

CRF A: Parent/Caregiver Survey

Kia ora, talofa lava, kia orana, malo e lelei, ni sa bula vinaka, taloha ni, and warm greetings to parent/caregivers

Thank you for taking the time to participate in our study.

All responses will be confidential, and you or your child will not be identifiable. All names or other identifiers will be anonymised/omitted before study findings are distributed.

This survey will take approximately 15 minutes to complete

What is your relationship to the child in this study?

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Other

Other relative

(Please specify relationship to child)

Parent_id

SECTION 1: INFORMATION ABOUT YOUR CHILD

1. Today's date

((dd/mm/yy))

2. Address

((Please provide street number, name AND suburb))

3. What was your child's approximate weight at birth?
(you can answer in either kilograms or pounds)

((You may find this in your child's Plunket/Well
Child Tamariki Ora book))

4. What is your child's gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to specify

5. Which ethnic group or groups does your child
identify with?

- ☐ New Zealand European
 - ☐ Maori
 - ☐ Samoan
 - ☐ Cook Island Maori
 - ☐ Tongan
 - ☐ Niuean
 - ☐ Chinese
 - ☐ Indian
 - ☐ Other
- ((Select all ethnicities that apply))

Other ethnicity

(If other ethnicity please describe)

6. Does your child have any health or medical conditions?

- ☐ No
☐ Yes
((If yes please explain below))

Description of health conditions

7. Is your child currently taking any prescription medications?

- ☐ No
☐ Yes
((If yes please give the name of the prescription medication and reason for use))

Medication and reason for use

8. Is your child currently taking any dietary supplements?

- ☐ No
☐ Yes
((If yes please give the name of the dietary supplement and reason for use))

Supplement and reason for use

SECTION 2: YOUR CHILD'S SALT INTAKE

9. Do you add salt to food you prepare for your child(ren)?

- ☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never
☐ Not applicable, I do not prepare food for my child

10. Do you place a salt shaker on your table at mealtimes?

- ☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never
☐ Not applicable, I do not prepare food for my child

11. Does your child(ren) add salt to their food at the table?

- ☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never
☐ Not applicable, I do not prepare food for my child

SECTION 3.: YOUR VIEWS ON DIETARY SALT INTAKE

There are no right or wrong answers to the following questions. If you are unsure about how to answer a question, please choose the answer that best reflects how you feel.

12. What is the relationship between salt and sodium?

- ☐ They are the same
☐ Salt contains sodium
☐ Sodium contains salt
☐ Don't know
 ((Choose one option))

13. How much salt do you think health professionals recommend adults should eat each day?

- ☐ 1.5 grams (about 1/4 teaspoon)
☐ 3 grams (about 1/2 teaspoon)
☐ 5 grams (about 1 teaspoon)
☐ 8 grams (about 1 1/2 teaspoons)
☐ 10 grams (about 2 teaspoons)
☐ 15 grams (about 3 teaspoons)
☐ Don't know
 ((choose one option))

14. Which, if any, of the following conditions do you think is linked to eating too much salt?

	Yes	No	Don't know/not sure
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease/heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Beliefs around eating salt

Please indicate on the scale below how much you agree or disagree with the following statements. Please make sure you select an option for each line.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Himalayan salt, pink salt and gourmet salts are healthier than regular table salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe salt needs to be added to food to make it tasty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health would improve if I reduced the amount of salt in my diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to understand sodium information displayed on food labels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When eating out at restaurants/cafes/pubs, I find that lower salt options are not readily available or only in limited variety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There should be laws which limit the amount of salt added to manufactured foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Do you add salt when cooking food for yourself at home?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know/ Don't cook at home

17. Do you place a salt shaker on the table at your own mealtimes?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know

18. Do you add salt to your food at the table?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know

19. Are you trying to cut down on the amount of salt you eat?

- ☐ No
- ☐ Yes
- ☐ Don't know/ Not sure

20. Have you ever been diagnosed with or suffered from one or more of the following conditions?

- ☐ Heart disease
☐ Stroke
☐ High blood pressure
☐ Heart attack
☐ Can't recall/ don't know
☐ No
☐ Other (describe below)
((Select all that apply))

If you selected other please describe

21. Do you currently take medication for the control of your blood pressure?

- ☐ No
☐ Yes

22. What is your highest secondary school qualification?

- ☐ None
☐ NZ School Certificate in one or more subjects, or National Certificate Level 1, or NCEA Level 1
☐ NZ Sixth Form Certificate in one or more subjects, or National Certificate Level 2, or NZ UE before 1986 in one or more subjects, or NCEA Level 2
☐ NZ Higher School Certificate, or Higher Leaving Certificate, or NZ University Bursary/Scholarship, or National Certificate Level 3, or NCEA Level 3, or NZ Scholarship
☐ Other secondary school qualification gained in NZ (please specify below)
☐ Other secondary school qualification gained overseas
☐ I do not want to answer this question

Other secondary school qualification gained in New Zealand

23. What is your highest level of education?

(Secondary school, trade qualification, university education etc)

24. How many people usually live in your household?

((Count all usually living there people who are away on holiday, away for work, in hospital for a short time, etc))

25. Of those who usually live at your household, how many are employed or working?

((Count all usually living there people who are away on holiday, away for work, in hospital for a short time, etc))

26. What is your household's total income for the year, before tax is taken out?

- ☐ Less than \$20,000
 - ☐ \$20,001 - \$30,000
 - ☐ \$30,001 - \$40,000
 - ☐ \$40,001 - \$50,000
 - ☐ \$50,001 - \$60,000
 - ☐ \$60,001 - \$70,000
 - ☐ \$70,001 - \$100,000
 - ☐ \$100,001 or more
 - ☐ I do not want to answer this question
- ((This is the combined income of all adults in the household))

SECTION 5: 24-HOUR URINE COLLECTION

26. To make sure your child is given the correct equipment in their kit; when is your child likely to be collecting their 24-hour urine sample?

- ☐ Weekend day (at home)
 - ☐ Weekday (at school)
- ((Please tick one))

Contact phone number

((For use only to set up the best time for a parent and child interview))

Study approved by the University of Auckland Human Participants Ethics Committee on for three years.
Reference number: