SING

Studying Impact of Nutrition on Growth

Subject Code: _____

( )

(Official use only)

Child's Health Profile

Gender: Birthday: (Year) (Month) (Day)

Fill-in Date: 2017 (Year) (Month) (Day)

Thank you for participating in SING project. This health profile aims to follow up on your child's health and development, daily lifestyle and eating habit, etc, and the information shall help us explore factors that influence children's growth. To assess the changes in your child's diet, three record tables are attached in this health profile for parents to fill in the food records for at least two days (at most three days), including at least one weekday (Monday to Friday) and one weekend (Saturday or Sunday). Please refer to the arrangements below as suggested by the school. The third day food record can be omitted if parents think your child's diet does not vary much and the one weekday and one weekend food record adequately reflect the usual food intake of your child. For more guidance on filling food record, please refer to 'Things to note when filling food records'.

Suggested arrangement by the school when filling in food records:

Please refer to the suggested arrangement as indicated on the printed version of your Child's Health Profile

Please complete by the date indicated on the printed version or no later than 2017 Summer

Methods of submission :

Electronic version ─ Please send us by email to singproject@cuhk.edu.hk or WhatsApp messsage to 68593296;

Printed version ─ Please return it to our centre by using the return envelope provided.

Please kindly review the information of your child and your contact information as shown below. We will inform you any updates about SING project or health-related events via the contact information below.

The schools your child studied:

Year 2015-2016

Year 2016-2017

Postal address：

Phone number：

Email address：

} Please refer to the information provided on the printed version

If any missing information or mistake is found, please tell us any changes or updates required by using the box below:

Your Child's Growth History

In order to know the growing trend of your child since birth and explore factors that influence the growth, parents are encouraged to make use of the tables below and provide us the height and weight of your child during 0-2 year-old. You may take reference from 'Child's Health Record from HKSAR Department of Health' or previous measurement records by doctors or nurses when completing the following tables. If the nurses only put the relevant information on the graphs, we encourage you to photocopy the graphs and paste it in the box in the next page. Taking photos of the graphs and sending us via WhatsApp is another method parents may consider.

Age	Assessment date (D/M/Y)	Height (cm)	Weight (kg)
Please refer to the information included in the printed version.			

24th months (2 year-old)

Assessment date (D/M/Y)	Height (cm)	Weight (kg)

18th months (1.5year-old)

Assessment date (D/M/Y)	Height (cm)	Weight (kg)

12th months (1 year-old)

Assessment date (D/M/Y)	Height (cm)	Weight (kg)

6th month

Assessment date (D/M/Y)	Height (cm)	Weight (kg)

Child's Growth Chart -Weight

If the nurses only plotted the weight data on the graph, we encourage you to photocopy the graph **'Weight-for-age from 0-2 year-old'** and paste it in this box.

Child's Growth Chart -Height

If the nurses only plotted the weight data on the graph, we encourage you to photocopy the graph **'Height-for-age from 0-2 year-old'** and paste it in this box.

The following questions are about the immunization status of your child. A universal vaccination scheme is introduced by the Department of Health for all children to receive six different types of vaccines and boosters before Primary one. **Please complete Q1 to Q7 with reference to the Immunization record of your child (i.e. injection card)**: Fill the answer circles completely (○→●) to represent the child has received the corresponding vaccination; leave the circle blank to represent the child is not vaccinated until now; choose "not sure" and leave all other circles blank if you are uncertain whether your child is vaccinated.

1. Has the child received the first dose of BCG vaccine?

   ○ First dose ○ Not sure

2. Has the child received three doses of Hepatitis B vaccine? (More than one choice can be chosen)

   ☐ First dose ☐ Second dose ☐ Third dose ☐ Not sure

3. Has the child received four doses of DTaP-IPV Vaccine? (More than one choice can be chosen)

   ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster (Forth dose)

   ☐ Not sure

4. Has the child received the first dose of MMR vaccine?

   ○ First dose ○ Not sure

5. Has the child received four doses of Pneumococcal Vaccine? (More than one choice can be chosen)

   ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster (Forth dose)

   ☐ Not sure

6. Has the child received the first dose of Varicella Vaccine?

   ○ First dose ○ Not sure

7. Besides the vaccines as recommended by Department of Health, has the child received any other vaccines? (More than one choice can be chosen if applicable)

   ☐ Influenza vaccine
   ☐ Haemophilus Influenzae Type B (Hib) vaccine
   ☐ Meningococcal vaccine
   ☐ Hepatitis A vaccine
   ☐ Rotavirus vaccine
   ☐ Varicella vaccine booster dose
   ☐ Japanese Encephalitis vaccine
   ☐ Combined vaccines which contain a combination of various vaccine components
   ☐ None of Above
   ☐ Other vaccine：_____

(Remarks: Parents should seek medical advice from doctors before vaccination.)

The following 4 questions are about the eating habit of the child:

8. How many meals does the child usually have in a day? All meals at home and in school or restaurant are included, for example, breakfast, lunch, dinner, afternoon tea and midnight snack.

- ○ 2 meals per day
- ○ 3 meals per day
- ○ 4 meals per day
- ○ 5 meals per day
- ○ More than 5 meals per day
- ○ Not sure

9. In a typical week, how many days does your child have breakfast?

- ○ 7 days / Everyday
- ○ 5 to 6 days
- ○ 3 to 4 days
- ○ 1 to 2 days
- ○ 0 day
- ○ Not sure

10. In a typical day, how long does your child take to finish a main meal?

- ○ Less than 30 minutes
- ○ 30 to 45 minutes
- ○ Over 45 minutes but less than an hour
- ○ More than an hour
- ○ Not sure

11. Further to Question 10, how do you describe the eating speed for the child?

- ○ Very slow
- ○ A little bit slow
- ○ Normal speed
- ○ A bit fast
- ○ Very fast
- ○ No comment

12. The questions in following table are about the usual feeding pattern of the parents. Please read the sentence and choose the most suitable option. You are reminded that <u>there is no right or wrong for those sentences</u> as we simply want to know how parents feel and the usual practice when feeding the child.

	Never	Seldom	Sometimes (Happened every month)	Usually (Happened every week)	Always (Happened everyday)
12.1 I allow my child to choose which foods to have for meals...……..……...…>	○	○	○	○	○
12.2 I give my child something to eat to make him/her feel better when s/he is feeling upset ..…..…….>	○	○	○	○	○
12.3 I encourage my child to look forward to the meal ……...……..……>	○	○	○	○	○
12.4 I praise my child if s/he eats what I give him/her.……...……..…>	○	○	○	○	○
12.5 I decide how many snacks my child should have ……..…>	○	○	○	○	○
12.6 I encourage my child to eat a wide variety of foods. ……...……..…..>	○	○	○	○	○

	Never	Seldom	Sometimes (Happened every month)	Usually (Happened every week)	Always (Happened everyday)
12.7 In order to get my child to behave him/herself I promise him/her something to eat. ……..…..…...>	○	○	○	○	○
12.8 I present food in an attractive way to my child …..…….……..>	○	○	○	○	○
12.9 If my child misbehaves I withhold his/her favourite food ……...….>	○	○	○	○	○
12.10 I encourage my child to taste each of the foods I serve at mealtimes. ……...……...>	○	○	○	○	○
12.11 I allow my child to wander around during a meal ……..……..…….>	○	○	○	○	○
12.12 I encourage my child to try foods that s/he hasn't tasted before …… ……...…….……...>	○	○	○	○	○
12.13 I give my child something to eat to make him/her feel better when s/he has been hurt ……..……...….>	○	○	○	○	○
12.14 I let my child decide when s/he would like to have her meal ……...….…….……>	○	○	○	○	○
12.15 I give my child something to eat if s/he is feeling bored ……..…….…….....>	○	○	○	○	○
12.16 I allow my child to decide when s/he has had enough snacks to eat …….…..>	○	○	○	○	○
12.17 I decide when it is time for my child to have a snack ……..……..…>	○	○	○	○	○
12.18 I use puddings as a bribe to get my child to eat his/her main course ……...….>	○	○	○	○	○
12.19 I encourage my child to enjoy his/her food ……..……...…..>	○	○	○	○	○
12.20 I decide the times when my child eats his/her meals ……..….……...…….>	○	○	○	○	○
12.21 I give my child something to eat to make him/her feel better when s/he is worried ……....>	○	○	○	○	○

	Never	Seldom	Sometimes (Happened every month)	Usually (Happened every week)	Always (Happened everyday)
12.22 I reward my child with something to eat when s/he is well behaved……..……...…>	○	○	○	○	○
12.23 I let my child eat between meals whenever s/he wants …….....…>	○	○	○	○	○
12.24 I insist my child eats meals at the table ….....>	○	○	○	○	○
12.25 I give my child something to eat to make him/her feel better when s/he is feeling angry …>	○	○	○	○	○
12.26 I decide what my child eats between meals …..>	○	○	○	○	○
12.27 I praise my child if s/he eats a new food.……..>	○	○	○	○	○

The following 3 questions are about the time spent for taking care of the child daily. We understand that each family has a featured structure with parents having different working pattern, so there is no standard on "excess" or "inadequate" in terms of time spent with the children. Please choose the answer accordingly.

13. In a typical day, how much time do the parents spend <u>daily</u> on having physical contact with the child, and taking care of his/her physical and emotional needs personally? This is what we call the time spent on "Physical and emotional child care" which includes feeding, bathing, dressing, putting the child to sleep, carrying, holding, cuddling, hugging and soothing the child.

- Father:
  - ○ None
  - ○ less than 1 hour daily
  - ○ 1 hour to nearly 2 hours
  - ○ 2 hours to nearly 3 hours
  - ○ 3 hours to nearly 4 hours
  - ○ 4 to nearly 5 hours
  - ○ 5 to nearly 6 hours
  - ○ 6 hours to nearly 7 hours
  - ○ 7 hours or above
  - ○ Not sure
- Mother:
  - ○ None
  - ○ less than 1 hour daily
  - ○ 1 hour to nearly 2 hours
  - ○ 2 hours to nearly 3 hours
  - ○ 3 hours to nearly 4 hours
  - ○ 4 to nearly 5 hours
  - ○ 5 to nearly 6 hours
  - ○ 6 hours to nearly 7 hours
  - ○ 7 hours or above
  - ○ Not sure

14. In a typical day, how much time do the parents spend daily on having face-to-face interaction with the child? This is what we call the time spent on "interactive child care" which includes not only guiding the child to learn, reading together, telling stories, playing games, listening to child, but also talking with, and reprimanding children.

- Father:
  - ○ None
  - ○ less than 1 hour per day
  - ○ 1 hour to nearly 2 hours
  - ○ 2 hours to nearly 3 hours
  - ○ 3 hours to nearly 4 hours
  - ○ 4 to nearly 5 hours
  - ○ 5 hours or above
  - ○ Not sure

- Mother:
  - ○ None
  - ○ less than 1 hour per day
  - ○ 1 hour to nearly 2 hours
  - ○ 2 hours to nearly 3 hours
  - ○ 3 hours to nearly 4 hours
  - ○ 4 to nearly 5 hours
  - ○ 5 hours or above
  - ○ Not sure

15. In a typical day, how much time do the parents spend daily on looking after the child? This is what we call the time spent on "passive child care" which includes supervising games and recreational activities such as swimming, being an adult presence for the child to turn to, maintaining a safe environment, monitoring the child playing outside the home and watching the child sleep.

- Father:
  - ○ None
  - ○ less than 1 hour per day
  - ○ 1 hour to nearly 2 hours
  - ○ 2 hours to nearly 3 hours
  - ○ 3 hours to nearly 4 hours
  - ○ 4 to nearly 5 hours
  - ○ 5 hours or above
  - ○ Not sure

- Mother:
  - ○ None
  - ○ less than 1 hour per day
  - ○ 1 hour to nearly 2 hours
  - ○ 2 hours to nearly 3 hours
  - ○ 3 hours to nearly 4 hours
  - ○ 4 to nearly 5 hours
  - ○ 5 hours or above
  - ○ Not sure

The following 2 questions are about the time the child spent on sedentary activities …

16. According to your observation in the past 7 days, on average how much time did your child spend daily in total on watching TV (includes children's programmes, soap operas or news etc.), and watching videos by means of electronic devices? This does NOT include the time spent on learning activities in kindergarten.

- ○ Did not watch any programmes or online videos
- ○ Less than 30 minutes daily
- ○ 30 minutes to nearly 1 hour
- ○ 1 hour to nearly 2 hours
- ○ 2 hours to nearly 3 hours
- ○ 3 hours to nearly 4 hours
- ○ 4 hours to nearly 5 hours
- ○ 5 hours to nearly 6 hours
- ○ 6 hours or above
- ○ Not sure

17. According to your observation in the past 7 days, on average how much time did your child spend daily in total on playing electronic games? This includes video games, computer games, mobile games, games on tablet etc. This does NOT include the time spent on learning activities in kindergarten.

- ○ Did not play any electronic games
- ○ Less than 15 minutes per day
- ○ 15 minutes to nearly half hour
- ○ Half hour to nearly 1 hour
- ○ 1 hour to nearly 2 hours
- ○ 2 hours to nearly 3 hours
- ○ 3 hours or above
- ○ Not sure

The following 9 questions are about the medical history of the child…

18. During neonatal stage of the child (From birth to 1 month), did the child have the following disease(s)? (More than one choice can be chosen if applicable)

- ☐ Neonatal Jaundice
- ☐ Neonatal fever
- ☐ Neonatal Meningitis
- ☐ Neonatal Pneumonia
- ☐ Neonatal Diarrhea
- ☐ Neonatal Septicemia
- ☐ Neonatal Anemia
- ☐ Neonatal Hypoglycemia
- ☐ Fitting (Twitching of hands and feet)
- ☐ None of Above

✎ If the child had other neonatal disease(s) and was hospitalized for more than 1 week, please specify:

_____.

19. Further to Q18, was the child diagnosed for the following disease(s) by doctor after toddler stage? (More than one choice can be chosen if applicable)

- ☐ Eczema/Other allergic dermatitis
- ☐ Childhood asthma
- ☐ Childhood pneumonia
- ☐ Dental and oral disorders
- ☐ Childhood obesity
- ☐ Childhood malnutrition
- ☐ Appendicitis
- ☐ Middle ear infection (Otitis media)
- ☐ Hand, foot and mouth disease
- ☐ Childhood anemia
- ☐ Childhood hyperglycemia
- ☐ Childhood hypertension
- ☐ Congenital heart disease
- ☐ Glucose-6-Phosphate dehydrogenase deficiency /G6PD
- ☐ Urinary tract infection /Other urinary system disorders
- ☐ Epilepsy / Other nerve system disorders
- ☐ Arthritis / Other bone and joint diseases
- ☐ None of above

✎ If the child had other childhood disease(s) and was on medication for more than 10 days, please specify:

_____.

20. Further to Q19, was the child diagnosed with the following developmental disorder(s) by the professionals? (More than one choice can be chosen if applicable)

- ☐ Hyperkinetic disorder / Hyperactive
- ☐ Autism
- ☐ Emotional disorders
- ☐ Sleep disorders
- ☐ Dysaudia (Hearing disorder)
- ☐ Speech and language impairment
- ☐ Dyslexia (Reading disorder)
- ☐ Intellectual disability / General learning disability
- ☐ Short-sightedness / Long sightedness
- ☐ Other visual disability
- ☐ Developmental delays
- ☐ Other growth and developmental disorders
- ☐ None of above

✎ If the child had other developmental disorder(s), please specify:_____

21. Had the child been receiving long-term medication(s) (more than 1 month)? If applicable, please give the details of the medication(s). If the medication(s) is still currently given, please put down "Continuing" in the column "Stop date of the medication".

Name of medication / Reason(s) for taking medication	Start date of the medication (Month / Year)	Stop date of the medication (Month / Year)

22. Has the child been diagnosed on being allergic or intolerant to the following potential allergens? (More than one choice can be chosen if applicable)

- ☐ Allergic to egg
- ☐ Allergic to dairy products
- ☐ Allergic to penicillin
- ☐ Allergic to Prawn, Crab, Shellfish
- ☐ Allergic to pollen
- ☐ Allergic to gluten e.g. Wheat, Barley, Oat
- ☐ Allergic to some fish or Seafood
- ☐ Allergic to broad, or fava, bean (Vicia faba)
- ☐ None of above
- ☐ Allergic to peanut or nuts
- ☐ Allergic to camphor

✎ If the child has allergic reaction(s) to other substance(s), please specify:

_____.

23. As far as you know, how many time(s) has the child got sick and required doctor consultation over the past 6 months?

- ○ Did not get sick in past 6 months
- ○ 1 time only
- ○ 2 times
- ○ 3 to 4 times
- ○ 5 to 6 times
- ○ 6 times or above
- ○ Not sure

24. Hence, what is/are the main reason(s) for the child to seek doctor consultation in the past 6 months? For those more serious symptom(s), please also specify the number of doctor visits due to those symptom(s). More than one choice can be chosen if applicable; if the child did not consult any doctor in the past 6 months for the following symptoms, please choose "Did not consult any doctor in the past 6 months".

- ☐ Did not consult any doctor in the past 6 months
- ☐ Sore throat without fever
- ☐ Sore throat with fever:____time(s)
- ☐ Fever due to other inflection(s):____time(s)
- ☐ Running nose
- ☐ Coughing
- ☐ Wheezes / Breathing problem(s):____time(s)
- ☐ Diarrhea / Vomiting / Abdominal pain
- ☐ Abdominal pain without diarrhea or vomiting
- ☐ Urination / defecaton problem(s)
- ☐ Toothache / oral problem(s)
- ☐ Loss of appetite
- ☐ Skin rash / Skin problem(s):____time(s)
- ☐ Dizziness
- ☐ Growth or developmental problem(s)
- ☐ Hypersomnia / Confusion
- ☐ Feeling unwell
- ☐ Eye pain / Vision problem(s)
- ☐ Ear pain / Hearing problem(s)
- ☐ Joint pain / Bone problem(s)
- ☐ Epileptic seizure:____time(s)

✎ If the child consulted doctor for other reason(s), please specify:

_____

25. Since birth, did s/he need hospitalization or observation in hospital due to any illness?

- ○ Never
- ○ 1 time
- ○ 2 times
- ○ 3 times
- ○ More than 3 times
- ○ not sure

26. Hence, if the child has been hospitalized or observed in hospital due to any illness, in the following table please provide the related details (e.g. in mm/yyyy the child was hospitalized due to fever; in mm/yyyy the child stayed in the hospital for 2 days after circumcision; in mm/yyyy the child had continuous observation in the hospital due to contusion), leave blank if not applicable.

Duration of hospitalization (Month / Year)	Reasons of hospitalization

The following 'Child's Food Record' is the last section of this Health Profile. The 3 questions below intend to know in general how the food for the child is usually prepared. Parents are encouraged to read the 'Things to note when filling food records' enclosed (Picture on the left) which provides guidance and examples for reference when completing the 2-3 days food records. You can also make use of the "Children's Food Photo Book" and the 300ml bowl given previously (Pictures on the right) when estimating the amount of food taken by the child.

27. In the past 3 months, did you use any cooking oil when preparing food for your child?

- ○ Never / tried not to add any oil
- ○ Only added a little oil
- ○ Added adequate amount of oil
- ○ Quite an amount of oil is added
- ○ Not sure

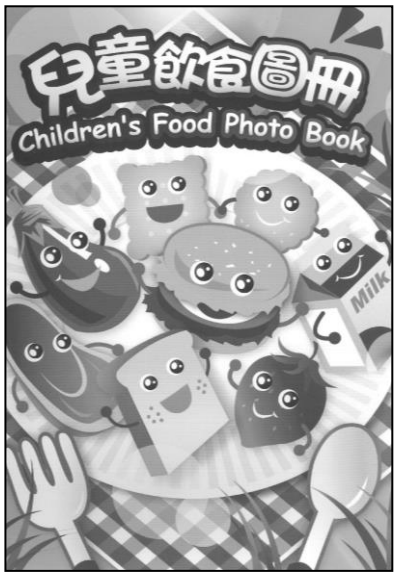
28. In the past 3 months, what kind of cooking oils did you use when preparing meals for your child? (More than one choice can be chosen)

- ☐ Corn Oil
- ☐ Pure Vegetable Oil
- ☐ Peanut Oil
- ☐ Canola Oil
- ☐ Olive Oil
- ☐ Rice Bran Oil
- ☐ Lard
- ☐ Butter
- ☐ Margarine
- ☐ Not sure

✎ Others (please specify): _____

29. In the past 3 months, did you add salt or soy sauce when preparing food for your child?

- ○ Never / tried not to add any salt / soy sauce
- ○ Only a dash of salt / a little bit of soy sauce
- ○ Added adequate amount of salt / soy sauce
- ○ Quite an amount of salt/soy sauce is added
- ○ Not sure



First Day Food Dairy (Weekday) **Date:**_____ 2017 **(Day:**_____**)**

Eating Time	Meal Type	Name / Ingredients of food and drinks	Cooking Method	Addition of Condiments*	Eating Location	Amount Eaten
✎ Gentle reminder: Did your child eat any snacks, junk food or candy? Any drinks (include water)? Don't forget to put them down in the diary!						

* If you added any of the seasonings below during cooking, please put the relevant number in the box: 1. Cooking Oil; 2. Salt; 3. Sugar; 4. Soy sauce / Oyster sauce. If "any other seasonings" are added, please specify.

* If the food is not prepared at home and the seasonings were in doubt, you may put down "?" in the 'Seasonings' column, we will try to guess the seasonings used based on the food description and make adjustment to the amount of cooking oil, salt and sugar added in the that meal.

Second Day Food Dairy (Weekend) Date: 2017 ( )

Eating Time	Meal Type	Name / Ingredients of food and drinks	Cooking Method	Addition of Condiments*	Eating Location	Amount Eaten
✎ Gentle reminder: Did your child eat any snacks, junk food or candy? Any drinks (include water)? Don't forget to put them down in the diary!						

* If you added any of the seasonings below during cooking, please put the relevant number in the box: 1. Cooking Oil; 2. Salt; 3. Sugar; 4. Soy sauce / Oyster sauce. If "any other seasonings" are added, please specify.

* If the food is not prepared at home and the seasonings were in doubt, you may put down "?" in the 'Seasonings' column, we will try to guess the seasonings used based on the food description and make adjustment to the amount of cooking oil, salt and sugar added in the that meal.

If you think the two days chosen have sufficiently reflected what your child eat usually, the third day can be omitted

Third Day Food Dairy (Weekday) Date: 2017 ( )

Eating Time	Meal Type	Name / Ingredients of food and drinks	Cooking Method	Addition of Condiments*	Eating Location	Amount Eaten
✎ Gentle reminder: Did your child eat any snacks, junk food or candy? Any drinks (include water)? Don't forget to put them down in the diary!						

* If you added any of the seasonings below during cooking, please put the relevant number in the box: 1. Cooking Oil; 2. Salt; 3. Sugar; 4. Soy sauce / Oyster sauce. If "any other seasonings" are added, please specify.

* If the food is not prepared at home and the seasonings were in doubt, you may put down "?" in the 'Seasonings' column, we will try to guess the seasonings used based on the food description and make adjustment to the amount of cooking oil, salt and sugar added in the that meal.