pa_q4_0DIY_tmonth	→	q20pa_q4_0DIY_tyear	→	q20pa_q4_0DIY_hocc	q20pa_q4_0DIY_mocc
Swimming	q20pa_q4_0swim_tmonth	→	q20pa_q4_0swim_tyear	→	q20pa_q4_0swim_hocc	q20pa_q4_0swim_mocc
Jogging	q20pa_q4_0jog_tmonth	→	q20pa_q4_0jog_tyear	→	q20pa_q4_0jog_hocc	q20pa_q4_0jog_mocc
Exercises (stretching, bending, keep fit, etc)	q20pa_q4_0exer_tmonth	→	q20pa_q4_0exer_tyear	→	q20pa_q4_0exer_hocc	q20pa_q4_0exer_mocc
Dancing	q20pa_q4_0dance_tmonth	→	q20pa_q4_0dance_tyear	→	q20pa_q4_0dance_hocc	q20pa_q4_0dance_mocc
Bowling (indoor, lawn, tenpin)	q20pa_q4_0bowl_tmonth	→	q20pa_q4_0bowl_tyear	→	q20pa_q4_0bowl_hocc	q20pa_q4_0bowl_mocc
Golf	q20pa_q4_0golf_tmonth	→	q20pa_q4_0golf_tyear	→	q20pa_q4_0golf_hocc	q20pa_q4_0golf_mocc
Tennis / Badminton	q20pa_q4_0tennis_tmonth	→	q20pa_q4_0tennis_tyear	→	q20pa_q4_0tennis_hocc	q20pa_q4_0tennis_mocc
Fishing	q20pa_q4_0fish_tmonth	→	q20pa_q4_0fish_tyear	→	q20pa_q4_0fish_hocc	q20pa_q4_0fish_mocc
Other exercises (please specify)	q20pa_q4_0oth1_tmonth	→	q20pa_q4_0oth1_tyear	→	q20pa_q4_0oth1_hocc	q20pa_q4_0oth1_mocc
	q20pa_q4_0oth2_tmonth	→	q20pa_q4_0oth2_tyear	→	q20pa_q4_0oth2_hocc	q20pa_q4_0oth2_mocc

OFFICE USE
 q20pa_q4_0oth1_off_use_box
 q20pa_q4_0oth2_off_use_box

5.0 Did you do any of these activities vigorously enough to cause sweating, breathlessness or fast heartbeat?

Yes No
 q20pa_q5_0

5.1 If Yes, for about how many minutes did you do such vigorous activities each week?

q20pa_q5_1 (mins)

5.2 Compared with your level of activity three years ago, are you doing
more
about the same
less

1 q20pa_q5_2
 2
 3

5.3 If less, please give the reason

OFFICE USE

q20pa_q5_3

PART II : YOUR DIET

1. Are you on any special diet (eg vegetarian, low fat, diabetic)? Yes No
 q20pa_q5_4 OFFICE USE
- If Yes**, please give details _____ q20pa_q5_4ifyes

How to fill in the diet questionnaire

The following questions are mostly about how often you **USUALLY** eat different sorts of food each week.

If you usually eat a food **every day**, ring **7** days a week

If you usually eat a food on **three days a week**, ring **3**, and so on

For foods which you eat **less than once a week** :-

Ring **M** if you eat it **at least** once a month

Ring **R** if you eat it **less than** once a month, or if you **never** eat it at all

Please ring **one** answer for each of the foods listed. Remember to circle **R** if you never eat a food.

Example

	Number of days each week							Monthly	Rarely/ Never
Food eaten every day (7 days a week)	⑦	6	5	4	3	2	1	M	R
Food eaten on three days a week	7	6	5	4	③	2	1	M	R
Food eaten less often than once a week but at least once a month	7	6	5	4	3	2	1	①M	R
Food eaten never or less than once a month	7	6	5	4	3	2	1	M	①R

Please ring the correct number or letter for every food item (one circle only per line)

0 8

		Number of days each week							Monthly	Rarely/ Never
2.	Meat									
q20di_q2a	(a) Beef (including minced beef, beef burgers)	7	6	5	4	3	2	1	M	R
q20di_q2b	(b) Lamb	7	6	5	4	3	2	1	M	R
q20di_q2c	(c) Pork, bacon, ham, salami	7	6	5	4	3	2	1	M	R
q20di_q2d	(d) Chicken, turkey, other poultry	7	6	5	4	3	2	1	M	R
q20di_q2e	(e) Tinned meat (all types, corned beef, etc)	7	6	5	4	3	2	1	M	R
q20di_q2f	(f) Pork Sausages	7	6	5	4	3	2	1	M	R
q20di_q2g	(g) Beef Sausages	7	6	5	4	3	2	1	M	R
q20di_q2h	(h) Meat Pie, Pasties	7	6	5	4	3	2	1	M	R
q20di_q2i	(i) Liver, kidney, heart	7	6	5	4	3	2	1	M	R
3.	Fish									
q20di_q3a	(a) White fish (cod, haddock, hake, plaice, fish fingers, etc)	7	6	5	4	3	2	1	M	R
q20di_q3b	(b) Kippers, herrings, pilchards, tuna, sardines, salmon, mackerel (including tinned)	7	6	5	4	3	2	1	M	R
q20di_q3c	(c) Shellfish	7	6	5	4	3	2	1	M	R
4.	Vegetables (fresh, tinned, dried, frozen)									
q20di_q4a	(a) Potatoes: boiled, baked, mashed	7	6	5	4	3	2	1	M	R
	(b) Potatoes									
q20di_q4bi	(i) chips or fried (from shop)	7	6	5	4	3	2	1	M	R
q20di_q4bii	(ii) chips, fried or (cooked at home)	7	6	5	4	3	2	1	M	R
q20di_q4biii	(iii) roast potatoes	7	6	5	4	3	2	1	M	R
q20di_q4c	(c) Green vegetables, salads	7	6	5	4	3	2	1	M	R
q20di_q4d	(d) Carrots	7	6	5	4	3	2	1	M	R
q20di_q4e	(e) Parsnips, swedes, turnips, beetroot, and other root vegetables	7	6	5	4	3	2	1	M	R
q20di_q4f	(f) Baked or butter beans, lentils, peas, chickpeas, sweetcorn	7	6	5	4	3	2	1	M	R
q20di_q4g	(g) Onions (cooked, raw, pickled)	7	6	5	4	3	2	1	M	R
q20di_q4h	(h) Garlic	7	6	5	4	3	2	1	M	R
q20di_q4i	(i) Spaghetti and other pasta	7	6	5	4	3	2	1	M	R
q20di_q4j	(j) Rice (all types except pudding rice)	7	6	5	4	3	2	1	M	R
q20di_q4k	(k) Tomatoes (fresh, tinned, pureed)	7	6	5	4	3	2	1	M	R
	How often do you eat fresh vegetables in :									
q20di_q4l	(l) summer	7	6	5	4	3	2	1	M	R
q20di_q4m	(m) winter	7	6	5	4	3	2	1	M	R

Please remember to circle ® if you never eat a food

5. **Fresh fruit**

		Number of days each week							0	8
									Monthly	Rarely/ Never
q20di_q5a (a)	summer	7	6	5	4	3	2	1	M	R
q20di_q5b (b)	winter	7	6	5	4	3	2	1	M	R
q20di_q5c (c)	Number of apples eaten a week	_____								
q20di_q5d (d)	Number of pears eaten a week	_____								
q20di_q5e (e)	Number of oranges or grapefruit eaten a week	_____								
q20di_q5f (f)	Number of bananas eaten a week	_____								
q20di_q5g (g)	Number of other fruits eaten a week (please give name and quantity)									

Name	Quantity	Name	Quantity	OFFICE USE
.....	<input type="checkbox"/>
.....	
.....	

6. **Cheese**

		Number of days each week							0	8
									Monthly	Rarely/ Never
q20di_q6a	Full- fat cheese (eg Cheddar, Leicester, Stilton, Brie, soft cheeses)	7	6	5	4	3	2	1	M	R
q20di_q6b	Low-fat cheese (eg Edam, Cottage cheese, reduced fat cheeses)	7	6	5	4	3	2	1	M	R

7. **Bread**

q20di_q7a (a)	White bread	7	6	5	4	3	2	1	M	R
q20di_q7b (b)	Brown bread	7	6	5	4	3	2	1	M	R
q20di_q7c (c)	Wholemeal	7	6	5	4	3	2	1	M	R
q20di_q7d (d)	Bread rolls	7	6	5	4	3	2	1	M	R
q20di_q7e (e)	Crispbread (Ryvita, cream crackers, etc)	7	6	5	4	3	2	1	M	R

please give name of crispbread etc.....

(f) Further details about your bread

	How many slices or rolls a day ?	Are the slices thick, medium or thin? Circle your answer.		
(i) White Bread	<u>q20di_q7fi</u>	thick ₁	medium ₂	thin ₃ <u>q20di_q7fi_s</u>
(ii) Brown Bread	<u>q20di_q7fii</u>	thick	medium	thin <u>q20di_q7fii_s</u>
(iii) Wholemeal Bread	<u>q20di_q7fiii</u>	thick	medium	thin <u>q20di_q7fiii_s</u>
(iv) Bread Rolls	<u>q20di_q7fiv</u>	large	medium	small <u>q20di_q7fiv_s</u>

Please remember to circle ® if you never eat a food

		Number of days each week							0	8
									Monthly	Rarely/ Never
8.	Breakfast Cereals									
q20di_q8a	(a) Grapenuts, Porridge, Ready Brek, Special K, Sugar Puffs, Rice Crispies	7	6	5	4	3	2	1	M	R
q20di_q8b	(b) Cornflakes, Muesli, Shredded Wheat, Sultana Bran, Weetabix	7	6	5	4	3	2	1	M	R
q20di_q8c	(c) Bran Flakes, Puffed wheat	7	6	5	4	3	2	1	M	R
q20di_q8d	(d) All Bran, Wheat Bran	7	6	5	4	3	2	1	M	R
q20di_q8e	(e) Another Cereal please give name	7	6	5	4	3	2	1	M	R
9.	Biscuits, puddings and sweets									
q20di_q9a	(a) Digestive biscuits, plain biscuits	7	6	5	4	3	2	1	M	R
q20di_q9b	(b) Sweet biscuits, sponge cakes, scones, buns	7	6	5	4	3	2	1	M	R
q20di_q9c	(c) Ice cream, sweet yoghurts, trifle	7	6	5	4	3	2	1	M	R
q20di_q9d	(d) Fruit cake, fruit bread, plum pudding	7	6	5	4	3	2	1	M	R
q20di_q9e	(e) Fruit tart, jam tart, fruit crumble	7	6	5	4	3	2	1	M	R
q20di_q9f	(f) Milk puddings (rice, tapioca)	7	6	5	4	3	2	1	M	R
q20di_q9g	(g) Tinned fruit, jellies	7	6	5	4	3	2	1	M	R
q20di_q9h	(h) Sweet sauces (chocolate, custard)	7	6	5	4	3	2	1	M	R
q20di_q9i	(i) Chocolate, chocolate bars, sweets (all types)	7	6	5	4	3	2	1	M	R
10.	Eggs									
q20di_q10a	(a) Eggs (boiled, poached, fried, scrambled)	7	6	5	4	3	2	1	M	R
q20di_q10b	(b) Eggs in baked dishes (eg flans, quiches, soufflés, egg custard, etc)	7	6	5	4	3	2	1	M	R
11.	Other foods									
q20di_q11a	(a) Soups (all kinds, home-made, tinned, packet)	7	6	5	4	3	2	1	M	R
q20di_q11b	(b) Nuts, nut butter (eg salted or unsalted peanuts)	7	6	5	4	3	2	1	M	R
q20di_q11c	(c) Savoury snacks (eg potato crisps, corn chips, crackers)	7	6	5	4	3	2	1	M	R
q20di_q11d	(d) Chutney, brown sauce, tomato sauce	7	6	5	4	3	2	1	M	R
q20di_q11e	(e) Sweet spreads (eg jam, honey, marmalade, chocolate spread)	7	6	5	4	3	2	1	M	R
12.	Drinks and Juices (non-alcoholic)									
q20di_q12a	(a) Natural fruit juices (including tomato juice)	7	6	5	4	3	2	1	M	R
q20di_q12b	(b) Fizzy drinks and Non-diet squashes	7	6	5	4	3	2	1	M	R
q20di_q12c	(c) Low calorie (diet) squashes and fizzy drinks	7	6	5	4	3	2	1	M	R

Please remember to circle ® if you never eat a food

13. Milk

(a) Roughly how much milk do you drink a day in tea, coffee, milky drinks or cereals? (Tick only one box)

q20di_q13a

- 1 none at all
- 2 half pint or less
- 3 between half and one pint
- 4 more than one pint

(b) What kind of milk do you usually use? (Tick only one box)

q20di_q13b

- 1 full fat milk, fresh or dried
- 2 semi-skimmed milk, fresh or dried
- 3 fully skimmed milk, fresh or dried
- 4 other kinds of milk, eg condensed, evaporated

14. Fats

(a) What do you usually spread on bread?

OFFICE USE

q20di_q14a_butter

1 butter Give brand name

q20di_q14a_ffsmarg

1 full-fat soft margarine Give brand name

q20di_q14a_ffsmarg_box

q20di_q14a_lfsmarge

1 low-fat soft margarine Give brand name

q20di_q14a_lfsmarge_box

q20di_q14a+hmarge

1 hard margarine Give brand name

(b) How do you normally spread the fat?

q20di_q14b

- 1 thinly
- 2 average
- 3 thickly

(c) How often do you eat home-fried food (including chips), cooked with :-

q20di_q14c_lard

		Number of days each week							0	8
		7	6	5	4	3	2	1	Monthly	Rarely/ Never
Lard, dripping, solid vegetable oil		7	6	5	4	3	2	1	M	R
	Give brand name and type									

q20di_q14c_lard_box

q20di_q14c_lvo

Liquid vegetable oil		7	6	5	4	3	2	1	M	R
	Give brand name and type									

q20di_q14c_lvo_box

15. Salt

(a) How much salt is added to your food, on cooking?

q20di_q15a

- 1 a lot
- 2 a little
- 3 none

(b) How much salt is added to your food on your plate?

q20di_q15b

- 1 a lot
- 2 a little
- 3 none

Please remember to circle ® if you never eat a food

16. **Your household**

How many people normally eat in your household ?

Number of adults (including yourself) [q20di_q16num_ad](#) Number of children 1 to 4 years old [q20di_q16num_ch1to4](#)

Number of children 5 to 16 years old [q20di_q16num_ch5to16](#) Number of babies under 1 year old [q20di_q16num_chupto1](#)

17. How much of the following foods does **your household** use on average **each week** (including cooking and baking)? If you live on your own, please give the amounts which you yourself eat a week.

	If rarely or never used tick here						
Butter	q20di_q17butt_rare <input type="checkbox"/>	<input type="checkbox"/>	q20di_q17butt_lbs lbs	q20di_q17butt_ozs OZS	or	q20di_q17butt_gr grams	
Margarine (all types)	q20di_q17marg_rare <input type="checkbox"/>	<input type="checkbox"/>	q20di_q17marg_lbs lbs	q20di_q17marg_ozs OZS	or	q20di_q17marg_gr grams	
Lard and solid vegetable oil	q20di_q17svo_rare <input type="checkbox"/>	<input type="checkbox"/>	q20di_q17svo_lbs lbs	q20di_q17svo_ozs OZS	or	q20di_q17svo_gr grams	
Liquid vegetable oil (eg Sunflower, Corn, Groundnut oil)	q20di_q17lvo_rare <input type="checkbox"/>	<input type="checkbox"/>		q20di_q17lvo_ozs OZS	or	q20di_q17lvo_ml ml	
Olive Oil	q20di_q17oo_rare <input type="checkbox"/>	<input type="checkbox"/>		q20di_q17oo_ozs OZS	or	q20di_q17oo_ml ml	
Cream	q20di_q17cream_rare <input type="checkbox"/>	<input type="checkbox"/>		q20di_q17cream_ozs OZS	or	q20di_q17cream_ml ml	
Full- fat cheese (eg Cheddar, Leicester, Stilton, Brie, and soft cheeses)	q20di_q17fchee_rare <input type="checkbox"/>	<input type="checkbox"/>	q20di_q17fchee_lbs lbs	q20di_q17fchee_ozs OZS	or	q20di_q17fchee_gr grams	
Low-fat cheese (eg reduced fat cheddar, reduced fat soft cheeses, Edam)	q20di_q17lfchee_rare <input type="checkbox"/>	<input type="checkbox"/>	q20di_q17lfchee_lbs lbs	q20di_q17lfchee_ozs OZS	or	q20di_q17lfchee_gr grams	
Sugar	q20di_q17sug_rare <input type="checkbox"/>	<input type="checkbox"/>	q20di_q17sug_lbs lbs	q20di_q17sug_ozs OZS	or	q20di_q17sug_gr grams	

18. **Hot drinks**

Coffee

(a) How many cups of **coffee** do you have a day ? [q20di_q18a](#) cups a day

Is this ₁ ground coffee ₂ instant coffee [q20di_q18a_type](#)

Is it decaffeinated ? ₁ Yes ₂ No [q20di_q18a_decaf](#)

(b) How many teaspoons of sugar do you take in each cup ? [q20di_q18b](#) teaspoons
(Do not count artificial sweeteners)

Tea

(c) How many cups of **tea** do you have a day ? [q20di_q18c](#) cups a day

(d) How many teaspoons of sugar do you take in each cup ? [q20di_q18d](#) teaspoons
(Do not count artificial sweeteners)

Other Hot Drinks

(e) How many cups of other hot drinks (eg drinking hot chocolate, malted milk, Horlicks) do you have a day ? [q20di_q18e](#) cups a day

19. **Alcoholic drinks**

- (a) Have you ever consumed alcoholic drinks ? Yes No
₁ ₂ q20di_q19a
- (b) Do you take alcoholic drinks at present ? Seldom
₁ ₂ ₃ q20di_q19b

(c) Think back carefully over the last seven days.
 Please write the number of alcoholic drinks you have consumed on each day during the past week. It may help if you try to remember where you were and who you were with on each day.

For each day, write in how much you have drunk:

- (i) the **number of pints** of non-alcoholic beer, lager, etc
- (ii) the **number of pints** of low-alcohol beer, lager, etc
- (iii) the **number of pints** of beer, lager, shandy, cider, stout, etc
- (iv) the **number of single glasses** of whisky, vodka, gin, rum, etc
- (v) the **number of single glasses** of wine, sherry, martini, port, etc

	(i) Pints of Non-alcoholic Beer □□	(ii) Pints of Low-alcohol Beer □□	(iii) Pints of Beer, Lager, Shandy □□	(iv) Single glasses of Spirits □□	(v) Single glasses of Wine □□
Monday	q20di_q19c_M_i	q20di_q19c_M_ii	q20di_q19c_M_iii	q20di_q19c_M_iv	q20di_q19c_M_v
Tuesday	q20di_q19c_Tu_i	q20di_q19c_Tu_ii	q20di_q19c_Tu_iii	q20di_q19c_Tu_iv	q20di_q19c_Tu_v
Wednesday	q20di_q19c_W_i	q20di_q19c_W_ii	q20di_q19c_W_iii	q20di_q19c_W_iv	q20di_q19c_W_v
Thursday	q20di_q19c_Th_i	q20di_q19c_Th_ii	q20di_q19c_Th_iii	q20di_q19c_Th_iv	q20di_q19c_Th_v
Friday	q20di_q19c_F_i	q20di_q19c_F_ii	q20di_q19c_F_iii	q20di_q19c_F_iv	q20di_q19c_F_v
Saturday	q20di_q19c_Sa_i	q20di_q19c_Sa_ii	q20di_q19c_Sa_iii	q20di_q19c_Sa_iv	q20di_q19c_Sa_v
Sunday	q20di_q19c_Su_i	q20di_q19c_Su_ii	q20di_q19c_Su_iii	q20di_q19c_Su_iv	q20di_q19c_Su_v

- (d) Would you say last week was fairly typical of what you usually have to drink in one week ? Yes No
₁ ₂ q20di_q19d

- (e) If last week was not typical, would you normally drink more or less in a week ? More Less
₁ ₂ q20di_q19e

20. **Birth Weight**

Recent research has suggested that circumstances around the time of birth, and particularly birthweight, may influence the heart and circulation many years later.

If you can tell us about your birthweight and the birthweight (s) of your children (asking other family members if necessary) this would be very helpful :-

(a) **Your birth weight:** q20di_q20a_bwt_lb lb q20di_q20a_bwt_oz oz Not known q20di_q20a_bwt_dk

(b) **The birthweight of your children:-**

		Boy	Girl	Not known	
First Child	<input type="text"/> <small>q20di_q20b_ch1_bwt_lb</small> lb <input type="text"/> <small>q20di_q20b_ch1_bwt_oz</small> oz	<input type="checkbox"/> ₁	<input type="checkbox"/> <small>q20di_q20b_sex_ch1</small> ₂	Does not apply	<input type="checkbox"/> <small>q20di_q20b_ch_bwt_dk</small> ₁
Second Child	<input type="text"/> <small>q20di_q20b_ch2_bwt_lb</small> lb <input type="text"/> <small>q20di_q20b_ch2_bwt_oz</small> oz	<input type="checkbox"/> ₁	<input type="checkbox"/> <small>q20di_q20b_sex_ch2</small> ₂		<input type="checkbox"/> <small>q20di_q20b_ch_bwt_dk</small> ₁
Etc	<input type="text"/> <small>q20di_q20b_ch3_bwt_lb</small> lb <input type="text"/> <small>q20di_q20b_ch3_bwt_oz</small> oz	<input type="checkbox"/> ₁	<input type="checkbox"/> <small>q20di_q20b_sex_ch3</small> ₂		
	<input type="text"/> <small>q20di_q20b_ch4_bwt_lb</small> lb <input type="text"/> <small>q20di_q20b_ch4_bwt_oz</small> oz	<input type="checkbox"/> ₁	<input type="checkbox"/> <small>q20di_q20b_sex_ch4</small> ₂		
	<input type="text"/> <small>q20di_q20b_ch5_bwt_lb</small> lb <input type="text"/> <small>q20di_q20b_ch5_bwt_oz</small> oz	<input type="checkbox"/> ₁	<input type="checkbox"/> <small>q20di_q20b_sex_ch5</small> ₂		

Thank you for your help with this questionnaire.

Please check that you have answered all questions and return the questionnaire to us in the envelope provided.

No stamp is required.

For comments:

beer1 - converted to alcohol Units from Q19(c) Mon [q20di_qbeer1_alc_units_M](#)
 beer2 - converted to alcohol Units from Q19(c) Tues [q20di_qbeer1_alc_units_Tu](#)
 beer3 - converted to alcohol Units from Q19(c) Wed [q20di_qbeer1_alc_units_W](#)
 beer4 - converted to alcohol Units from Q19(c) Thur [q20di_qbeer1_alc_units_Th](#)
 beer5 - converted to alcohol Units from Q19(c) Fri [q20di_qbeer1_alc_units_F](#)
 beer6 - converted to alcohol Units from Q19(c) Sat [q20di_qbeer1_alc_units_Sa](#)
 beer7 - converted to alcohol Units from Q19(c) Sun [q20di_qbeer1_alc_units_Su](#)