

Appendix A

Fieldwork documents

Appendix A Fieldwork documents¹

Sample

Postal sift form
Interviewer sift form (non-responders)
Multi-household selection sheet (example)
Advance letter
Example letter as sent to Directors of Social Services, chief Constables of Police,
Directors of Education, Directors of Public Health, Chief Executives of Health Authorities

Purpose leaflets

General	L1
General - child's version	L2
Physical measurements	L3

Interview

Main interview questionnaire	
Prompt cards (V1 for coding vitamins and minerals)	A to G and V1
Post-dietary record interview	
Smoking and drinking self-completion ²	S2

Dietary survey

Home Record Diary	
Eating and drinking away from home diary, including physical activity diary ³	
Young person's pocket notebook and diary	P3
How to use the scales for weighing	W1
Check list for recording in the Home Record Diary	W2

Interviewer documents

Food descriptions prompt card	F1
Eating pattern check sheet	F2
School catering questionnaire	F3
Guide weights card	F5
Dietary assessment schedule	F7
Letter to school re: collecting catering information	F8

Bowel movements

Bowel movements card ⁴	B1
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Physical measurements

Measurements schedule ⁵	M1
Young person's record card ⁶	M2

Spot urine sample

Spot urine sample

Instructions for young person

W3

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- 1 **Fieldwork documents for the oral health survey are reproduced as an Appendix Volume 2 of this report.**
 - 2 Example is for girls aged 10 years and over, which included questions on the contraceptive use and age at menarche.
 - 3 For those aged 4 to 6 years, diary pages for recording physical activity were omitted.
 - 4 Bowel movements away from home were recorded in the Eating Away from Home Diary.
 - 5 Measurements were recorded by the interviewer at the time they were made on this paper documents. They were subsequently entered into the CAPI program.
 - 6 For those aged 4 to 6 years this record card omitted waist and hip circumferences.

(Ovo)

Tel: 0171 396 2020

Dear Resident(s)

I am writing to ask for your help in planning for a survey to be carried out later this year by this Office for the Department of Health and the Ministry of Agriculture, Fisheries and Food. This survey will find out about the health, eating habits and lifestyles of people in Great Britain.

It is important when we carry out this survey that the people we talk to are representative of the whole country in terms of their age, gender and where they live, otherwise the findings from the survey will not accurately reflect the circumstances of people in Britain today. Your address is one of 28,000 chosen at random from a complete list of all the addresses in Great Britain, which is compiled by the Post Office.

As we do not have information on the ages of individuals living in these addresses, we need to find this information out in advance of the survey so we are asking for your help in completing the short form on the back of this letter; collecting the information in this way is much cheaper and quicker than asking our interviewers to call at all the addresses. We would like you to list the gender (sex) and date of birth of everyone, including yourself, who usually lives at the address shown on the label at the top of this letter. We do not need to know any names.

In all our surveys we rely on people's voluntary co-operation, which is essential if our work is to be successful. Any information you give will be treated in confidence and the results will not be presented in a way which can be associated with anyone's name or address. No identifiable information will be passed to any other government department, local authorities, members of the public or to the press.

I hope you can spare the time to help us with this survey.

Please return the completed form to us, as soon as possible, in the envelope provided; no stamp is needed. If you have any queries please ring me on the number shown at the top of this letter.

Thank you for your help

Yours faithfully

Sarah Lowe
Research Assistant

If no-one lives permanently at the address on the label at the top of this letter, please tick one of the boxes below and return this form in the envelope provided.

Vacant.....

54

No permanent residents eg holiday home.

56

Used for business purposes only.....

55

Institution, eg hotel, nursing home
.....

57

Please complete parts 1, 2 and 3 below. At parts 1 and 2 please include everyone, including yourself, who usually lives in your household at the address shown on the label at the top of the letter.

Please also include anyone who usually lives in your household but is temporarily away, for example, because they are in hospital, at school or on holiday. **Exclude** anyone who lives somewhere else permanently.

1. How many people, including yourself, are there in your household living at this address?

Total number of people in the household

→

Number

2. For each person in the household, including yourself, please give their gender (sex) and date of birth.

Gender (sex) Please tick			Date of birth Please write in the day, month and year		
	Male	Female	Day	Month	Year
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

3. Is any part of the address shown on the label overleaf separately occupied by people not listed above?

box →

Tick one

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Please return this form as soon as possible in the envelope provided.
Thank you for your help



B-N1404/W1 (Non-responders and concealed m.h'hlds)

Serial number label

INTERVIEWER SIFT FORM
PLEASE COMPLETE THIS FORM FOR EVERY ADDRESS ON YOUR LIST

RECORD

1 Is this serial number:

a concealed multi-household (with a copy of completed postal sift form)?.....	X	→ Q2
or a postal sift non-responder (no completed postal sift form)?.....	Y	

2 Did you find the address?

→ Q3	Yes	X	
→ Q7	No	Y	

3 Was the whole address...

	64	→ END
RECORD	65	
vacant/demolished?	66	
business premises?.....	67	
no permanent residents?.....	X		→ Q4

4 Is this address occupied by more than one household?

Yes	X	→(a)
No	Y	→Q5

(a) IF YES

PLEASE COMPLETE A MULTI-HOUSEHOLD SELECTION SHEET AND SELECT HOUSEHOLD

WRITE IN HOUSEHOLD NUMBER SELECTED →

--	--

ADDRESS OF SELECTED HOUSEHOLD

Please describe as fully as possible, including flat number.

POSTCODE _____

→Q5

ASK

5 How many people are there in your household, living at this address?

WRITE IN NUMBER →

--

6 RECORD DETAILS OF THOSE IN THE HOUSEHOLD

	Gender (sex)		Date of birth		
	Male	Female	Day	Month	Year
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

7 RECORD FINAL OUTCOME

Full interview		12
Completed, but recall refused (spontaneous).....	23	
Outright refusal		33
Non-contact	41	
Could not find address.....	63	

8 PLEASE RECORD THE NUMBER OF CALLS MADE AT THIS ADDRESS IN THE BOX

→

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END

RETURN THIS FORM AND COMPLETED MULTI-HOUSEHOLD SELECTION SHEET, IF USED, IN ENVELOPE PROVIDED, ADDRESSED TO SIU, TITCHFIELD.

Multi-household selection sheet (example)



Interviewer's name.....

Office Use

--	--

Serial number label

NATIONAL DIET AND NUTRITION SURVEY: YOUNG PEOPLE AGED 4 TO 18 YEARS

Multi-household selection sheet [A]

To be returned to SIU with interviewer sift form

List households

H/hid no. (1)	DESCRIPTION OF HOUSEHOLDS eg location and surnames (2)	No of h/hids found at address (3)	Interview at household number (4)
1		1	1
2		2	2
3		3	3
4		4	3
5		5	2
6		6	5
7		7	7
8		8	8
9		9	5
10		10	7
11		11	5
12		12	6

IF MORE THAN 12 HOUSEHOLDS PLEASE TURN OVER PAGE →

Procedure:

1 Note down the households on the table above. This must be done systematically. If they are numbered, then list in numerical order, ie flat 1, 2, 3 etc or flat A, B, C etc. Otherwise start at the lowest floor then work and list in clockwise direction.

2 Ring the total number of households found at (3). Read column (4) to identify which household to select for 'interviewing'. Ring the selected household number in column (1).

3 Attach this form to the corresponding interviewer sift form and return to SIU.

FOR USE ONLY ON THE NDNS: YOUNG PERSONS AGED 4 TO 18 YEARS.**NOTE: SELECT ONLY ONE HOUSEHOLD**

H/hid no. (1)	DESCRIPTION OF HOUSEHOLDS eg location and surnames (2)	No of h/hids found at address (3)	Interview at household number (4)
13		13	2
14		14	14
15		15	3
16		16	4
17		17	8
18		18	13
19		19	7
20		20	14
21		21	10
22		22	20
23		23	21
24		24	7
25		25	1
26		26	22
27		27	12
28		28	7
29		29	19
30		30	20

If more than 30 households: ring SIU - 01329 81 3064

Attach this form to the corresponding interviewer sift form and return in the envelope provided,
addressed to SIU, Titchfield.

(Ovσ)

Tel: 0171 533 5387/8

Date as postmark

Dear Resident(s)

YOUNG PERSON'S NUTRITION SURVEY

I am writing to tell you about a survey that this Office, together with the Medical Research Council's Dunn Nutrition Unit, will shortly be carrying out. The main aim of the survey is to find out what young people are eating these days and to relate this to characteristics such as their age, sex, height and weight. The results of the survey will provide a better understanding of the relationship between what young people eat and their health and will help to improve the health of all young people in the future as they grow up.

You will probably remember either filling in a form that we sent you on which you gave information on who lives at your address, or being visited by one of our interviewers. We are now asking one of our interviewers to call on you in the next few weeks to tell you more about the survey and invite your household to take part.

I would like to assure you that any information you or any member of your household gives will be kept in strict confidence by this Office and the Dunn Nutrition Unit. Only ourselves at the Social Survey Division of ONS and the Ministry of Agriculture, Fisheries and Food (MAFF) will see the completed questionnaires, but your name and address will not be given to MAFF, to any other government department, to local authorities, members of the public or to the press. The survey results, which will be published, will not be presented in a form which can be associated with names and addresses; they will be published as tables of results and statistics. The survey is being carried out on behalf of MAFF and the Department of Health (DH).

As in all our surveys we rely on voluntary co-operation; this is essential if our work is to be successful and the results of this survey are to be an accurate account of young people's nutrition in Great Britain today. We have in the past carried out similar nutrition surveys for DH and MAFF, on different age groups in the population, and those who have taken part have found it an interesting experience; I am sure that you will find it interesting and do hope that you will be able to help us.

If you have any questions that you would like to ask before our interviewer calls please contact me on 0171 533 5387/8 (direct line).

Thanking you in anticipation of your help.

Yours faithfully

Jan Gregory
Principal Researcher



Example letter as sent to:

Directors of Social Services

Chief Constables of Police

Directors of Education

Directors of Public Health

Chief Executives of Health Authorities



Social Survey Division

The Director of Social Services

Date as postmark

Dear

National Diet and Nutrition Survey: Young people aged 4 to 18 years

The Social Survey Division of the Office for National Statistics which is the government's survey organization, has been commissioned by the Ministry of Agriculture, Fisheries and Food and the Departments of Health (in England, Wales and Scotland) to carry out a survey to determine the diet and nutritional status of young people aged 4 to 18 years living in private households in Great Britain. This is part of a programme of surveys which has already covered pre-school children and elderly persons.

Because of the nature of the study and its involving young people I am writing to all the Directors of Social Services in the areas where the survey is being carried out. The fieldwork for the survey, which is taking place in 132 areas, will start in January 1997 and continue for 12 months.

Within the area for which you have responsibility, our interviewers will be working as follows:

Overall the survey aims to obtain information for about 2000 young people, about 15 in each area. The sample of addresses for the survey was selected from the Post Office's Postcode Address File and each sampled address was sent a short postal questionnaire to identify those addresses where a young person aged 4 to 18 years was living. Those addresses containing a young person in the eligible age range will be visited by an interviewer who will invite voluntary co-operation. They will be given my name and telephone number to contact for further information.

If co-operation is obtained, the survey starts with a short interview to collect information about the young person and their household and about their general eating habits, physical activities and health. Mothers (or guardians) or the young person themselves, depending on their age, are then asked to keep a detailed diary for seven days weighing and describing every item of food and drink that the young person consumes over the period. A voucher for £5 is given as a token of our appreciation. The interviewer will then seek the young person's co-operation in measuring their blood pressure, height, weight, mid-upper arm circumference, waist and hips and in providing a small sample of urine. Parents will then be invited to consent to allowing a sample of blood to be taken from the young person for analysis. If written witnessed consent is obtained the interviewer will return to the address with the person qualified to take the blood sample. At the end of the survey parents will be invited to co-operate with a further study to find out about their young person's dental habits and condition. This will involve a short interview and a brief dental examination, carried out by a qualified community dentist in the home.

All the interviewers working on the study are employed by the Social Survey Division; all have been trained and are experienced in carrying out surveys on a wide range of topics covering different groups of the population and additionally they will all receive five days of special training for this survey prior to the start of fieldwork. All our interviewers carry identification issued by this Office, and before starting work they will call at the main Police Station(s) covering the sample area to make themselves known to local police. The usual procedure is for their name to be entered in the station 'Day Book'. As the names and addresses of people who take part in any of our surveys are confidential to this Social Survey Division, we are unable to divulge these to the local police or other authorities.

The blood samples are being taken by persons qualified in taking blood, usually a phlebotomist from the local hospital. These personnel have been specially recruited for the study by the Medical Research Council Dunn Nutrition Unit, which is in Cambridge, and which has been contracted to carry out all of the procedures associated with the blood sampling aspects of the survey. These personnel will also receive specialized briefing before the start of fieldwork.

The survey protocol, and in particular the procedures associated with taking the blood sample and blood pressure have been approved by your Local Area National Health Service Ethics Committee. The British Medical Association and the Royal College of Paediatrics and Child Health have been informed of the survey.

I should stress that, as with all the surveys undertaken by this Division, co-operation is voluntary, we rely on people's willingness to take part in order to achieve results which will then be representative of the whole population being studied. In the case of this study, written consent is required for the blood sample from the young person's parent or guardian or from the young person themselves if over the age of 18. It will be made clear to those taking part that they are free to withdraw at any stage.

A pilot survey was conducted earlier this year to test thoroughly the acceptability of the procedures associated with this survey of major importance. All the equipment and instruments being used are of the highest standard to meet the rigorous requirements for

quality data demanded by the Ministry of Agriculture, Fisheries and Food and the Departments of Health.

If you would like any further information about the survey, please write to me: Social Survey Division, ONS, 1 Drummond Gate, London SW1P 2QQ or phone 0171 533 5387

I am also writing to Health Authorities, to Directors of Education and of Public Health, and to Chief Constables of Police in the areas to inform them of the survey.

Yours sincerely

Jan Gregory
Principal Social Survey Officer: Project Manager



Young people aged 4 to 18 years

This survey is being carried out by the Social Survey Division of the Office for National Statistics in collaboration with the Medical Research Council's Dunn Nutrition Unit in Cambridge, for the Ministry of Agriculture, Fisheries and Food and the Department of Health (in England, Wales and Scotland). This leaflet tells you more about why the survey is being done.

1. *What is it about?*

Over the past twenty years or so there has been a considerable increase in the range of foods available in the shops, and for many people, this has meant changes in the kinds of foods they eat.

We have been asked to carry out a large national survey to find out, in detail, about the eating habits of young people in Great Britain. Everyone taking part will be asked to keep a record for 7 days of everything that they eat and drink, while they are at home and when they are out. The survey will also collect information about the young people themselves, not only their age and sex, but also some physical measurements, such as their height and weight, blood pressure and information about their level of physical activity. They will also be asked to provide a small sample of blood and of urine. This information, together with information about the foods they eat and the activities they take part in will provide a better understanding about the important relationship between diet and health in young people.

All the physical measurements will be taken by our interviewers who have been carefully trained, and the blood sample will be taken by qualified people who are particularly skilled in taking blood from young people.

* * * * *

2. *Why have we come to your household?*

To visit every household in the country would take too long and cost far too much money.

Therefore we selected a sample of addresses from the Postcode Address File and called on them. The Postcode Address File is compiled by the Post Office and lists all the addresses to which mail is sent. We sent a letter to each selected address asking for details of the age and sex of everybody living there. We chose the addresses in a way that gave everyone the same chance of being selected. From the replies we were able to tell which households contained a young person aged 4 to 18, and from those we selected a sample to be interviewed. Your household is one of those chosen to be interviewed.

Some people think either that they or their family are not typical enough to be of any help in the survey or that they are very different from other people and they would distort the survey findings.

The important thing to remember is that the community consists of a great many different types of people and families and we need to represent them all in our survey. We would therefore greatly appreciate it if everyone we approach agrees to take part.

* * * * *

3. *Is the survey confidential?*

Yes. We take very great care to protect the confidentiality of the information we are given. Access to the completed questionnaires and diaries is restricted to the Social Survey Division of ONS and the Ministry of Agriculture, Fisheries and Food (MAFF). However, the names and addresses of co-operating households will not be released to MAFF, to any other government department, to local authorities, members of the public or the press. The survey results will not be presented in a form which can be associated with names and addresses.

* * * * *

4. *Is the survey compulsory?*

In all our surveys we rely on voluntary co-operation, which is essential if our work is to be successful.

We give a gift voucher as small token of our appreciation for keeping the food diary provided the diary is kept for the full number of days.

* * * * *

We hope this leaflet answers some of the questions you might have and that it shows the importance of the survey. The interviewer will leave another leaflet with you which tells you more about the measurements we are making and the blood sample.

Your co-operation is very much appreciated.

If you have any questions, or would like further information, please contact me, Jan Gregory, at:

**Social Survey Division
Office for National Statistics
1 Drummond Gate
London SW1V 2QQ**

Telephone 0171 533 5387/8

L1



Young people aged 4 to 18 years

Social Survey Division of the Office for National Statistics, and the Medical Research Council's Dunn Nutrition Unit, have been asked by the Ministry of Agriculture, Fisheries and Food and the Department of Health to carry out a survey to find out what young people eat and drink. We would like YOU to take part. Read on to find out more....

What do we want you to do?

The survey will find out, in great detail, about what young people are eating and drinking these days.

We would like you to help in the survey by keeping a diary for us, writing down everything that you eat and drink at home and when you are away from home. Our interviewer would also like to ask you some questions about yourself and to take some measurements, like your height, weight and blood pressure. If you are willing we would also like you to collect a very small sample of your urine for us - we will provide the container - and allow a qualified and experienced person to come with the interviewer to your home and take a small sample of blood from your arm.

We will try to help you as much as possible. Our interviewer will answer any questions you and your parent(s) have, and visit you from time to time to help you with your diary. You will be able to use the interviewer's computer to answer some of the questions if you like, or you can use pencil and paper if you prefer.

Our interviewer has explained to the survey to your parent(s) and got agreement that you can take part.

* * * * *

Why have we come to your address?

By chance...we started by selecting, at random, 28,000 addresses all over Great Britain from a list of all the addresses in the country that the Post Office holds. Then we wrote to them all and asked the people who lived there to tell us the dates of birth of everyone in the household. From these completed forms we could find out which addresses contained young people between the ages of 4 and 18 years. Your address is one of them.

Between now and the end of this year about 2,000 young people like yourself, from all over Great Britain, and all between the ages of 4 and 18 years, will be taking part in this important survey.

You might think either that what you eat is very different from what your friends eat and that including you in the survey would distort the findings - or you might think you are just the same as everyone else and we should find someone who is very different. Neither of these is true - we need to represent all the different types of young people in the country in our survey if it is to give an accurate picture of what young people are eating these days - so we do hope that everyone we ask will agree to take part.

* * * * *

Who will know you've taken part?

We take very great care to protect the confidentiality of the information you give us. No-one in any other government department, in your local authority or the public generally, will know your name and address or be told by us that you have taken part in this survey. When we write a report about the survey, the results will be about young people as a whole; we do not give anyone's name or any other information which could identify an individual.

If you would like to keep your own diary of what you eat when you are not at home private, then our interviewer will give you an envelope that you can keep it in, and it will not be shown to or discussed with anyone else in your home.

* * * * *

Do you have to do it?

No - but I hope you will as it is a very important study. What's more when we tried the survey on a some young people earlier in the year they said they enjoyed taking part.

And...when you complete the food diary for us, the interviewer will give you a £5 token which you can spend.

* * * * *

Where can you find out more?

The interviewer will try to answer any questions you or your parent(s) have and has some other information leaflets.

Or, if you like you can write, or speak to me, Jan Gregory, at:

**Social Survey Division
Office for National Statistics
1 Dummond Gate
London SW1V 2QQ**

Telephone 0171 533 5387/8

Thank you very much for your help.

L2



Young people aged 4 to 18 years

This survey is being carried out by the Social Survey Division of the Office for National Statistics in collaboration with the Medical Research Council's Dunn Nutrition Unit in Cambridge, for the Ministry of Agriculture, Fisheries and Food and the Department of Health (in England, Wales and Scotland).

This leaflet tells you more about measurements we are making and the blood and urine samples.

1. *Height, weight and other measurements*

Obviously what young people eat affects their weight, so we are interested in the weight of the young people in the survey. By itself though, weight is of limited use because taller people will probably weigh more anyway. Hence we need to know about weight in relation to size and the amount of muscle and fat. Therefore we need to measure the young person's height, and the circumference of their arm, and for those aged 11 and over their waist and hip measurements, which are useful indicators of body size.

Very little is known about the range of blood pressures in young people aged between 4 and 18. This survey will provide valuable information on this and allow us to see whether there is any relationship between diet and blood pressure in young people. If you agree, the young person's blood pressure will be measured and the result sent to the young person's GP immediately after the interviewer's visit. Although you can be told the results, the interviewer cannot interpret them for you; your GP would be able to give you more information about the blood pressure result.

* * * * *

2. *Blood sample*

This is a very important aspect of the survey as the analysis of all the blood samples from young people in the survey will tell us a great deal about their health and give us further information on their diet. Providing a blood sample is, of course, voluntary.

A small amount of blood (no more than 15ml) is taken from the young person's arm using new, sterile equipment by a qualified

person who is skilled in taking blood from young people in this age range. The blood is sent to laboratories, in Cambridge, Southampton and Great Ormond Street Children's Hospital in London, for a number of analyses, including measurements of haemoglobin, ferritin and vitamins.

Haemoglobin is the red pigment in the blood which carries oxygen. A low level of haemoglobin in the blood is called anaemia. One reason for a low level of haemoglobin may be a shortage of iron. Ferritin is a measure of the body's iron stores.

If there is any of the blood sample remaining after all the analyses have been carried out we ask for your consent to it being stored for possible further analyses in the future. The sample will not be used now or in the future for viral analyses such as an AIDS test

With your consent we will let the young person's GP know that they are taking part in the survey and will let you and, with consent, the GP know the results of the blood analyses.

If you consent to the young person's GP receiving results, of either the blood pressure measurement or blood sample analysis, then they may be used by the GP to help him/her monitor the young person's health. The GP may also wish to include the results in any future report about the young person, but these would not be passed on without the GP first obtaining your permission.

* * * * *

3. *Urine sample*

We would like to have a small sample of urine from each young person in the survey. This can be analysed to tell us the level of salt in their diet; this cannot be accurately measured from information in the food diary.

* * * * *

4. *Are the measurements compulsory?*

In all our surveys we rely on voluntary co-operation, which is essential if our work is to be successful. The measurements and the blood and urine samples are a particularly important part of this survey, as from these results we can find out much more about the health of young people than would be possible with just the information about their diet.

* * * * *

5. *Flagging on the NHSCR*

The Department of Health and MAFF would like to be able to know about the health of the young people that take part in this survey as they grow older. We would therefore like your consent to flag the name of the young person on the National Health Service Central Register (NHSCR), so that their health in future years can be monitored.

We hope this leaflet answers some of the questions you might have and that it shows the importance of the survey.

Your co-operation is very much appreciated.

If you have any questions, or would like any further information, please contact me, Jan Gregory, at:

**Social Survey Division
Office for National Statistics
1 Drummond Gate
London SW1V 2QQ**

Telephone 0171 533 5387/8

L3

NATIONAL DIET AND NUTRITION SURVEY: YOUNG PEOPLE AGED 4 TO 18 YEARS

Initial dietary interview

COMPLETE FOR EACH YOUNG PERSON

Areacode Information already entered
Address Information already entered
Hhld Information already entered
Wave Information already entered
IntDate Enter the date on which first interview started
___ . ___ . ____ (date variable format)

NPerson **All**

ASK OR RECORD

How many people normally live in this household?

1..14

HOUSEHOLD BOX

INFORMATION TO BE COLLECTED FOR EACH PERSON IN THE HOUSEHOLD

Name00..13 **All**

RECORD NAME YOUNG PERSON IS KNOWN BY.
FOR SUBSEQUENT MEMBERS OF HOUSEHOLD
RECORD THE NAME OF NEXT HOUSEHOLD MEMBER

Sex00..13 **All**

CODE SEX OF EACH PERSON IN HOUSEHOLD

Male 1
Female 2

Dob00..13 **For young person only**

Can you tell me *young person's* date of birth?

___ . ___ . ____ (date variable format)

Age00..13

All

(Can I just check,) what was 's age last birthday?

0..99

Marsta00..13

All aged over 15 years

Are you/is married, living together as a couple, single, widowed, divorced or separated?

- Married 1
- Cohabiting (living together, opposite sex) 2
- Single/never been married 3
- Widowed 4
- Divorced 5
- Separated 6
- Same sex cohabiting 7

ReltoY00..13

If NPerson >1

What is the relationship of to *young person*?

- Spouse 1
- Cohabitee 2
- Son/daughter (incl. adopted) 3
- Step-son/daughter 4
- Foster child 5
- Birth parent 6
- Adoptive parent 7
- Step-parent 8
- Foster parent 9
- Parent-in-law 10
- Brother/sister (incl. adopted) 11
- Step-brother/sister 12
- Foster brother/sister 13
- Brother/sister-in-law 14
- Grandparent 15
- Other relative 16
- Other non-relative 17

[Hidden variables calculated within program]

If 1 at NPerson - single-person household, then:

MaNo **MaNo = 0**
No mother in household
(*MaNo*>0 value = *PerNo of Mother*)

PaNo **PaNo = 0**
No father in household
(*PaNo*>0 value = *PerNo of Father*)

GaNo **GaNo = 0**
No grandparent in household

If NPerson greater than 1 - more than one person in household, then

MaNo **If code 2 at Sex and codes 6 to 9 at ReltoYP**

MaNo = value at NPerson
'Mother figure' in household

If (else)

MaNo = 0
No mother in household

GaNo **If code 15 at ReltoYP**

GaNo = value at NPerson
Grandparent in household

If (else)

GaNo = 0
No grandparent in household

PaNo **If code 1 at Sex and code s 6 to 9 at ReltoYP**

PaNo = value at NPerson

If (else)

PaNo = 0
No father in household

XMother **If MaNo ne 0**
XMother = 1

If MaNo = 0
XMother = 0

XFather

If PaNo ne 0

XFather = 1

If PaNo = 0

XFather = 0

ACCOMMODATION

1. YPInd

If MaNo = 0 and PaNo = 0 and GaNo = 0

When did you leave home, move away from your parent's home?

RECORD PERIOD. ENTER IN MONTHS OR YEARS

0.00..36.00

a. MYears

CODE WHETHER PERIOD ENTERED AS MONTHS OR YEARS

Months 1
Years 2

2. HOH

All

ASK OR RECORD

Which member of your household is the head of the household?

1..14

3. Info

All

CODE WHICH MEMBER OF THE HOUSEHOLD IS THE INFORMANT

1..14

4. School

All

What does *young person* mainly do?

Not yet started school or nursery 1
At school (including nursery) 2
At college 3
Other training 4
Working 5
Unemployed 6
Other (Specify at next question) 7

a. SOther

If code 7 at School

SPECIFY OTHER OCCUPATION

5. Coast

All

ASK OR RECORD

Do you live within 5 miles of the coast?

Yes 1
No 2

6. Kitchen

All

Do you have a kitchen, that is a separate room in which you cook?

Yes 1
No 2

a. ShareKit

If code 1 at Kitchen

Do you share the kitchen with any other household?

Yes 1
No 2

b. Meal

If code 2 at Kitchen

Are you able to cook a hot meal in this accommodation?

Yes 1
No 2

7. CSkill

All

In the last month has *young person* cooked a dish using several different ingredients?

Yes 1
No 2

CONSUMER DURABLES

1.

All

Does your household have any of the following items in your (part of the) accommodation?

INCLUDE ITEMS STORED AND UNDER REPAIR

a.Consum1

Refrigerator?

Yes 1
No 2

b. Consum2

Deep freezer or fridge freezer?

- Yes 1
- No 2

c. Consum3

Microwave oven?

- Yes 1
- No 2

4. CarVan

All

Is there a car or van normally available for use by you or any members of your household?

INCLUDE ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY INFORMANT OR MEMBERS OF THE HOUSEHOLD.

EXCLUDE VEHICLES USED SOLELY FOR THE CARRIAGE OF GOODS.

- Yes 1
- No 2

a. Cars

If code 1 at CarVan

Is there one or more than one?

- 1 1
- 2 2
- 3 or more 3

EATING HABITS

1. SchMeal

If aged under 15 years or codes 2, 3 or 4 at School

Can I check, when *young person* is at school what type of lunch-time meal is s/he currently having?

PRIORITY CODES 1 AND 2

Free school meal	1
Reduced price or subsidised school meal	2
Paid school meal	3
Packed lunch	4
Other (Specify at next question)	5
No lunch time meal	6

a. SchOth

If code 5 at SchMeal

SPECIFY OTHER LUNCH-TIME MEAL

2. WkMeal

If code 5 at School

Can I check, when *young person* is at work what type of lunch-time meal does s/he usually have?

CODE ONLY ONE

Packed lunch	1
Meal bought on work premises	2
Meal bought outside work	3
Other (Specify at next question)	4
No lunch-time meal	5

a. WkOther

If code 4 at WkMeal

SPECIFY OTHER LUNCH-TIME MEAL

3. Vary

All

How would you describe the variety of foods that *young person* generally eats?

Does s/he

RUNNING PROMPT

- eat most things 1
- eat a reasonable variety of things 2
- or is s/he a fussy or faddy eater? 3

4. App

All

Does *young person* have

RUNNING PROMPT

- a good appetite 1
- an average appetite, or 2
- a poor appetite for a young person of his/her age?.. 3

DRINKING

1. Milk

All

Nowadays, does *young person* have cow's milk as a drink?

INCLUDE ANY DRINK WHERE MILK IS PRIMARY INGREDIENT E.G. MILKSHAKE, HOT CHOCOLATE MADE WITH MILK (NOT WATER)

- Yes 1
- No 2

a. MilkA

If code 2 at Milk

Has s/he ever had cow's milk as a drink?

- Yes 1
- No 2

ai. Kind

If code 1 at Milk or code 1 at MilkA

What kind of milk does *young person* usually have as a drink these days?

PROMPT AS NECESSARY
CODE ALL THAT APPLY

- Whole milk 1
- Semi-skimmed milk 2
- Skimmed milk 3

Powdered baby milk	4
Soya milk	5
Doesn't have <u>any</u> milk	6
Other (Specify at next question)	7

aii. KindC

If code 7 at Kind

SPECIFY THE OTHER KIND(S) OF MILK YOUNG PERSON HAS

2. KindB

All

What kind of milk does *young person* usually have on cereal and in puddings these days?

PROMPT AS NECESSARY

CODE ALL THAT APPLY

Whole milk	1
Semi-skimmed milk	2
Skimmed milk	3
Powdered baby milk	4
Soya milk	5
Doesn't have <u>any</u> milk	6
Other (Specify at next question)	7

a. KindA

If code 7 at KindB

SPECIFY OTHER KIND(S) OF MILK YOUNG PERSON HAS

3. Tea

All

Does *young person* drink tea?

Yes	1
No	2

a. TeaA

If code 1 at Tea

Does s/he usually take sugar in tea, is it sweetened with artificial sweetener, or does s/he drink tea without sugar or sweetener?

Sugar in tea	1
Artificial sweetener in tea	2
Drinks tea unsweetened	3

b. TeaB

If code 1 at Tea

On average how many cups per day does s/he drink?

IF LESS THAN ONE CODE AS 0

IF GREATER THAN 10 CODE AS 11

0..11

4. Herb

All

May I check, does *young person* drink herbal teas or herbal drinks?

- Yes 1
- No 2

a. HerbA

If code 1 at Herb

On average, how often does s/he drink herbal teas or have a herbal drink?

- More than once a day 1
- Once a day 2
- Most days 3
- At least once a week 4
- At least once a month 5
- Less than once a month 6

b. HBrand0..5

If code 1 at Herb

What brands of herbal tea or herbal drink is *young person* drinking at the moment?

RECORD FULL BRAND NAME OF ALL HERBAL TEAS/DRINKS

c. HType0..5

If code 1 at Herb

What flavour is that herbal tea or herbal drink?

RECORD FLAVOUR FOR EACH HERBAL TEA/DRINK

d. BRAND00..05

If code 1 at Herb

ENTER BRAND CODE FOR EACH HERBAL TEA/DRINK

00001..99997

5. Coff

All

Does *young person* drink coffee?

- Yes 1
- No 2

a. CoffA

If code 1 at Coff

Does s/he usually take sugar in coffee, is it sweetened with an artificial sweetener, or does s/he drink coffee without sugar or sweetener?

- Sugar in coffee 1
- Artificial sweetener in coffee 2
- Drinks coffee unsweetened 3

b. CoffB

If code 1 at Coff

On average how many cups per day does s/he drink?

IF LESS THAN ONE CODE AS 0
IF GREATER THAN 10 CODE AS 11

0..11

6. Cook

All

(Apart from in tea and coffee) do you use artificial sweeteners to sweeten any of *young person's* food, either at the table or in cooking?

Yes 1
No 2

a. CookA

If code 1 at Cook

Do you use an artificial sweetener either at the table or in cooking :

...to sweeten stewed or cooked fruit?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

b. CookB

...to sweeten fresh fruit?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

c. CookC

...to sweeten breakfast cereals?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

d. CookD

...to sweeten cakes, biscuits or pastry that are home made?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

e. CookE

...to sweeten drinks other than tea or coffee?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

f. CookF

...to sweeten any other food or drink?

Yes used 1
Not used 2

SPONTANEOUS: Not eaten 3

7. Brands0..5

If code 2 at TeaA or code 2 at CoffA or code 1 at Cook

FOR EACH ARTIFICIAL SWEETENER USED

What brands of artificial sweetener are you using to sweeten *young person's* food and drinks at the moment?

RECORD FULL NAME OF ALL ARTIFICIAL SWEETENER(S)

a. SType0..5 If code 2 at TeaA or code 2 at CoffA or code 1 at Cook

FOR EACH ARTIFICIAL SWEETENER USED

What form does that artificial sweetener take?

- Tablet (INCLUDE MINICUBES) 1
- Liquid 2
- Granulated 3

b. BRAND06..11 If code 2 at TeaA or code 2 at CoffA or code 1 at Cook

FOR EACH ARTIFICIAL SWEETENER USED
ENTER THE BRAND CODE FOR THIS PRODUCT

00001..99997

SALT

13. Salt All

Do you usually add salt to *young person's* food during cooking?

- Yes, includes sea salt 1
- Yes, uses 'Lo-Salt'/ salt alternative (not sea salt) 2
- No, does not use salt in cooking 3
- Other (Specify at next question) 4

a. SaltA If code 4 at Salt

SPECIFY OTHER SALT ADDED IN COOKING

14. Tabl All

At the table, do you or *young person* add salt to his/her food ..

RUNNING PROMPT

- usually 1
- occasionally 2
- rarely 3
- or never? 4

a. TablA If codes 1 to 3 at Tabl

And can I check, what kind of salt do you add to *young person's* food at the table?

- Ordinary salt, including sea salt 1
- 'Lo-Salt'/ salt alternative (not sea salt) 2
- Other (Specify at next question) 3

ai. SaltJ If code 3 at TablA

SPECIFY OTHER SALT ADDED AT TABLE

FOOD FREQUENCIES

Intro1

All

I would now like to ask you about a whole range of foods (some of which you may already have told me *young person* doesn't eat). Can you tell me about how often, on average s/he eats these foods?
Please choose your answer from this card ..

SHOW CARD A

More than once a day	1
Once a day	2
Most days	3
At least once a week	4
At least once a month	5
Less than once a month	6
Never	7

PROMPT EACH FOOD
FOR SEASONAL FOODS ADD '...at this time of year'

01 Cereal	Breakfast cereals
02 BiscS1	Biscuits - sweet
03 BiscS2	Biscuits - savoury
04 Cakes	Cakes
05 Yogs	Yogurt (flavoured or plain but not fromage frais), including frozen yogurt and yogurt drinks
06 FromF	Fromage frais, plain or flavoured
07 Cheese	Cheese or cheese spread (not fromage frais)
08 CMilk	Cow's milk (not soya, sheep or goats), including in cooking
09 GMilk	Sheep or goat's milk, including in cooking
10 SMilk	Soya milk, including in cooking
11 IceC	Ice cream (not ice lollies)
12 IceL	Ice lollies
13 Eggs	Eggs, including in home cooking

14 Beef	Beef, including beef products Includes carcass beef purchased raw, cooked and canned beef, corned beef, beef in manufactured products e.g. burgers, pies etc. not beef sausages or beef offal.
15 Pork	Pork, including pork products, ham, gammon or bacon. Includes carcass pork purchased raw, cooked pork and pork in manufactured products e.g. pies etc. not pork sausages or offal.
16 Lamb	Lamb or mutton, including products. Includes carcass lamb purchased raw and lamb in manufactured products e.g. pies, etc. - not offal.
17 Chick	Chicken and poultry, including products. Includes purchased raw and in manufactured products e.g. pies, nuggets, burgers, etc. - not offal.
18 Game	Game, including grouse, hare, partridge, pheasant, pigeon, rabbit and venison.
19 Saus	Sausages; English-type requiring cooking. Not continental sausages or vegetarian sausages
20 Liver	Liver and liver products, including liver pate and liver sausage
21 Offal	Other offal e.g. kidney. Any offal except liver
22 OFish	Oily fish (e.g. herring, mackerel, sardines, pilchards, salmon) including products e.g. salmon/smoked mackerel pate
23 SFish	Shellfish e.g. prawns and shrimps
24 Leafy	Leafy green vegetables, including broccoli, greens, spinach. Not cauliflower, courgettes, or leeks
25 SSnack	Savoury snacks including crisps not nuts
26 Nuts	Nuts and nut products: all types of nut; nut roast
27 Juice	Fruit juice; not fruit drinks, squash
28 Carb1	Fizzy drinks; NOT diet/low calorie/no added sugar/sugar free. Exclude mineral water
29 Carb2	Fizzy drinks : diet/low calorie/no added sugar/sugar free. Exclude mineral water
30 Conc1	Concentrated fruit drinks: squashes - NOT diet/low calorie/no added sugar/ sugar free
31 Conc2	Concentrated fruit drinks: squashes - diet/low calorie/no added sugar/ sugar free

- 32 RDF1** Ready to drink fruit drinks: NOT diet/low calorie/no added sugar/sugar free. Exclude fruit juice
- 33 RDF2** Ready to drink fruit drinks: diet/low calorie/no added sugar/ s ugar free. Exclude fruit juice
- 34 Choc** Chocolate - confectionery
- 35 Sweet1** Sugar confectionery
- 36 Sweet2** Sugar-free confectionery, labelled 'sugar free'
- 37 SGum** Chewing gum; not sugar-free gum
- 38 FGum** Sugar-free chewing gum, labelled 'sugar free'

Why01..38

If code 7 at any item above

FOR EACH ITEM CODED 7 ASK:

Why does s/he never eat (ITEM NEVER EATEN)?

CODE ALL THAT APPLY

- Allergy 1
- Religious reasons 2
- Health reasons 3
- Vegetarian/vegan 4
- Doesn't like it 5
- Can't afford it 6
- Can't get (in this area) 7
- Other (Specify at next question) 8

Othe01..38

If code 8 at Why01 ..38

SPECIFY OTHER REASON(S) FOR EACH ITEM NEVER EATEN

AIIA01..38
AIIB01..38

If code 1 at Why01 ..38

FOR EACH FOOD ITEM WITH ALLERGY ASK:

What form does the allergy take?

CODE ALL THAT APPLY

Hyperactivity/behavioural problems or changes e.g. tantrums and moods, aggressive and bad tempered	1
Rash/blotches all over	2
Eczema	3
Asthma/wheeze	4
Upset stomach/diarrhoea/vomiting	5
Swelling to face/neck/hands	6
Itching (<u>not</u> due to eczema or itchy eyes)	7
Weight loss/failure to thrive	8
Runny nose/itchy or sore eyes/nasal symptoms	9
Migraine	10
Other (Specify at next question)	11

Alle201..45

If code 11 at AIIA01..38 or AIIB01..38

SPECIFY OTHER ALLERGIC REACTION(S)

AIIC01..38

If code 1 at Why01 ..38

FOR EACH FOOD ITEM WITH ALLERGY ASK:

Has this allergy been diagnosed by a doctor?

Yes	1
No	2

Intro2

All

How often, on average, does *young person* eat each of these foods?

SHOW CARD A

More than once a day	1
Once a day	2
Most days	3
At least once a week	4
At least once a month	5
Less than once a month	6
Never	7

PROMPT EACH FOOD LISTED

FOR SEASONAL FOODS ADD: ‘...at this time of the year’

- 39 CarotR** Raw carrots
- 40 CarotC** Cooked carrots
- 41 Roots** Other root vegetables, apart from carrots and potatoes e.g. parsnips, turnips, swedes
- 42 MushB** Mushrooms
- 43 Apple** Apples (fresh)
- 44 Pear** Pears (fresh)
- 45 Citrus** Citrus fruits e.g. oranges, tangerines, satsumas
- 46 Toms** Fresh tomatoes
- 47 Cucs** Cucumber

Skin01..09 **If code ne 7 at any item above**

NB **Skin01** applies if **CarotC** ne 7
Skin02 applies if **CarotR** ne 7

FOR EACH ITEM ASK:

Can you tell me whether s/he usually eats the skin on (FOOD ITEM)?

- Yes 1
- No 2

Why39..47 **If code 7 at any food item above**

FOR EACH ITEM CODED 7 ASK:

Why does s/he never eat (ITEM NEVER EATEN)?

CODE ALL THAT APPLY

- Allergy 1
- Religious reasons 2
- Health reasons 3
- Vegetarian/vegan 4
- Doesn't like it 5
- Can't afford it 6
- Can't get (in this area) 7
- Other (Specify at next question) 8

Othe39..47 **If code 8 at Why39..47**

SPECIFY OTHER REASON(S) EACH ITEM NEVER EATEN

AIIA39..47
AIIB39..47

If code 1 at Why39 ..47

FOR EACH FOOD ITEM WITH ALLERGY ASK:

What form does the allergy take?

CODE ALL THAT APPLY

Hyperactivity/behavioural problems or changes e.g. tantrums and moods, aggressive and bad tempered	1
Rash/blotches all over	2
Eczema	3
Asthma/wheeze	4
Upset stomach/diarrhoea/vomiting	5
Swelling to face/neck/hands	6
Itching (<u>not</u> due to eczema or itchy eyes)	7
Weight loss/failure to thrive	8
Runny nose/itchy or sore eyes/nasal symptoms	9
Migraine	10
Other (Specify at next question)	11

a. Alle232..40

If code 11 at AIIA39..47 or AIIB39..47

SPECIFY OTHER ALLERGIC REACTION(S)

AIIA39..47

If code 1 at Why39 ..47

FOR EACH FOOD ITEM WITH ALLERGY ASK:

Has this allergy been diagnosed by a doctor?

Yes	1
No	2

All

ASK FOR EACH FOOD ITEM LISTED BELOW

Does *young person* eat the skin on (FOOD ITEM) always, sometimes or never?

Always eaten with skin left on	1
Sometimes eaten with skin left on	2
Never eaten with the skin left on	3
Never eaten	4

a. Baked

baked or jacket potatoes, cooked without fat

b. BoilNew

boiled new potatoes

c. BoilOld

boiled old potatoes

d. Roast roast potatoes, cooked in fat

e. Fried fried potatoes or chips

AIRel

All

(Apart from the foods you have already told me about) are there any (other foods that *young person* avoids because s/he is allergic to them, or for religious, health or other reasons?

Yes 1
No 2

Which0..4

If code 1 at AIRel

Which food(s) does *young person* avoid?

SPECIFY ALL OTHER FOODS AVOIDED

Why48..52

If code 1 at AIRel

FOR EACH ITEM AVOIDED ASK:

Why does s/he never eat (ITEM NEVER EATEN)?

CODE ALL THAT APPLY

Allergy 1
Religious reasons 2
Health reasons 3
Vegetarian/vegan 4
Doesn't like it 5
Can't afford it 6
Can't get (in this area) 7
Other (Specify at next question) 8

Othe48..52

If code 8 at Why48..52

SPECIFY OTHER REASON(S) EACH ITEM NEVER EATEN

AIIA48..52
AIIB48..52

If code 1 at Why48..52

FOR EACH FOOD ITEM WITH ALLERGY ASK:

What form does the allergy take?

CODE ALL THAT APPLY

Hyperactivity/behavioural problems or changes e.g. tantrums and moods, aggressive and bad tempered	1
Rash/blotches all over	2
Eczema	3
Asthma/wheeze	4
Upset stomach/diarrhoea/vomiting	5
Swelling to face/neck/hands	6
Itching (<u>not</u> due to eczema or itchy eyes)	7
Weight loss/failure to thrive	8
Runny nose/itchy or sore eyes/nasal symptoms	9
Migraine	10
Other (Specify at next question)	11

a. Alle2210..14

If code 11 at AIIA48..52 or AIIB48..52

SPECIFY OTHER ALLERGIC REACTION(S)

AIIA48..52

If code 1 at Why48..52

FOR EACH FOOD ITEM WITH ALLERGY ASK:

Has this allergy been diagnosed by a doctor?

Yes	1
No	2

SLIMMING

Slim

All

Can I check, is *young person* dieting to lose weight at the moment?

Yes	1
No	2

VEGETARIANISM

1. Veg

All

Can I check, is *young person* a vegetarian or a vegan?

- Yes 1
- No 2

2. VegA

If code 1 at Veg

(Apart from foods you have already told me about) what foods does s/he avoid?

CODE ALL THAT APPLY

- Red meat 1
- White meat 2
- Fish 3
- Eggs 4
- Milk 5
- Other dairy products - butter, cheese 6
- All animal products 7
- Avoids other food (Specify at next question) 8

a. VegAW

If code 8 at VegA

SPECIFY OTHER FOOD(S) AVOIDED

3. VegB

If code 1 at Veg

Why did s/he become a vegetarian/vegan?

CODE ALL THAT APPLY

- Moral or ethical reasons (includes cruelty to animals) 1
- Religious reasons 2
- Health reasons 3
- Preference (doesn't like the taste of meat) 4
- Convenience, cost 5
- Other (Specify at next question) 6

a. VegBW

If code 6 at VegB

SPECIFY OTHER REASON(S) FOR VEGETARIANISM

4. VegC

If code 1 at Veg

Where did s/he get information about a vegetarian/ vegan diet?

CODE ALL THAT APPLY

- Parents or other relatives 1
- Friends 2
- Doctor/GP 3
- Dietician/nutritionist 4
- Vegetarian Society/Vegan Society 5
- Newspapers, magazines, books 6
- TV / radio 7
- Other (Specify at next question) 8
- Did not get any information 9

a. VegD

If code 8 at VegC

SPECIFY WHERE GOT INFORMATION

ORGANIC FOODS AND DRINKS

1. Organic

All

A lot of shops and supermarkets are selling foods which are labelled as 'organic' or 'organically grown'. What do you understand by the term 'organic' or organically grown?

- Grown without pesticides and without artificial fertilisers .. 1
- Grown without pesticides 2
- Grown without artificial fertilisers or 'grown without chemicals 3
- Free range 4
- A health food - healthier/better for you 5
- Something else - including no antibiotics/hormones, fresh or naturally grown fruit and veg 6
- Don't know, don't understand 7

a. OrgElse

If code 6 at Organic

SPECIFY OTHER ANSWER(S) TO MEANING OF ORGANIC

2. OrgBuy

All

Do you buy any 'organic' foods for *young person*?

- Yes 1
- No 2

3

If code 1 at OrgBuy

ASK FOR EACH FOOD ITEM BELOW

Do you buy organic(FOOD ITEM)...for him/her always, sometimes or never?

a. OrgFFrut

....fresh fruit, including fruit juice....

Always 1
Sometimes 2
Never 3

b. OrgDFrut

...dried fruit....

Always 1
Sometimes 2
Never 3

c. OrgNut

... organic nuts...

Always 1
Sometimes 2
Never 3

d. OrgVeg

...organic vegetables, including celery, dried beans or lentil s...

Always 1
Sometimes 2
Never 3

e. OrgCer

...organic cereal products, bread, rice, muesli, pasta etc...

Always 1
Sometimes 2
Never 3

f. OrgMeat

...organic meat, including chicken...

Always 1
Sometimes 2
Never 3

g. OrgEggs

... organic eggs (free range)...

Always 1
Sometimes 2
Never 3

h. OrgMilk	...organic milk...	
	Always	1
	Sometimes	2
	Never	3
i. OrgDair	...organic dairy products (eg yogurt)...	
	Always	1
	Sometimes	2
	Never	3
j. OrgSnak	...organic crisps and savoury snacks...	
	Always	1
	Sometimes	2
	Never	3
k. OrgCake	...organic biscuits and cakes, including cereal crunchy bars...	
	Always	1
	Sometimes	2
	Never	3
l. OrgConf	...organic confectionery...	
	Always	1
	Sometimes	2
	Never	3
m. OrgOth	Do you buy anything else that is organic for him/her?	
	Yes	1
	No	2
i. OrgSpec0..2	If code 1 at OrgOth	
	What else do you buy?	
ii. OrgOft0..2	If code 1 at OrgOth	
	ASK FOR EACH OTHER ORGANIC ITEM BOUGHT	
	Do you buy (ANSWER AT ORGSPEC) for him/her always or sometimes?	
	Always	1
	Sometimes	2
	Never	3

FREE FOODS

1. Hens

All

Do you or does anyone in your household keep hens or other animals to provide you with food?

- Yes 1
- No 2

2. HensA

If code 1 at Hens

What kinds of food do these animals provide?

CODE ALL THAT APPLY

- Eggs 1
- Milk/milk products 2
- Meat 3
- Honey 4
- Other (Specify at next question) 5

a. HensB

If code 5 at HensA

SPECIFY OTHER FOOD(S) FROM KEPT ANIMALS

3. Allot

All

Do you grow your own fruit and vegetables, either in your garden or on an allotment?

INCLUDE SALAD VEGETABLES AND HERBS GROWN IN THE GARDEN/ALLOTMENT

EXCLUDE HERBS GROWN ON THE WINDOW-LEDGE

EXCLUDE PRODUCE GROWN IN THE GARDEN OF A FRIEND OR RELATIVE

- Yes 1
- No 2

a. AllotA

If code 1 at Allot

Do you grow them without using pesticides?

- Yes, all 1
- Yes, some 2
- No, none 3

b. AllotB

If code 1 at Allot

Do you grow them without using any artificial fertilisers?

- Yes, all 1
- Yes, some 2
- No, none 3

4. Free

All

Apart from food you grow yourself , does young person ever eat any 'free foods' that you have picked, or got yourself (for example fish, berries, mushrooms, windfall apples) ?

- Yes 1
- No 2

a. FreeA

If code 1 at Free

What 'free' foods do you eat?

CODE ALL THAT APPLY

- Game (rabbit, partridge, pheasant etc.) 1
- Venison 2
- Berries 3
- Other fruit (apples, pears etc.) 4
- Fungi (mushrooms) 5
- Fish 6
- Other (Specify at next question) 7

i. FreeB

If code 7 at FreeA

SPECIFY OTHER 'FREE' FOODS

5. Farm

All

Do you buy any foods directly from a farm?

- Yes 1
- No 2

a. FWhich

If code 1 at Farm

What foods do you buy from a farm?

CODE ALL THAT APPLY

Meat	1
Fish	2
Milk	3
Other dairy (yogurt, cheese, butter)	4
Eggs	5
Fruit	6
Vegetables	7
Other (Specify at next question)	8

b. FWhichA

If code 8 at FWhich

SPECIFY OTHER FOODS BOUGHT FROM A FARM

STORE CUPBOARD

1.

All

Thinking about any food you have in the house today, which of the following items do you have here today?

a. Today1

A breakfast cereal?

Yes	1
No	2

b. Today2

Bread, or bread rolls?

Yes	1
No	2

c. Today3

Milk?

Yes	1
No	2

d. Today4

Eggs?

Yes	1
No	2

e. Today5

A tin of baked beans or spaghetti?

Yes	1
No	2

f. Today6 Potatoes?

Yes 1
 No 2

g. Today7 Biscuits, of any kind?

Yes 1
 No 2

2.

All

Thinking now about different foods that come in cans.
 How long, on average, would you keep...

PROMPT EACH FOOD ITEM

.....in an opened can before eating them?

SHOW CARD B

More than a week 1
 No more than 4 or 5 days 2
 No more than 2 or 3 days 3
 No more than 1 day 4
 Use on same day 5

SPONTANEOUS: Never stored in open can 6
 SPONTANEOUS: Not eaten/drunk 7

a. Cans1 Baked beans

b. Cans2 Other canned vegetables

c. Cans3 Spaghetti

d. Cans4 Canned fruit

e. Cans5 Corned beef

f. Cans6 Canned soup

g.Cans7 Canned fish, for example sardines, tuna

FOOD SUPPLEMENTS

1. Fluor

All

At present are you taking/giving *young person* fluoride tablets or drops?

- Yes 1
- No 2

a. FName

If code 1 at Fluor

RECORD FULL NAME OF FLUORIDE SUPPLEMENT, INCLUDING BRAND

b. FForm

If code 1 at Fluor

RECORD FORM

- Tablets 1
- Capsules 2
- Drops 3
- Liquid / syrup 4
- Powder 5

c. FDose

If code 1 at Fluor

RECORD DOSE

Dose: no. of tablets, drops, 5 ml spoons

INTERVIEWER OPEN A NOTE IF NECESSARY

01..10

d. FFreq

If code 1 at Fluor

RECORD FREQUENCY - NUMBER OF TIMES AND PERIOD

- Once a day 1
- Twice a day 2
- Three times a day 3
- Four times a day 4
- Five times a day 5

e. FLicNo

If code 1 at Fluor

RECORD PRODUCT LICENCE NO. (IF ANY)

ENTER '0' IF NONE AVAILABLE

---- /---- (product licence variable format)

f. FCat

If code 1 at Fluor

SYSTEM ENTRY: SUPPLEMENT CODE FOR FLUORIDE = 1

2. Vita

All

At present (apart from fluoride tablets/drops) is *young person* taking any extra vitamins or minerals as tablets, pills, powders, syrups or drops?

INCLUDE PRESCRIBED AND NON-PRESCRIBED SUPPLEMENTS
E.G. CHILDREN'S VITAMIN DROPS, MULTIVITAMIN TABLETS, IRON TABLETS.

EXCLUDE DRINKS, YOGURTS OR FOODS FORTIFIED WITH VITAMINS

Yes 1
No 2

3. IntroS

If code 1 at Vita

ASK RESPONDENT FOR SUPPLEMENT CONTAINERS

a. Name0..9

If code 1 at Vita

RECORD FULL NAME, INCLUDING BRAND OF EACH SUPPLEMENT

b. FormIn00..09

If code 1 at Vita

RECORD FORM OF EACH SUPPLEMENT

Tablets 1
Capsules 2
Drops 3
Liquid / syrup 4
Powder 5

c. VDose0..9

If code 1 at Vita

RECORD DOSE TAKEN OF EACH SUPPLEMENT
: NO. OF TABLETS, DROPS, 5 ml SPOONS

01..10

d. VFreq0..9

If code 1 at Vita

CODE FREQUENCY EACH SUPPLEMENT TAKEN: NO. OF TIMES AND PERIOD

Once a day 1
Twice a day 2
Three times a day 3
Four times a day 4
Five times a day 5

e. VLicNo0..9

If code 1 at Vita

RECORD PRODUCT LICENCE NO. (IF ANY) OF EACH SUPPLEMENT

ENTER 0 IF NONE AVAILABLE

---- /---- (product licence variable format)

f. Categor0..9 If code 1 at Vita

CODE CATEGORY FOR EACH SUPPLEMENT

Fluoride only	1	
Cod liver oil and other fish-based supplements	2	
Evening primrose oil type supplements	3	
Vitamin C only	4	
Other single vitamins, not vitamin C	5	
Vitamins A, C and D only	6	
Vitamins with iron	7	
Iron only	8	
Multivitamins and multi-minerals		9
Multivitamins, no minerals	10	
Minerals only; not fluoride or iron only	11	
Other (Specify at next question)	12	

g. Vother0..9

If code 12 at CATEGORY0..9

SPECIFY OTHER KIND FOR EACH SUPPLEMENT

4. Herbal

All

Does *young person* take any herbal preparations or other traditional remedies?

Yes	1
No	2

5. IntroH

If code 1 at Herbal

INTERVIEWER: ASK RESPONDENT FOR HERBAL REMEDY CONTAINERS

a. Name10..18

If code 1 at Herbal

RECORD FULL NAME OF EACH HERBAL REMEDY

b. Brand0..9

If code 1 at Herbal

RECORD BRAND NAME OF EACH HERBAL REMEDY

c. Plant0..9 **If code 1 at Herbal**
RECORD MAIN PLANT INGREDIENT OF EACH HERBAL REMEDY

d. Strong0..9 **If code 1 at Herbal**
RECORD STRENGTH OF EACH HERBAL REMEDY
(INCLUDE MG ETC.)

e. Dose0..9 **If code 1 at Herbal**
RECORD DOSE TAKEN OF EACH HERBAL REMEDY
: NO. OF TABLETS, DROPS, 5 ML SPOONS

01..10

f. Freq0..9 **If code 1 at Herbal**
CODE FREQUENCY EACH HERBAL REMEDY TAKEN: NO. OF
TIMES AND PERIOD

Once a day 1
Twice a day 2
Three times a day 3
Four times a day 4
Five times a day 5

g. Formin10..19 **If code 1 at Herbal**
CODE FORM OF EACH HERBAL REMEDY

Form
Tablets 1
Capsules 2
Drops 3
Liquid / Syrup 4
Powder 5

h. LicNo0..9 **If code 1 at Herbal**
RECORD PRODUCT LICENCE NO. (IF ANY) OF EACH HERBAL
REMEDY

ENTER 0 IF NONE AVAILABLE

---- /---- (product licence variable format)

YOUNG PERSON'S LEVEL OF ACTIVITY

1. Desc If young person aged 4 to 6 years

How would you describe *young person's* current level of activity?

- Fairly Inactive - gets little exercise, spends most of his/her time watching television, looking at books, or sitting playing with toys or games 1
- Fairly Active - spends more time in active play or running around than watching television, looking at books, or sitting playing with toys or games 2
- Very Active - spends nearly all the time running around or in very active play or games 3

2. ASame If young person aged 4 to 6 years

How would you describe *young person's* level of activity when compared with boys and girls of the same age?

- More active 1
- about the same 2
- or less active? 3

3. SSame If young person aged 4 to 6 years

How would you describe *young person's* level of activity when compared with other children of the same sex?

- More active 1
- about the same 2
- or less active? 3

YOUNG PERSON'S MEDICAL HISTORY

1. Acci All

Has *young person* ever had an accident which resulted in hospital admission?

- Yes 1
- No 2

2. Oper All

Has *young person* ever had an operation?

- Yes 1
- No 2

3. Hosp

All

Has *young person* ever stayed in hospital as an inpatient, overnight or longer?

EXCLUDE PERIOD AFTER BIRTH UNLESS BABY STAYED IN HOSPITAL AFTER MOTHER HAD LEFT

Yes 1
No 2

4. Illness

All

Does *young person* have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes 1
No 2

a. L Matter

If code 1 at Illness

What is the matter with him/her?

b. LimitAct

If code 1 at Illness

Does this illness or disability (do any of these illnesses or disabilities) limit his/her activities in any way?

Yes 1
No 2

5. CutDown

All

Now I'd like you to think about the 2 weeks ending yesterday. During those two weeks, did s/he have to cut down on any of the things s/he usually does (about the house/at school/work or in his/her free time) because of *illness* or some other illness or injury?

Yes 1
No 2

a . NDysCutD

If code 1 at CutDown

How many days was this in all during these 2 weeks, including Saturdays and Sundays?

1..14

b. CMatter

If code 1 at CutDown

What was the matter with him/her?

OCCUPATION: ASKED FOR HEAD OF HOUSEHOLD, MOTHER (if not already asked as HOH) AND YOUNG PERSON (if aged 15 or over and not HOH)

1. WorkIWk1

Did *HOH/Mother/Young person* do any paid work last week - that is in the 7 days ending last Sunday - either as an employee or self-employed?

Yes 1
 No 2

a. FullIPT

If code 1 at WorkIWk1

Was s/he working full or part time?

Full time 1
 Part time 2

b. WorkIWk2

If code 2 at WorkIWk1

Even though s/he wasn't working, did s/he have a job that s/he was away from last week?

HOH and young person

Yes 1
 No 2

Mother

Yes, on maternity leave..... 1
 Yes, not on maternity leave..... 2
 No..... 3

c. WorkIWk3

HOH: if code 2 at WorkIWk2

Mother: if code 3 at WorkIWk2

YP: : if code 2 at WorkIWk2 and School ne 1 to 3

Last week was s/he

CODE FIRST TO APPLY

Waiting to take up a job s/he had already obtained ? 1
 Looking for work ? 2
 Intending to look for work but prevented by temporary
 sickness or injury ? (check 28 days or less) 3
 Going to school or college full time ? (check 16-49 only) ... 4
 Permanently unable to work because of long-term
 sickness or disability? (men 16-64; women 16-59 only) 5
 Retired? (for women, only if stopped work after age 50) ... 6
 Looking after home or family? 7
 Or was s/he doing something else? 8

2. GovSchem

During last week, that is the 7 days ending last Sunday was s/he on any of the following government schemes (including those run by Training Enterprise Councils (TEC) - England and Wales and Local Enterprise Companies (LEC) - Scotland)?

INDIVIDUAL PROMPT

- Youth Training (YT)? only ask 16-20 yrs 1
- Training for work/Employment Training/Employment Action? 2
- Community Action? 3
- None of these? 4

a. Trn

If codes 1 or 2 at GovSchem

Last week was s/he....

CODE FIRST ONE THAT APPLIES

- with an employer, or on a project providing work experience or practical training ? 1
- or at a college or training course ? 2

TRNCHKA

Variable computed in the CAPI program

If code 1 at Trn TRNCHKA = 1
With an employer/on work experience or practical training

If code 2 at Trn TRNCHKA = 2
At college or training scheme

HOH and YP:

If code 1 at WorkIWk1 or code 1 at WorkIWk2 or code 3 at GovSchem TRNCHKA = 3
Had a job last week

Mother:

If code 1 at WorkIWk1 or code 1 or 2 at WorkIWk2 or code 3 at GovSchem TRNCHKA = 3
Had a job last week

If code 1 at WorkIWk3 TRNCHKA = 4
Unemployed, waiting to take up a job

If code 2 at WorkIWk3 TRNCHKA = 5
Unemployed, looking for work

If code 3 at WorkIWk3 TRNCHKA = 6
Unemployed, prevented by temporary sickness from looking for work

If codes 4 to 8 at WorkIWk3 TRNCHKA = 7

Other, economically inactive

If na at WorkIWk1 TRNCHKA = -9
Economic status not known

3. LookWork

If code 6 at TRNCHKA

Thinking of the 4 weeks ending last Sunday, were you looking for paid work (or a YT/ET etc. place) at any time in those 4 weeks?

Yes 1
No 2

4. AbleStrt

If code 5 or 6 at TRNCHKA

If a job (or YT/ET etc. place) had been available last week, would s/he have been able to start within 2 weeks?

Yes 1
No 2

5a. UnemWtJ1

If code 4 at TRNCHKA

Apart from the job s/he is waiting to take up, has s/he ever had a paid job or done any paid work?

Yes 1
No 2

b. UnemWtJ2

W1 and W2: if code 5 or 6 at TRCHKA
W3 and W4: if codes 5 to 7 at TRNCHKA

(May I check), has s/he ever had a paid job or done any paid work?

Yes 1
No 2

6. UnempTim

If codes 4 to 6 at TRNCHKA

How long altogether have you been out of employment but wanting work in this current period of unemployment, that is, since any time you may have spent on a government scheme, such as YT or ET/Training for work ?

PERIOD = UP TO YESTERDAY

Less than a week 1
1 week but less than 1 month 2
1 month but less than 3 months 3
3 months but less than 6 months 4
6 months but less than 12 months 5
12 months but less than 2 years 6

2 years but less than 3 years	7
3 years but less than 5 years	8
5 years or more	9

JOB DETAILS: ASKED FOR HEAD OF HOUSEHOLD, MOTHER (if not already asked as HOH) . Asked for YOUNG PERSON only if Head of own household.

1. Ind

HOH

If (code 1 at WorkIWk1) or (code 1 at WorkIWk2) or (code 1 at WorkIWk3) or (code 1 at UnemWtJ2)

Mother

If (code 1 at WorkIWk1) or (code 1 or 2 at WorkIWk2) or (code 1 at WorkIWk3) or (code 1 at UnemWtJ2)

What did the firm/organisation s/he worked for mainly make or do (at the place where s/he worked)?

DESCRIBE FULLY - PROBE MANUFACTURING OR PROCESSING OR DISTRIBUTION ETC. AND MAIN GOODS PRODUCED, MATERIALS USED, WHOLESALE OR RETAIL ETC.

2. IndT

ENTER A TITLE FOR THE INDUSTRY

3. OccT

What was his/her (main) job (in the week ending last Sunday)?

ENTER JOB TITLE

4. OccD

What did s/he mainly do in his/her job?

CHECK SPECIAL QUALIFICATIONS/TRAINING NEEDED TO DO THE JOB

5. Stat0 -1

Was s/he working as an employee or was s/he self-employed?

Employee	1
Self-employed	2

a. Manage0-1

If code 1 at Stat

Did s/he have any managerial duties, or was s/he supervising any other employees?

Manager	1
Foreman/supervisor	2
Not manager/supervisor	3

b. EmpNo0-1

If code 1 at Stat

How many employees were there at the place where s/he worked?

- 1-24 1
- 25 or over 2

c. Solo0-1

If code 2 at Stat

Was s/he working on his/her own or did s/he have employees?

- On own/with partner(s) but no employees 1
- With employees 2

d. SENO0-1

If code 2 at Solo

How many people did s/he employ at the place where s/he worked?

- 1-24 1
- 25 or over 2

OEmpsta0-1

Variable computed in the CAPI program

If code 3 or -8 at Manage, or -8 at Stat 1
Employee (not foreman or manager)

If code 2 at Manage 2
Foreman or supervisor

If code 1 at Solo 3
Self employed - no employees

If code 1 at SeNo 4
Self employed - 1 to 24 employees

If code 2 at SeNo 5
Self employed - 25 or more employees

If code 1 at Manage and code 1 at EmpNo..... 6
Manager - 1 to 24 employees in establishment

If code 1 at Manage code 2 at EmpNo 7
Manager - 24 or more employees in establishment

SOC0-1

Standard Occupational Classification

Job title **answer at OccT**

Job description **answer at OccD**

Industry **answer at IndT**

Employment status **Empsta**

Review occupational details and assign 3-digit s.o.c. code

000..999

IEmpSta0-1	Imputed employment status 0..7
SEG0-1	[Hidden variable calculated within program] Socio-economic group 0.0..16.0
SC0-1	[Hidden variable calculated within program] Social class 0.0..6.0

MOTHER'S EDUCATION

1. MAge

if XMother = 1

How old was *mother* when s/he finished her continuous full-time education?

Not Yet finished	1
14	2
15	3
16	4
17	5
18	6
19 or over	7
No formal education	8

2. MQual

if XMother = 1

Please look at this card and tell me whether she has any of the qualifications listed. Start at the top of the list and tell me the first one you come to that she has passed

SHOW CARD E

CODE FIRST THAT APPLIES

Degree	1
Teaching qualifications	2
HNC/HND, BEC/TEC Higher, BTEC Higher	3
City and Guilds Full Technological Certificate	4
Nursing qualifications (SRN, SCM, RGN, RM, RHV, Midwife)	5
'A' levels/SCE Higher	6
ONC/OND/BEC/TEC NOT Higher	7
City and Guilds Advanced/Final	8
'O' Level passes (Grade A to C if after 1975)	9
GCSE (Grades A to C)	10
CSE (Grade 1)	11
SCE Ordinary (Bands A to C)	12
Standard Grade (Levels 1 to 3)	13
SLC Lower	14
SUPE Lower or ordinary	15
School certificate or Matric	16
City and Guilds Craft/Ordinary level	17
CSE Grades 2 to 5	18
GCE 'O' Level (Grades D&E if after 1975)	19
GCSE (Grades D,E,F,G)	20
SCE Ordinary (Bands D & E)	21
Standard Grade (Level 4, 5)	22
Clerical or commercial qualifications	23
Apprenticeship	24
CSE Ungraded	25
Other qualifications (Specify at next question)	26
No formal qualifications	27

a. QOthe2

If code 26 at MQual

SPECIFY OTHER QUALIFICATION

MOTHER'S AND FATHER'S SMOKING HABITS

1. MCigs

If code 1 at XMother

Does *mother* smoke cigarettes at all?

Yes 1

No 2

a. MCigsA

If code 1 at MCigs

About how many cigarettes a day does she usually smoke?

0..97

2. FCigs

If code 1 at XFather

Does *father* smoke cigarettes at all?

Yes 1

No 2

a. FCigsA

If code 1 at FCigs

About how many cigarettes a day does he usually smoke?

0..97

YOUNG PERSON'S EMPLOYMENT :

1. YPptJob

If young person is aged 11 to 14 years

Does *young person* have a part-time job at the moment?

INCLUDE SATURDAY AND EVENING JOBS, PAPER ROUNDS, STACKING SHELVES ETC.

Yes 1
No 2

a. Hours

Waves 1 to 3

If (code 1 at YPptJob) or (young person is aged 15 or over and code 1 at WorkIWk1)

Wave 4 only

If (code 1 at YPptJob) or [young person is aged 15 or over and (code 1 at WorkIWk1) or (code 1 at WorkIWk2)]

Thinking back over the last 7 days, that is from last to yesterday, in total how many hours did s/he work?

INTERVIEWER: IF AWAY FROM WORK LAST WEEK ENTER ZERO.

0..100

b. JDesc

Waves 1 to 3

If (code 1 at YPptJob) or (young person is aged 15 or over and code 1 at WorkIWk1)

Wave 4 only

If (code 1 at YPptJob) or [young person is aged 15 or over and (code 1 at WorkIWk1) or (code 1 at WorkIWk2)]

How would you describe your job .. is it:

SHOW CARD D

INTERVIEWER: DIRECT QUESTION TO YOUNG PERSON

A job where s/he is sitting or standing for most of the time, which is not physical or active 1

a job which is physical and active, but not so hard as to make him/her puff and pant and get hot and sweaty for a lot of the time 2

or a job which is very physical and active and makes him/her puff and pant and get hot and sweaty for a lot of the time? 3

YOUNG PERSON'S EDUCATION

1. YAge

If young person aged 15 or over and ne code 2 at School

How old was *young person* when s/he finished his/her continuous full-time education?

Not yet finished	1
14	2
15	3
16	4
17	5
18	6
19 or over	7
No formal education	8

2. YQual

If young person aged 15 or over

Please look at this card and tell me whether *young person* has any of the qualifications listed. Start at the top of the list and tell me the first one you come to that s/he has passed

SHOW CARD E

CODE FIRST THAT APPLIES

Degree	1
Teaching qualifications	2
HNC/HND, BEC/TEC Higher, BTEC Higher	3
City and Guilds Full Technological Certificate	4
Nursing qualifications (SRN, SCM, RGN, RM, RHV, Midwife)	5
'A' levels/SCE Higher	6
ONC/OND/BEC/TEC NOT Higher	7
City and Guilds Advanced/Final	8
'O' Level passes (Grade A to C if after 1975)	9
GCSE (Grades A to C)	10
CSE (Grade 1)	11
SCE Ordinary (Bands A to C)	12
Standard Grade (Levels 1 to 3)	13
SLC Lower	14
SUPE Lower or ordinary	15
School certificate or Matric	16
City and Guilds Craft/Ordinary level	17
CSE Grades 2 to 5	18
GCE 'O' Level (Grades D&E if after 1975)	19
GCSE (Grades D,E,F,G)	20
SCE Ordinary (Bands D & E)	21
Standard Grade (Level 4, 5)	22
Clerical or commercial qualifications	23
Apprenticeship	24
CSE Ungraded	25
Other qualifications (Specify at next question)	26
No formal qualifications	27

a. QOthe2

If code 26 at YQual

SPECIFY OTHER QUALIFICATION

METHOD OF TRANSPORT

1. TravTo **If (young person aged 4 to 14 and School ne 1) or (young person aged 15 or over and codes 2 to 5 at School)**

How does *young person* usually get to school/work?

CODE ALL THAT APPLY

- Walk 1
- Cycle 2
- Motorcycle 3
- Car 4
- Bus 5
- Other (specify at next question) 6

a. TravO1 **If code 6 at TravTo**

SPECIFY OTHER WAY TRAVELS TO SCHOOL

b. Longa **If code 1 or 2 at TravTo**

How long does it take him/her to walk/cycle to school/work?

IN MINUTES

0..90

2. TravFr **If (young person aged 4 to 14 and School ne 1) or (young person aged 15 or over and codes 2 to 5 at School)**

How does *young person* usually get home?

CODE ALL THAT APPLY

- Walk 1
- Cycle 2
- Motorcycle 3
- Car 4
- Bus 5
- Other (Specify at next question) 6

a. TravO2 **If code 6 at TravFr**

SPECIFY OTHER WAY GETS HOME

b. Longb **If code 1 or 2 at TravFr**

How long does it take him/her to walk/cycle home?

IN MINUTES

0..90

YOUNG PERSON'S ETHNIC GROUP

1. Birth

All

In which country was *young person* born?

England	1
Scotland	2
Wales	3
N Ireland	4
Outside UK	5

2. EthnGp

All

To which of the groups listed on this card do you consider you / *young person* belong(s)?

SHOW CARD F

White	1
Black - Caribbean	2
Black - African	3
Black - neither Caribbean nor African	4
Indian	5
Pakistani	6
Bangladeshi	7
Chinese	8
None of these (Include mixed race)	9

a. EthnOth

If code 9 at EthnGp

HOW WOULD YOU DESCRIBE THE RACIAL OR ETHNIC GROUP TO WHICH YOU/YOUNG PERSON BELONG(S)?

TENURE

1. OwnHome

All

Does your household own or rent this house or flat?

PROMPT AS NECESSARY

Owns - with mortgage /loan	1
Owns - outright	2
Rents - Local Authority/new town	3
Rents - Housing Association	4
Rents - privately unfurnished	5
Rents - privately furnished	6
Rents - from employer	7
Rents - other with payment	8
Rent free	9

HOUSEHOLD INCOME INFORMATION

1. FCredit

All

Can I just check, are you (and your partner) currently receiving Family Credit?

Yes	1
No	2

2. ISupp

All

And have you (or your partner) drawn Income Support at any time within the last 14 days?

Yes	1
No	2

3. ISeek

All

And have you (or your partner) drawn (Income related) Job Seeker's Allowance at any time within the last 14 days?

Yes	1
No	2

4. GIncome

All

Could you please look at this card and tell me which group represents the gross income of the whole household?

Please include income from all sources before any compulsory deductions such as income tax, national insurance and superannuation contributions.

SHOW CARD G

REMIND INFORMANT WHO IS INCLUDED IN THE HOUSEHOLD

PER WEEK PER YEAR

less than £40	less than £2,000	1
£40 - less than £80.....	£2,000 - less than £4,000	2
£80 - less than £120 ...	£4,000 - less than £6,000	3
£120 - less than £160 .	£6,000 - less than £8,000	4
£160 - less than £200 .	£8,000 - less than £10,000	5
£200 - less than £240 ..	£10,000 - less than £12,000	6
£240 - less than £280 ..	£12,000 - less than £14,000	7
£280 - less than £350 ..	£14,000 - less than £18,000	8
£350 - less than £400 ..	£18,000 - less than £20,000	9
£400 - less than £500 ..	£20,000 - less than £25,000	10
£500 - less than £600 ..	£25,000 - less than £30,000	11
£600 or more	£30,000 or more	12



- 1 More than once a day
- 2 Once a day
- 3 Most days
- 4 At least once a week
- 5 At least once a month
- 6 Less than once a month
- 7 Never



- 1 More than a week
- 2 No more than 4 or 5 days
- 3 No more than 2 or 3 days
- 4 No more than one day
- 5 Use on the same day



- 1 Fairly inactive - gets little exercise, spends most of the time watching television, looking at books, or sitting playing with toys or games.
- 2 Fairly active - spends more time in active play or running around than watching television, looking at books, or sitting playing with toys or games
- 3 Very active - spends nearly all the time running around or in very active play or games



- 1 A job where I am sitting or standing for most of the time, which is not physical or active
- 2 A job which is physical and active, but not so hard as to make me puff and pant and get hot and sweaty for a lot of the time
- 3 A job which is very physical and active and makes me puff and pant and get hot and sweaty for a lot of the time



Degree, or degree level qualification

Teaching qualification

HNC/HND, BEC/TEC Higher, BTEC Higher

City and Guilds Full Technological Certificate

Nursing qualifications (SRN, SCM, RGN, RM, RHV, Midwife)

'A' levels/SCE higher

ONC/OND/BEC/TEC not higher

City and Guilds Advanced/Final Level

'O' level passes (Grade A-C if after 1975)

GCSE (grades A-C)

CSE Grade 1

SCE Ordinary (Bands A-C)

Standard Grade (Level 1-3)

SLC Lower

SUPE Lower or Ordinary

School Certificate or Matric

City and Guilds Craft/Ordinary level

CSE Grades 2-5

GCE 'O' level (Grades D & E if after 1975)

GCSE (Grades D, E, F, G)

SCE Ordinary (Bands D & E)

Standard Grade (Level 4, 5)

Clerical or commercial qualifications

Apprenticeships

CSE ungraded

Other qualifications - *please tell the interviewer what*

No qualifications



- 1 White
- 2 Black - Caribbean
- 3 Black - African
- 4 Black - neither Caribbean nor African
- 5 Indian
- 6 Pakistani
- 7 Bangladeshi
- 8 Chinese
- 9 None of these; mixed race



Gross household income

per week	Group	per year
less than £40	01	less than £2,000
£40 - less than £80	02	£2,000 - less £4,000
£80 - less than £120	03	£4,000 - less £6,000
£120 - less than £160	04	£6,000 - less £8,000
£160 - less than £200	05	£8,000 - less £10,000
£200 - less than £240	06	£10,000 - less £12,000
£240 - less than £280	07	£12,000 - less £14,000
£280 - less than £350	08	£14,000 - less £18,000
£350 - less than £400	09	£18,000 - less £20,000
£400 - less than £500	10	£20,000 - less £25,000
£500 - less than £600	11	£25,000 - less £30,000
£600 or more	12	£30,000 or more

CATEGORIES FOR VITAMIN AND MINERAL SUPPLEMENTS IN THE INTERVIEW

Code and category	Examples
1 Fluoride (ONLY)	Tablets or drops
2 Cod liver oil and other fish-based supplements	Cod liver oil and orange syrup Cod liver oil with vitamins A, D, E Halibut liver oil Haliborange fish oil plus vitamins
3 Evening primrose oil type supplements	Evening primrose oil with added vitamins Starflower oil Wheatgerm oil
4 Vitamin C ONLY	Vitamin C tablets, capsules or powder; any strength
5 Other single vitamins, NOT vitamin C	eg Vitamin E, folic acid
6 Vitamins A, C and D only	eg welfare vitamins Sainsbury's children's vitamins, A, C and D
7 Vitamins with iron	One or more vitamins with iron eg Sanatogen multivitamins with iron
8 Iron ONLY	NO other vitamins or minerals
9 Multivitamins and multiminerals	One or more vitamins with one or more minerals, EXCEPT iron ONLY eg Boot's zinc and vitamin C Sanatogen multivitamins and multiminerals Selenium ACE
10 Multivitamins, NO minerals	Two or more vitamins, NOT ACD ONLY eg Sanatogen multivitamins Vitamin B complex
11 Minerals ONLY; NOT fluoride or iron ONLY	One or more minerals, NO vitamins eg multimineral tablets
12 Other	Anything else

NATIONAL DIET AND NUTRITION SURVEY: YOUNG PEOPLE 4 TO 18 AGED YEARS

Diary pick up interview

1. WhoW All

Who weighed and recorded the food and drink entered in the diary?
Please include all those people who did any weighing and recording.

CODE ALL THAT APPLY

Young person	1
'Mother' figure	2
'Father' figure	3
Brother(s) or sister(s)	4
Other relative in household	5
Nanny or child minder	6
Friend	7
Teacher, dinner lady or play group helper	8
Other (Specify at next question)	9

a. WWOth1 If code 9 at WhoW

SPECIFY OTHER(S) WHO WEIGHED OR RECORDED

2. WMain All

Who did most of the weighing and recording?

CODE ONLY ONE

Young person	1
'Mother' figure	2
'Father' figure	3
Brother(s) or sister(s)	4
Other relative in household	5
Nanny or child minder	6
Friend	7
Teacher, dinner lady or play group helper	8
Other (Specify at next question)	9

a. WWOth2 If code 9 at WMain

SPECIFY OTHER WHO DID MOST OF THE WEIGHING OR
RECORDING

3. Offer1

All

During the 7 days that you were weighing and recording *young person's* food do you think s/he had more, less or about the same amount of biscuits as usual?

- More 1
- Less 2
- Same 3
- Never eats item 4

4. Offer2

All

During the 7 days that you were weighing and recording *young person's* food do you think s/he had more, less or about the same amount of sweets as usual?

- More 1
- Less 2
- Same 3
- Never eats item 4

5. Offer3

All

During the 7 days that you were weighing and recording *young person's* food do you think s/he had more, less or about the same amount of crisps as usual?

- More 1
- Less 2
- Same 3
- Never eats item 4

6. Offer4

All

During the 7 days that you were weighing and recording *young person's* food do you think s/he had more, less or about the same amount of drinks as usual?

- More 1
- Less 2
- Same 3
- Never eats item 4

7. Offer5

All

During the 7 days that you were weighing and recording *young person's* food do you think s/he had more, less or about the same amount of snacks as usual?

- More 1
- Less 2
- Same 3
- Never eats item 4

8. Portion

All

On the whole, do you think that *young person* had:

RUNNING PROMPT

- bigger 1
- smaller 2
- or the same size portions as usual while you were keeping the diary?..... 3

9. EatOut

All

During the 7 days do you think *young person* ate out of the home including at friends, work or school:

RUNNING PROMPT

- more often 1
- less often 2
- or about the same as usual? 3

10. Minder

All

Did the eating out diary have to be left with someone else, for example a childminder or teacher, for them to record food and drink eaten by *young person*?

- Yes 1
- No 2

a. ProbM

If code 1 at Minder

Were there any problems in keeping the eating out diary when *young person* was with someone else?

- Yes 1
- No 2

i. MindS

If code 1 at ProbM

What were these problems?

11. BigProb

All

Did you have any problems with the weighing and recording of what s/he had to eat and drink during the 7-day period?

Yes 1
No 2

a. WhatP

If code 1 at BigProb

What were these problems?

12. Unwell

All

(During the past few days/while you were keeping the diary) has *young person* been unwell at all?

Yes 1
No 2

a. Sick0..5

If code 1 at Unwell ask for each of the following

- 0 =** Diarrhoea
- 1 =** Sick or vomiting
- 2 =** Cold or flu (include sore throat, runny nose, tonsils with temperature, chest infection, cough, snuffles)
- 3 =** Ear infection
- 4 =** Asthma
- 5 =** Ill in any other way (Specify at next question; include off food; chicken pox; headache; feverish)

Has s/he been ill with (ILLNESS)?

Yes 1
No 2

- b. Which100..106** **If code 1 at Sick0**
- Which107..113** **If code 1 at Sick1**
- Which114..120** **If code 1 at Sick2**
- Which121..127** **If code 1 at Sick3**
- Which128..134** **If code 1 at Sick4**
- Which135..141** **If code 1 at Sick5**

On which day(s) was s/he unwell with (ILLNESS)?

CODE ALL THAT APPLY

- Day 1 1
- Day 2 2
- Day 3 3
- Day 4 4
- Day 5 5
- Day 6 6
- Day 7 7

- c. Which000..007** **If code 1 at Sick0**
- Which008..015** **If code 1 at Sick1**
- Which016..023** **If code 1 at Sick2**
- Which024..031** **If code 1 at Sick3**
- Which032..039** **If code 1 at Sick4**
- Which040..047** **If code 1 at Sick5**

On which day(s) did (ILLNESS) affect his/her eating habits?

CODE ALL THAT APPLY

- Day 1 1
- Day 2 2
- Day 3 3
- Day 4 4
- Day 5 5
- Day 6 6
- Day 7 7
- Did not affect eating habits 8

- d. VOther** **If code 1 at Sick5 (ill in any other way)**

SPECIFY OTHER ILLNESS

13. Unusual **All**

Have there been any (other) unusual circumstances which have affected *young person's* eating habits (during the past few days/while you were keeping the diary)?

- Yes 1
- No 2

a. UnWhat

If code 1 at Unusual

What has been different about *young person's* eating habits over these days?

14. Say

All

Is there anything you would like to say about the diary you kept (for *young person*)? (Enter at next question)

Yes 1

No 2

a. SWhat

If code 1 at Say

ENTER COMMENTS ABOUT THE DIARY

DIETARY ASSESSMENT SCHEDULE

1. F7Q7

INTERVIEWER: ENTER THE ANSWER TO Q7 ON THE DIETARY ASSESSMENT SCHEDULE (F7)¹

Overall, how good do you (INTERVIEWER) think the diaries are at reflecting what *young person* ate over the period?

- Complete record of items and very few estimated weights .1
- Complete record of items and some estimated weights ... 2
- Complete record of items and nearly all estimated weights 3
- Some items missing and very few estimated weights 4
- Some items missing and some estimated weights5
- Some items missing and nearly all estimated weights 6
- Lots of missing items and very few estimated weights7
- Lots of missing items and some estimated weights8
- Lots of missing items and nearly all estimated weights9

ORAL HEALTH EXAMINATION

1. OConsent

All

RECORD

Was consent given to the oral health examination?

- Yes 1
- No 2

¹ Only Q7 from the Dietary Assessment Schedule was keyed into the Blaise object: for other questions on this document see Appendix X.

Smoking and drinking self-completion

N1404 /W3



CONFIDENTIAL

S2 G:10-18

Serial number label

SMOKING AND DRINKING

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you - like this:

Yes 1No 2

or sometimes you have to write a number in the box, for example:

Some questions don't apply to everybody. It always tells you by the box which question you should answer next.

1. Do you smoke cigarettes at all nowadays?

Yes No

Go to Question 2

2. Please read all the following statements carefully and tick the box next to the one which best describes you:

I have never smoked

Go to Question 3

I have only ever tried smoking once I used to smoke sometimes but I never smoke a cigarette now I sometimes smoke cigarettes now but I don't smoke as many as one a week

Go to Question 4

I usually smoke between one and six cigarettes a week I usually smoke more than six cigarettes a week

1

N1404(S2) MAY'97 V1

3. Just to check, read the statements below carefully and tick the box next to the one which best describes you.

I have never tried smoking a cigarette, not even a puff or two I did once have a puff or two of a cigarette, but I never smoke now I do sometimes smoke cigarettes

Go to Question 4

4. Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don't count drinks labelled low alcohol but include alcoholic lemonade, alcoholic cola and other alcoholic soft drinks, such as Hooch, Two Dogs and Lemon Head.

Yes Go to Question 5No Go to Question 18

5. How often do you usually have an alcoholic drink?

Almost every day About twice a week About once a week About once a fortnight About once a month Only a few times a year I never drink alcohol now

Go to Question 6

Go to Question 18

6. During the last 7 days, how much BEER, LAGER AND CIDER have you drunk? Please don't count drinks labelled low alcohol.

Have not drunk beer, lager or cider in the last 7 days Less than half a pint Half a pint or more

Go to Question 8





Go to Question 7

2

N1404(S2) MAY'97 V1

Smoking and drinking self-completion – *continued*





7. Write in the boxes below the number of pints, half pints, large cans, small cans of BEER, LAGER AND CIDER you have drunk in the last 7 days.

pints (glasses or pint bottles)		<input type="text"/>	} Go to Question 8
half pints (glasses or small bottles)		<input type="text"/>	
large cans		<input type="text"/>	
small cans		<input type="text"/>	

8. During the last 7 days, how much SHANDY have you drunk?

Have not drunk shandy in the last 7 days	<input type="text"/>	1	} Go to Question 10
Less than half a pint	<input type="text"/>	2	
Half a pint or more	<input type="text"/>	3		Go to Question 9


9. Write in the boxes below the number of pints, half pints, large cans, small cans of SHANDY you have drunk in the last 7 days.

pints		<input type="text"/>	} Go to Question 10
half pints		<input type="text"/>	
large cans		<input type="text"/>	
small cans		<input type="text"/>	

10. During the last 7 days, how much WINE have you drunk?

Have not drunk wine in the last 7 days	<input type="text"/>	1	} Go to Question 12
Less than a glass	<input type="text"/>	2	
One glass or more	<input type="text"/>	3		Go to Question 11


11. Write in the box below, the number of glasses of WINE you have drunk in the last 7 days.

glasses		<input type="text"/>	Go to Question 12
---------	---	----------------------	--------------------------

12. During the last 7 days, how much MARTINI AND SHERRY have you drunk?

Have not drunk martini or sherry in the last 7 days	<input type="text"/>	1	} Go to Question 14
Less than a glass	<input type="text"/>	2	
One glass or more	<input type="text"/>	3	

13. Write in the box below, the number of glasses of MARTINI OR SHERRY you have drunk in the last 7 days.

glasses		<input type="text"/>	Go to Question 14
---------	--	----------------------	--------------------------


14. During the last 7 days, how much SPIRITS (e.g. whisky, vodka, gin) AND LIQUEURS have you drunk?

By a glass we mean a single pub measure

Have not drunk spirits or liqueurs in the last 7 days	<input type="text"/>	1	} Go to Question 16
Less than a glass	<input type="text"/>	2	
One glass or more	<input type="text"/>	3		Go to Question 15

Smoking and drinking self-completion – *continued*

15. Write in the box below, the number of glasses of SPIRITS (e.g. whisky, vodka, gin) AND LIQUEURS you have drunk in the last 7 days.

glasses  — Go to Question 16

16. During the last 7 days, how much ALCOHOLIC LEMONADE, ALCOHOLIC COLA or OTHER ALCOHOLIC SOFT DRINKS (e.g. Hooch, Two Dogs, Lemon Head) have you drunk?

Have not drunk alcoholic lemonade, alcoholic cola or other alcoholic soft drinks in the last 7 days

1 — Go to Question 18


Less than a bottle


2

One bottle or more

3 — Go to Question 17

17. Write in the boxes below the number of bottles and cans of ALCOHOLIC LEMONADE, ALCOHOLIC COLA and OTHER ALCOHOLIC SOFT DRINKS (e.g. Hooch, Two Dogs, Lemon Head) you have drunk in the last 7 days.

bottles  — Go to Question 18

cans 

The next 3 questions are not about smoking and drinking.

There are two questions about your monthly periods, and one about whether you take the contraceptive pill. They are part of the information we are collecting on your health and growth, and we thought young girls would prefer to answer these questions in private.

18. Have you started having your monthly periods yet?

Yes 1 — Go to Question 19

No 2 — Go to Question 20

19. How old were you when you first started your monthly periods?

Age

 years months

If you cannot remember your age exactly please try to get as close as you can.

20. Are you taking a contraceptive pill?

Yes 1 — Go to Question 21
 No 2

21. Please check that you have answered all the questions.

Now please put this form back in the envelope and hand it back to the interviewer.

Thank you for your help.

CONFIDENTIAL
N1404 NATIONAL DIET AND NUTRITION SURVEY: YOUNG PEOPLE AGED 4 -18 YEARS

Serial no. label

Gender
Male Female

--	--

Date of birth

--	--	--	--	--

HOME RECORD BOOK

Please record all food and drink
as shown inside. Thank you.

The interviewer will call again on:

Day	Date	Time



Office for National Statistics
Social Survey Division
1 Drummond Gate
London SW1V 2QQ

YOUR HOME RECORD

MOST OF THE YOUNG PEOPLE IN THIS SURVEY WILL BE KEEPING THEIR OWN HOME RECORD so these instructions are written for them. If you are keeping the record for the young person, or helping them with it, then these instructions still apply, but remember it is only the young person's food and drinks that should be recorded - not your own.

This tells you how we would like you to fill in this record; please read it CAREFULLY before starting the weighing and recording.

The interviewer will go through with you what you need to do before you start and will always help you with any problems you have. If you get stuck, or are unsure what to write down, you should make as many notes as possible on the back of the diary page where there is space for you to do so, and then the interviewer can help sort it out when he or she next calls.

We have also given you a card with some tips on weighing and recording.

Don't forget that when you have completed your food diary for the full 7 days the interviewer will give you a token that you can spend on music or a book.

Describing what you eat and drink: we need to know as much as possible about everything that you eat and drink - you can use as many pages as you like - the interviewer will give you some more if you run out.

Everything you eat or drink needs to be weighed on, or in a container - for example, on a plate, or in a cup, bowl or glass. Each page of the record has lines already printed for your empty plate, cup, glass or bowl. We call these lines the '**empty plate line**'.

Column A: every time you weigh an empty plate, (or cup or other container) you need to fill in the information in column A about what you are weighing on that plate. Write down the **weight of the empty plate** (or cup etc) and the time of day. Then ring one code to show **where you are going to eat the food** you are going to weigh; ring code 1 if you are going to eat it at home, ring 2 if you are going to eat it at school or college and ring 3 if you are going to eat it somewhere else. Then ring a code to show **who is doing the weighing**; ring 1 if you, the young person, are doing the weighing, and ring 2 if it is someone else.

Now on the lines under the '**empty plate line**' you can tell us all about the food or drink being weighed on that plate or container.

Column B: write down the **brand name** of the food or drink item, giving as much information as possible. This is the name of the company making the product and will be on the wrapper or other packaging - eg Heinz, Cadbury, Walker's etc. Many shops like Tesco and Sainsbury sell their 'own label' brands, such as baked beans, cola, crisps etc, so if it is

an 'own brand' you can write the name of the shop in this column - Tesco (baked beans). Fresh meat and fish, fresh fruit and vegetables and foods that do not come pre-wrapped, like loose cheese and cooked meats, do not have a brand name, so you can leave column B blank.

Column C: write down as full a **description of the item** as possible; use as many lines as you need, but always start a new line for a new item. We need to know the type of food (or drink) and how it was cooked.

For some items we also need to know how many of the item were weighed and served on this plate, for example, 1 can of Diet Pepsi; 2 pork sausages fried in sunflower oil; 2 Shredded Wheat.

For home-made cooked dishes, like Shepherd's pie, or lasagne, weigh the serving on your plate, then on the back of the page, in the space we can give you, write down all the things that went into the recipe with the quantities, for example, 400g minced lean beef, 1 small tin tomatoes, 1lb potatoes etc.

Column D: write down the **weight of each item** of food or drink on this plate or in this cup. The scales only weigh in grams and 'g' for grams is already printed in the column for you, so you only need to write in the number.

Column E: if you do not eat everything that you weighed we need to know the **weight of what is left over**. This might be bones from meat or fish, or stones or peel from fruit or nuts, or just some of the food or drink you did not want. Weigh the same plate with the left overs on it and write in the weight on the '**empty plate line**' in column E. Then put a tick in column E next to every item left on that plate.

Column F: if, after you have weighed something, you spill some of it, someone else eats or drinks some - or your dog eats it - then you will not be able to weigh it as a left over. If this happens try to **estimate how much you spilt or lost** and write it in column F against the food or drink lost. For example, "about half spilt".

Finally in **Column G:** if the food item is a fresh fruit or vegetable, ring one of the codes in this column to tell us **whether it was home-grown**; ring code 1 if it was home-grown; ring code 2 if it was not home-grown. By home-grown we mean grown in the garden where you live, or in an allotment that your parents have.

There are 6 lines for each plate. If you have more than 6 items on the same plate, then after the 6th item you can put a line through the '**empty plate line**' and carry on using the following lines to tell us about the rest of the items on that plate. Start at a new '**empty plate line**' for the next set of foods or the next drink, as normal.

There is an example on the next page of what a completed page might look like.

REMEMBER

EACH PAGE SHOULD HAVE:

- date and date
- whether the young person was well or unwell

WHEN RECORDING:

- ALL food should be weighed on a plate and ALL drinks weighed in a container.
- Weigh the empty plate or container first and write the weight on the 'empty plate line'.
- Complete the information in column A every time you weigh any empty plate or container.
- Start each food item on a new line; you can use more than one line to write the description of the food item.
- Record ALL drinks, including tap water.
- Record ALL vitamin and mineral supplements, including fluoride supplements.
- Record ALL condiments used at the table, apart from salt and pepper, eg tomato sauce, vinegar, mayonnaise.
- Weigh all the leftovers on the plate or in the container, and in column E put a tick against EVERY ITEM left on that plate.
- Show in column F whether any of the original item was lost or spilt and could not be re-weighed. Write an estimate of the amount of food or drink lost.
- Ring one code in column G to show whether fresh fruit and vegetables were home grown.
- Write all home made recipes on the back of the recording page.

PLEASE START A NEW PAGE FOR EACH DAY EVEN IF ONLY SOME OF THIS PAGE IS USED. PLEASE USE A SEPARATE LINE FOR EACH ITEM EATEN OR DRUNK

Today is Saturday day

Recording day: 1 ② 3 4 5 6 7
(ring one)

Serial number:

Today the young person is Well Unwell
(tick one box)

Today's date is: 24 02 97

A	B BRAND NAME of each item, in full (except for fresh produce)	C FULL DESCRIPTION OF EACH ITEM, including whether fresh, frozen, dried, canned, what flavour, whether sweetened, how cooked, what type of fat food fried in	D Weight of item served (g)	E Any leftovers? Weight of plate and leftovers (g) then TICK ALL ITEMS LEFT	F Any other losses which could not be weighed? TICK ITEMS AND ESTIMATE HOW MUCH LOST!	G If fresh fruit or veg. Was it home grown?		OF FACE USE ONLY					
						Yes	No	Est weight?	Food	Brand	Food source		
Weight of empty plate?	400g	EMPTY PLATE - CUP - BOWL - CONTAINER		442 g									
Time eaten? <input checked="" type="radio"/> am/pm	8:30	Kellogg's	Coco - pops	64 g	✓		1	2					
Where eaten? (ring one)	①	Unigate	Whole milk, pasteurised	68g	✓		1	2					
	2	Silver spoon	Sugar - granulated	6 g	✓		1	2					
	3		1 banana - weighed w/its skin	40 g			1	②					
Who weighed? (ring one)	young person	①		g			1	2					
	other	2		g			1	2					
Weight of empty plate?	220g	EMPTY PLATE - CUP - BOWL - CONTAINER		g									
Time eaten? <input checked="" type="radio"/> am/pm	9:00	Tesco	Orange drink, no low calorie	40 g			1	2					
Where eaten? (ring one)	at home	①	Tap water	160 g			1	2					
	at school	2		g			1	2					
	other place	3		g			1	2					
Who weighed? (ring one)	young person	①		g			1	2					
	other	2		g			1	2					
Weight of empty plate?	176g	EMPTY PLATE - CUP - BOWL - CONTAINER		216 g									
Time eaten? <input checked="" type="radio"/> am/pm	11:30	Movis	4 slices of white bread	144 g			1	2					
Where eaten? (ring one)	at home	①	Flora Light	Spread	28 g		1	2					
	at school	2		English Cheddar Cheese	82 g		1	2					
	other place	3		2 sliced tomatoes	134 g	✓	1	②					
Who weighed? (ring one)	young person	①		g			1	2					
	other	2		g			1	2					

Please use as many pages as you like for each day
Have you included everything eaten and drunk today?
Use the back of this page for any notes, recipes and/or queries

PLEASE START A **NEW** PAGE FOR EACH DAY EVEN IF ONLY SOME OF THIS PAGE IS USED. PLEASE USE A SEPARATE LINE FOR EACH ITEM EATEN OR DRUNK

Today is day

Recording day: 1 2 3 4 5 6 7

Serial number:

(ring one)

Today the young person is

Well.....

(tick one box)

Unwell

Today's date is:

				9	7
--	--	--	--	---	---

A	B BRAND NAME of each item, in full (except for fresh produce)	C FULL DESCRIPTION OF EACH ITEM, including whether fresh, frozen, dried, canned, what flavour, whether sweetened, how cooked, what type of fat food fried in	D Weight of item served (g)	E Any leftovers? Weight of plate and leftovers (g) then TICK ALL ITEMS LEFT	F Any other losses which could not be weighed? TICK ITEMS AND ESTIMATE HOW MUCH LOST	G If fresh fruit or veg. Was it home grown?		OFFICE USE ONLY										
						Yes	No	Est weight? Tick if yes	Food	Brand	Food source							
Weight of empty plate?	..... g	EMPTY PLATE - CUP - BOWL - CONTAINER		..... g														
Time eaten?	am/pm			..... g			1	2										
Where eaten? (ring one)	at home	1		..... g			1	2										
	at school	2		..... g			1	2										
	other place	3		..... g			1	2										
Who weighed? (ring one)	young person	1		..... g			1	2										
	other	2		..... g			1	2										
Weight of empty plate?	..... g	EMPTY PLATE - CUP - BOWL - CONTAINER		..... g														
Time eaten?	am/pm			..... g			1	2										
Where eaten? (ring one)	at home	1		..... g			1	2										
	at school	2		..... g			1	2										
	other place	3		..... g			1	2										
Who weighed? (ring one)	young person	1		..... g			1	2										
	other	2		..... g			1	2										
Weight of empty plate?	..... g	EMPTY PLATE - CUP - BOWL - CONTAINER		..... g														
Time eaten?	am/pm			..... g			1	2										
Where eaten? (ring one)	at home	1		..... g			1	2										
	at school	2		..... g			1	2										
	other place	3		..... g			1	2										
Who weighed? (ring one)	young person	1		..... g			1	2										
	other	2		..... g			1	2										

Please use as many pages as you like for each day
Have you included **everything** eaten and drunk today?
Use the back of this page for any notes, recipes and/or queries

RECIPE INFORMATION

Please use this side of the page to write down the ingredients in any home-made recipe. The ingredients do not have to be weighed separately, but please try to estimate the quantities of each item that were used, including any liquid, for example, in home-made stews, casseroles or soup. For example: 2 onions, 1lb of leeks, 2 large potatoes, ½ pint semi-skimmed milk, 1 pint chicken stock.

Name of the home-made dish:.....

When was it eaten? Day:..... Date:.....Time:.....am/pm

Quantity of ingredients <i>please give full details</i>	Ingredients <i>please give full details</i>
<p>Cooking method:</p>	

NOTES AND QUERIES

Please use this side of the page for any notes, queries or extra information.

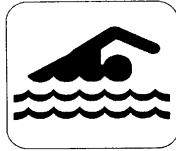
Blank area for notes and queries.



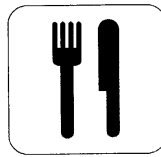
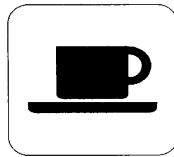
Serial number label

Private and Confidential

Young Person's Diary of Activities ...



... and Eating and Drinking Away from Home



Name

This diary begins on(date)

And ends on (date)

What time did you go to bed on the last day that you kept the diary?
(write in) Hours Minutes (am/pm)

Record of bowel movements while away from home

Please complete this chart each day recording the number of bowel movements you have while you are away from home. If, on any day, you do not have a bowel movement while you are away from home, then please ring '0' for that day on this chart.

Day of the week - write in - Tues, Wed, etc	Number of bowel movements while away from home - ring next number after each movement	Day of the week - write in - Tues, Wed, etc	Number of bowel movements while away from home - ring next number after each movement
1st day is: .....day	0 1 2 3 4 5 6 7	5th day is: .....day	0 1 2 3 4 5 6 7
2nd day is: .....day	0 1 2 3 4 5 6 7	6th day is: .....day	0 1 2 3 4 5 6 7
3rd day is: .....day	0 1 2 3 4 5 6 7	7th, and last day is.....day	0 1 2 3 4 5 6 7
4th day is: .....day	0 1 2 3 4 5 6 7		

Interviewer: check this chart for entries on each of the 7 recording days. Check that they have been copied across onto B1

This is the 5th day of your diary

1 Today is (ring one) → Monday Tuesday Wednesday Thursday Friday Saturday Sunday

2 Today's date is: (write in)

1	9	0	2	9	7
Day		Month	Year		

3 What time did you go to bed last night?

9	0	0
Hours	Minutes (am/pm)	

4 What time did you get up today?

8	3	0
Hours	Minutes (am/pm)	

5 Today were you: at school or college (ring one) → Yes No
at work? (ring one) → Yes No

6 If you were at work today, how long did you work today? (Please exclude any lunch break)

Hours	Minutes		

7 If you were at school/college or work today, what did you do for lunch?

(Tick one box)

took packed lunch from home.....	<input type="checkbox"/>
had school meal, or bought something at school.....	<input checked="" type="checkbox"/>
bought something to eat/drink at work/college.....	<input type="checkbox"/>
came home for lunch.....	<input type="checkbox"/>
bought something outside school/college/work.....	<input type="checkbox"/>
didn't have lunch.....	<input type="checkbox"/>

8 How long have you spent watching TV, playing computer games and listening to music today? (write in)

2	2	0
Hours	Minutes	

Do not count any time you spent doing these things while you were at school

Please try to record these times to the nearest 10 minutes. Don't forget to say if it was morning (a.m.) or afternoon (p.m.)!

If you did not go to work please leave this question blank

Please try to record this to the nearest 10 minutes

Now please turn over the page and tell us more about what you have been doing today.....

Day 5

On this page please tell us how long you spent doing these activities today. Try to be as accurate as possible and record to the nearest 10 minutes.

How long did you actually spend doing this today?	Hours	Minutes
playing football (soccer)		
hockey		25
rugby or touch rugby		
netball or lacrosse		
tennis, NOT table tennis		
badminton		
squash		
basketball		
volleyball		
rounders		
golf		
playing other ball games outside		20
playing tag, chasing games outside		
athletics		
running hard or jogging		
PE or gymnastics		
boxing, karate, taekwondo or judo		
ice skating or ice hockey		
swimming		
walking briskly		
disco dancing, line or step dancing		
roller or in-line skating or skateboarding		
cycling, including doing a paper round on a bike		
doing a paper round on foot		30
cleaning your room, gardening, or hoovering		

Have you done any other activities today that made you breathe hard, puff and get hot and sweaty? If so, please write them on the lines below.

	Hours	Minutes

Have you done any other activities today that made you slightly out of breath and feel warm, but not exhausted. If so, please write them on the lines below.

	Hours	Minutes
Skipping with rope		20

Please don't count the time you spent changing or waiting to play

Remember to add up all the time you spent doing this today; e.g. 10 minutes in morning break and 10 minutes in the afternoon break

Please write down anything else you have done today that made you breathe hard, puff and get hot and sweaty. If you are not sure whether it counts please write it down and the interviewer can decide afterwards.

Please write down anything else you have done today that made you slightly out of breath and feel warm but not exhausted. If you are not sure whether it counts, please write it down and the interviewer can decide afterwards.

Now please turn over the page and tell us about what you have had to eat and drink while you have been out of your home today.

It will help us if you try to write in the time to the nearest ten minutes. If you know the time even more accurately than that then please write this in. You can write in minutes or hours or both.

Eating and drinking away from home diary, including physical activity diary – *continued*

Please try to give as much information as possible. If you had to pay for it write in how much it cost.

Please put the weight on the packet or the size or the number of items. There is a ruler on the notes page to help you to measure items of food. You can also use the notes page do a drawing of the size of an item.

If you didn't eat all of the item, please describe how much of it you left.

Did you eat it at school or at a friend's house; on the bus or at a Cafe?

Use this page and the next page to tell us about everything you had to eat and drink today while you have been out of your home.....

What time did you eat or drink this? an/pm	What is its brand name? (unless fresh food)	Description of the food/drink and its cost	The amount - size - quantity	Did you eat/drink all of it? If not, how much did you leave?	Where were you when you ate it?	Where did you get it from?
10.30am	Twix	Chocolate bar, 2 fingers - 28p	Standard 58g	None left	School playground	Red Oaks Store, High Street
12.30pm		Chuse + Tomato Pizza - 45p	12cm Square	Left crust round edge	school canteen	school canteen
		Coleslaw - 12p	1 tub	Left half	"	"
1.00pm	Pepsi	can of Pepsi Max Cola - 40p	1 standard size	None left	street	Red Oaks store, High Street

If you bought it, please write down the name of the shop, cafe, school vending machine or canteen.

Please copy down the brand name (including the shop name for a 'home brand') from the packet or container and put the container in your bag. Leave blank if the item was loose.

Just as a check..... Did you spend any money today on things to eat or drink while you were not at home?
 How much did you spend?..... £1.25
 Have you written down all the things to eat and drink that you spent money on today?
 Have you written down everything you ate and drank which you didn't have to buy - things you were given, or were free?

Carry on to the next page if you need more lines for today- then go to the 6th day of your diary.

Please use this page to carry on writing down any food items you ate today.

Please write in the time you ate the item. Don't forget to say if it was morning (a.m.) or afternoon (p.m.)!

This is still the 5th day of your diary

Use this page to tell us about everything you had to eat and drink today while you have been out of your home.....

What time did you eat or drink this? an/pm	What is its brand name? (unless fresh food)	Description of the food/drink and its cost	The amount - size - quantity	Did you eat/drink all of it? If not, how much did you leave?	Where were you when you ate it?	Where did you get it from?
4.30pm	McVities	Penguin Biscuit - free	1 standard size	none left	friend's house	friend's house

If you didn't buy it, did you bring it from home or were you given it e.g. by a friend?

Tomorrow will be the 6th day of your diary.

You can use this page to write more notes about what you ate and drank today or to write down things you want to ask the interviewer.

Around the edge of this page is a 'ruler'; you can use this to help decide how big something was that you ate.

You can use this page for any notes you want to make. When you do not know the weight or size of something you can help us to work out how much you have eaten if you measure it using the ruler on this page or draw how big it is in this space.

This is the 1st day of your diary

Serial number label

1 Today is (*ring one*) → Monday Tuesday Wednesday Thursday Friday Saturday Sunday

2 Today's date is: (*write in*)

		9	7
Day	Month	Year	

3 What time did you go to bed last night?

(<i>write in</i>)	Hours	Minutes	(am/pm)

4 What time did you get up today?

(<i>write in</i>)	Hours	Minutes	(am/pm)

5 Today were you: at school or college (*ring one*) → Yes No
 at work? (*ring one*) → Yes No

6 If you were at work today, how long did you work today?
 (*Please exclude any lunch break*)

(<i>write in</i>)	Hours	Minutes	

7 If you were at school/college or work today, what did you do for lunch?

	(<i>Tick one box</i>)
took packed lunch from home.....	<input type="checkbox"/>
had school meal, or bought something at school.....	<input type="checkbox"/>
bought something to eat/drink at work/college.....	<input type="checkbox"/>
came home for lunch.....	<input type="checkbox"/>
bought something outside school/college/work.....	<input type="checkbox"/>
didn't have lunch.....	<input type="checkbox"/>

8 How long have you spent watching TV, playing computer games and listening to music today? (*write in*) →

	Hours	Minutes	

Do not count any time you spent doing these things while you were at school

Now please turn over the page and tell us more about what you have been doing today.....

© NDS 1096 V1

Day 1

Serial number label

On this page please tell us how long you spent doing these activities today. Try to be as accurate as possible and record to the nearest 10 minutes.

<i>How long did you actually spend doing this today?</i>	<i>Hours</i>	<i>Minutes</i>
playing football (soccer)		
hockey		
rugby or touch rugby		
netball or lacrosse		
tennis, NOT table tennis		
badminton		
squash		
basketball		
volleyball		
rounders		
golf		
playing other ball games outside		
playing tag, chasing games outside		
athletics		
running hard or jogging		
PE or gymnastics		
boxing, karate, taekwondo or judo		
ice skating or ice hockey		
swimming		
walking briskly		
disco dancing, line or step dancing		
roller or in-line skating or skateboarding		
cycling, including doing a paper round on a bike		
doing a paper round on foot		
cleaning your room, gardening, or hoovering		

Have you done any other activities today that made you breathe hard, huff and puff and get hot and sweaty? If so, please write them on the lines below.

	<i>Hours</i>	<i>Minutes</i>

Have you done any other activities today that made you slightly out of breath and feel warm, but not exhausted. If so, please write them on the lines below.

	<i>Hours</i>	<i>Minutes</i>

Now please turn over the page and tell us about what you have had to eat and drink while you have been out of your home today.

This is the 1st day of your diary

Use this page and the next page to tell us about everything you had to eat and drink today while you have been out of your home.....

What time did you eat or drink this? am/pm	What is its brand name? (unless fresh food)	Description of the food/drink and its cost	The amount - size -quantity	Did you eat/drink all of it? If not, how much did you leave?	Where were you when you ate it?	Where did you get it from?

*Just as a check . . . Did you spend any money today on things to eat or drink while you were not at home?
How much did you spend?.....
Have you written down all the things to eat and drink that you spent money on today?
Have you written down everything you ate and drank which you didn't have to buy - things you were given, or were free?*

Carry on on to the next page if you need more lines for today- then go to the 2nd day of your diary.

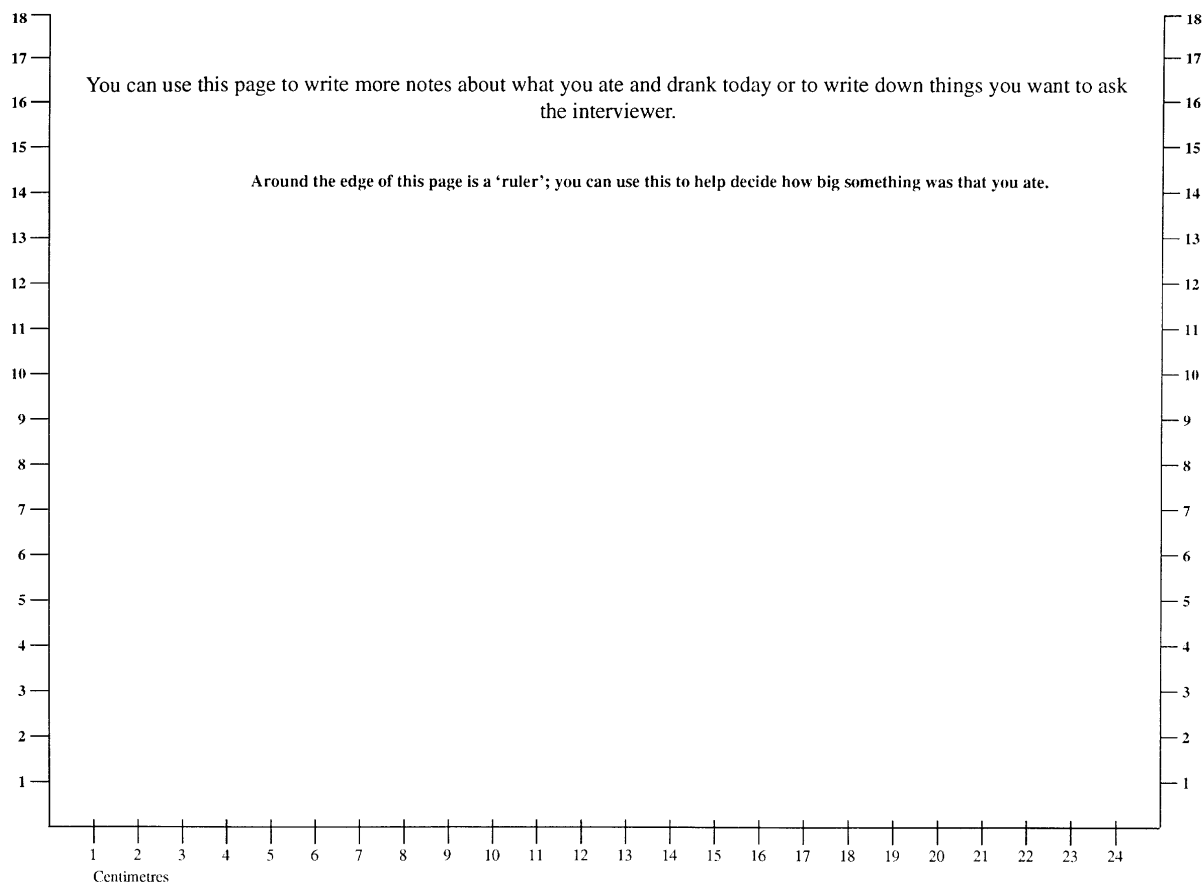
This is still the 1st day of your diary

Serial number label

Use this page to tell us about everything you had to eat and drink today while you have been out of your home.....

What time did you eat or drink this? am/pm	What is its brand name? (unless fresh food)	Description of the food/drink and its cost	The amount - size -quantity	Did you eat/drink all of it? If not, how much did you leave?	Where were you when you ate it?	Where did you get it from?

Tomorrow will be the 2nd day of your diary.



P3



YOUNG PEOPLE AGED 4 TO 18 YEARS
POCKET NOTEBOOK AND DIARY

Private

Recording week:

START day.....

FINISH day.....

WHOSE diary.....

Social Survey Division
ONS
1 Drummond Gate
London SW1V 2QQ

P3



YOUNG PEOPLE AGED 4 TO 18
YEARS

POCKET NOTEBOOK AND DIARY

Private

Recording week:

START day.....

FINISH day.....

WHOSE diary.....

Social Survey Division
ONS
1 Drummond Gate
London SW1V 2QQ

Day

1..... day

Eating and drinking when not at home - *what?* - *when?* - *where eaten?* - *quantity?* - *cost?* - *where from?*

Day 7

Activities - *what?* - *for how long?*

Day

2..... day

Eating and drinking when not at home - *what?* - *when?* - *where eaten?* - *quantity?* - *cost?* - *where from?*

Day 6

Activities - *what?* - *for how long?*

Day

3..... *day*

Eating and drinking when not at home - *what?* - *when?* - *where eaten?* - *quantity?* - *cost?* - *where from?*

Day 5

Activities - *what?* - *for how long?*

Day

4..... *day*

Eating and drinking when not at home - *what?* - *when?* - *where eaten?* - *quantity?* - *cost?* - *where from?*

Day 4

Activities - *what?* - *for how long?*

Day

5..... day

Eating and drinking when not at home - *what?* - *when?* - *where eaten?* - *quantity?* - *cost?* - *where from?*

Day 3

Activities - *what?* - *for how long?*

Day

6..... day

Eating and drinking when not at home - *what?* - *when?* - *where eaten?* - *quantity?* - *cost?* - *where from?*

Day 2

Activities - *what?* - *for how long?*

Day

7..... day

Eating and drinking when not at home - *what?* - *when?* - *where eaten?* - *quantity?* - *cost?* - *where from?*

Activities - *what?* - *for how long?*

NOTES:

NDNS POCKET NOTEBOOK AND DIARY

This notebook is for you to keep with you when you are not at home. You can make notes in it each day about things you have had to eat and drink while you have been out, and about any physical activities you have done. The headings are just a reminder about some of the details we need, but you can make whatever notes you find useful. **Please remember to copy all the details into your activity and eating and drinking diary at the end of each day.**

Day 1

HOW TO USE THE SCALES FOR WEIGHING

Turn the scales on and wait until they show '0 g' on the display. The scales are now ready for use.

Weigh the container that you are going to put the food or drink in and record the weight in the diary.

Leave the container on the scales and press 'ZERO' or 'TARA' (depending on the scales you are using) to set the scales back to '0 g'.

Put your first item of food on the plate on the scales, and write down the weight and description in the diary.

Leave the plate on the scales and press 'ZERO' or 'TARA' again to set the scale back to '0' again.

Repeat the same procedure until you have weighed all the items that are going to be served on the same plate.

Take the plate off the scales.

Press OFF to switch off the scales.

Here is an example of how to weigh a glass of squash and record it in the diary:

- turn on the scales; wait until '0 g' appears;
- weigh the glass; write down the weight;
- press 'ZERO' or 'TARA' to zero the scales and then remove the glass;
- add the squash to the glass; do NOT add the water yet;
- put the glass containing the squash back on the scales;
- write down the weight and description of the squash in the diary;
- press 'ZERO' or 'TARA' to zero the scales and then remove the glass and add the water;
- put the glass and the made-up squash back on the scales;
- write down the weight of the water (and the description - 'tap water') in the diary;
- remove the glass of made-up squash;
- press 'OFF' to switch off the scales.

NOTE: always make sure that the scales show '0 g' BEFORE taking a plate from the scales. When you do this they will show a negative number, for example '-125 g', until you put the plate back on.

CHECK LIST FOR RECORDING IN THE HOME RECORD

EACH PAGE SHOULD HAVE:

- the day and date
- a tick to show whether the young person was well or unwell

WHEN RECORDING:

- start a new page for a new day
- weigh the empty plate or container first
- write down the time the item was eaten, and whether am or pm, in Column A
- start each new food/drink item on a new line; you can use more than one line to describe an item

REMEMBER:

- record all drinks, including tap water, and drinks in bed and during the night
- record all vitamin and mineral supplements, including fluoride supplements
- record all medicines
- record all condiments - sauce, pickle, salad cream etc - used at the table (except salt and pepper)
- for fresh fruit and vegetables ring one code in Column G to show whether or not they were home grown
- weigh the plate with all the leftovers on it and write this in Column E on the '**empty plate line**'
- put a tick in Column E against every item on the plate that was left over
- if anything was lost or spilt and could not be re-weighed put a tick against the item in Column F and describe about how much was lost
- use the back of the diary page to write down recipes, notes and anything you are unsure about

FOOD DESCRIPTIONS PROMPT CARD

Bought form

Fresh
Frozen
Canned
Dried; dehydrated
Ready meal
Smoked; not smoked

Cooking method

Uncooked; raw
Re-hydrated; reconstituted
Boiled; stewed; casserole
Poached - in milk or water
Steamed
Baked - added fat? - type of fat?
Grilled - added fat? - type of fat?
Roasted - added fat? - type of fat?
Deep fried - type of fat?
Shallow fried - type of fat?
Microwaved - with fat = fried or grilled with fat
Microwaved - with little water = boiled
Dry fried, NO fat = grilled

Leftovers

Meat: fat bones, skin
Fish: bones, skin
Fruit: skin, peel, stones, pips

Coatings

Flour
Batter: egg, flour and milk
Crumb
Egg and crumb

Brand codes

Herbal tea; infant herbal drinks
Bottled water; soft drinks and fruit juices
Artificial sweeteners

Herbal and fruit teas

Herb only; fruit only; herb and fruit mix

Meat preparation

Fat trimmed before cooking or eating?
Fat skimmed from meat dishes?
Lean and fat eaten, or only the lean?

Gravy and sauces

Thickened: with flour, cornflour, Bisto, Gravy Granules
Fat skimmed?
Casseroles: thickened? - fat skimmed?
with vegetables/potatoes?

Pastry

One or two crusts
Type of pastry: shortcrust; flaky; choux; suet
Type of flour: white; wholemeal
Type of fat

Fruit juices

UHT/Longlife/pasteurised/freshly squeezed
Canned?
Sweetened or unsweetened

Soft drinks

Concentrated; ready-to-drink; carbonated
Regular; diet/low calorie/no added sugar/sugar free
Decaffeinated?
Containing fruit juice?
Canned; bottled?
Fortified?

Beverages

Powder made up with milk/water or infusion?
Type of milk

Water - drink on its own or as a diluent?

Tap water
Bottled water - code brand

Artificial sweeteners - code brand

Record and code separately

Fats and oils - refer to checklists

Blended vegetables oil: home fried or takeaway?
Butter: salted or unsalted
Dripping
Lard
Suet - animal or vegetable?
Margarine - hard or soft?
Spread - reduced fat or low fat?
- polyunsaturated?

Dairy products

Full fat or reduced fat?
Milk: skimmed; semi-skimmed; whole; UHT
Yogurt: very low fat; low fat; creamy; UHT;
sweetened with sugar; artificial sweetener
or unsweetened?
fortified/not fortified?
Cheese: full fat or reduced fat

Vegetables and herbs

Home-grown; not home-grown
Carrots: old or new
Potatoes: old or new

Chips

Old/new potatoes; fresh/frozen
Cut: crinkle, straight, fine, thick
Oven ready; fried
Type of fat used

Fruit

Canned in syrup; canned in juice
Fruit only; fruit and juice/syrup
Sweetened with sugar, artificial sweetener,
or unsweetened
Home-grown; not home-grown
Leftover skin, stones weighed/not weighed

Liquid oral medicine

Sugar free?



NDNS: YOUNG PEOPLE AGED 4 TO 18 YEARS

EATING PATTERN CHECK SHEET

Serial number label

One sheet must be completed for each young person. Ring code to show number of items eaten each day.

The information for each day must be recorded as soon as the diary pages have been collected, so that any apparently 'missing items' can be probed at the next call; do NOT leave completing this sheet until the diary is complete. Reasons for 'missing items' must be noted on the relevant day page in the diary.

DAY - write in	Drinks			Crisps & savoury snacks			Biscuits & sweets			Supplements, including fluoride			Tick here if note in diary
	Home	School	Other	Home	School	Other	Home	School	Other	Home	School	Other	
....day	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	
	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	
	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	
	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	
....day	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	
	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	
	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	
	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	
....day	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	
	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	
	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	
	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	

Grid for diary days 4 to 7 continues over page →

DAY - write in	Drinks			Crisps & savoury snacks			Biscuits & sweets			Supplements, including fluoride			Tick here if note in diary
	Home	School	Other	Home	School	Other	Home	School	Other	Home	School	Other	
....day	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	
	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	
	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	
	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	
....day	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	
	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	
	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	
	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	
....day	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	
	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	
	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	
	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	
....day	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	1 5	
	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	2 6	
	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	3 7	
	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	4 8	

Please return the completed sheet, tagged to the front of the Home Record Diary



(OV6)

SCHOOL CATERING QUESTIONNAIRE

We would be very grateful if you could provide us with information about catering for:

.....**SCHOOL**

This will help us in coding the information on school meals recorded in food diaries kept by young people taking part in the survey. All the information you and the young people provide will be treated in confidence and will not be presented in any way that can be associated with the names or addresses of individuals or schools.

Thank you very much for your help.

Jan Gregory
Principal Researcher
ONS
1 Drummond Gate
London SW1V 2QQ
0171 533 5387/8

F3

Please answer all the questions and give as much information as possible, including any brand names, a detailed description of the product and the name of the supplier. Please use a separate sheet of paper if you need more space.

1 Which oil do you use for deep fat frying?

2 Which oil do you use for all other frying?

3 Which margarine, butter or spread do you use for spreading on sandwiches?

4 Which margarine, butter, spread or other fat, eg suet, do you use for cooking?

5 Which type(s) of milk do you buy?
(tick all that apply)

whole milk

semi-skimmed milk

skimmed milk

dried milk

other (please describe)

e.g. soya milk

6 What type(s) of milk do you offer as a drink, and in tea and coffee?

7 What type(s) of cheese do you use in sandwiches and in cooking?

8 Which of the following yogurts do you buy?

Tick if bought

creamy yogurts

low fat yogurts

very low fat yogurts

don't buy yogurts

9 Do you make wholemeal pastry?

Ring one:

Yes

No

If yes: what proportion of wholemeal to white flour do you use?

..... wholemeal to

..... white

10 Which of the following types of soft drinks do you serve?

Diet, low calorie,
no added sugar
or sugar free

Not diet, low
calorie, no added
sugar or sugar free

Carbonated soft drinks *e.g. lemonade*

Concentrated fruit drinks *e.g. squash*

Ready to drink still drinks *e.g. Ribena*

Other (*please specify*)

10(a) What brand(s) of concentrated fruit drinks/
squashes do you serve? *Please list the full
description from the label.*

11 Which of the following types of fruit juices do you serve?
Please tick all that apply

Unsweetened

Sweetened

100% pure fruit juice, undiluted *e.g. apple*

100% pure fruit juice, served diluted *e.g.*

apple

- 12 How would you usually cook the following foods - grill, oven bake, fry or cook in some other way?

	<i>Tick method for each food</i>			
	Grill	Oven bake	Fry	Other way <i>(please state what)</i>
Sausages				
Fish				
- in batter				
- plain				
- in breadcrumbs				
Burgers or similar products				
- beef				
- turkey				
- chicken				
- vegetarian				

- 13 What type(s) of chips do you buy and how do you cook them? *(please tick)*

	Bought?		Oven Bake	Fry	Other <i>(please say what)</i>
	Yes	No			
Oven chips:					
standard					
low fat					
Frozen chips:					
thick cut					
straight cut					
crinkle cut					
fine cut					
French fries					
Pre-fried chips					
Home-made chips:					
old potatoes					
new potatoes					

14 Apart from potatoes, are vegetables usually bought:

Ring one: Fresh Frozen Canned

15 Is mashed potato made from:

Ring one: Fresh potato Instant potato

16 Is tinned fruit purchased in syrup or natural juice?

Ring one: Syrup Natural
juice

17 Please describe how much you usually give as one serving of the following foods:
(e.g. ladle, scoop, tablespoon)

mashed potato

other vegetables

gravy

custard

other sauce

18 How many boiled or roast potatoes do you normally give in one serving?
e.g. 2 egg sized potatoes

19 How much meat do you usually give in one serving:

Number of slices?

Thickness of slices?

Size of slices? e.g. 2 x 3 ins

Thank you for your help; the completed questionnaire will be collected by our interviewer.

INTERVIEWER: use this page (both sides) to record answers to probes about specific items recorded in this young person's Eating Out Diary.



N1404 NDNS: YOUNG PEOPLE AGED 4 TO 18 YEARS

GUIDE WEIGHTS: typical portion sizes for young people

Note: these weights are a guide; reported weights outside these ranges may be correct, but should always have a note to explain the circumstances. You should only use this sheet in the early days of fieldwork. After the first two weeks, you should rely on your own experience. Remember that portion sizes for 18 year olds will be much larger than for 4 year olds.

Approximate conversion factors: grams→ pounds and ounces

- 454g = 1lb
- 228g = 8oz
- 114g = 4oz
- 60g = 2oz
- 30g = 1oz

Food	Weight (grams)
Ready Brek, made up	100 - 225
Rice Krispies, 5 -12 tablespoons	20 - 48
Cornflakes/Branflakes 3 - 7 tablespoons	20 - 50
Weetabix, one	20
Bread, one slice, medium-sliced large loaf	36
Bread, without crust, one slice, medium-sliced large loaf	25
Fat spread on a slice of bread	5 - 10
Baked beans canned in tomato sauce, 1 - 5 tablespoons	40 - 200
Fish finger, one	28
Sausage, one	20 - 40
Carrots, boiled	20 - 85
Peas, boiled	30 - 100
Potatoes, mashed or boiled	40 - 220
Chips	40 - 240
Rice, boiled 1-7 tablespoons	40 - 280
Pasta, boiled 1-12 tablespoons	30 - 350

continued over→

Food	Weight (grams)
Yogurt	100 - 150
Fromage frais	40 - 100
Ice cream, 1 scoop	60
Apple, one	65 - 170
Banana, no skin	80 - 120
Digestive biscuit	13 - 18
Sweet or semisweet biscuit eg cream sandwich, Rich Tea	7 - 13
Chocolate coated biscuit, eg Club	20 - 30
Crunchy or chewy cereal bar	25 - 40
Pink wafer biscuit	7
Children's milk chocolate bar, eg Wildlife	22
Square of chocolate, one	7
Finger of Fudge bar	30
Mars bar, standard	65
Crisps, one packet	25 - 30
Cornsnacks, one packet	20 - 25
Glass of wine	125
Can of fizzy drink	330
Carton of drink	200 - 250
Squash concentrate	30 - 50
Mug of tea or coffee	220 - 300
Cup of tea or coffee	150 - 220
Milk in tea or coffee	15 - 50
Sugar in tea or coffee, 1 teaspoon	4 - 6



F7

N1404: Dietary assessment schedule

Interviewer's name.....

Serial number label

This schedule applies if a dietary record is placed:

If dietary record refused, ring code X

Return this schedule to ONS, Titchfield with all other documents for this serial number

This document contains the following interview schedules

A: TYPICAL EATING PATTERN pages 1 - 3

To be asked before placing the 7-day dietary record

B: USUAL FOODS pages 4 - 6

To be asked before placing the 7-day dietary record

C: DIETARY RECORD QUALITY ASSESSMENT pages 7 - 9

Interviewer assessment to be completed after fully checking and coding the dietary record.

When complete, this schedule should be returned to ONS, Titchfield attached to the front of the Home Record Diary and with all other documents for this serial number.

A: TYPICAL EATING PATTERN

TO BE COMPLETED BEFORE PLACING THE DIETARY RECORD

- 1 I'd like to ask you about what ...(*young person*) usually has to eat at different times of the day, but first I'd like to find out at what times he/she gets up, has breakfast, has lunch and so on.
About what time does...(*young person*) usually...(*event*)?

Prompt each event for the time on weekdays, on Saturdays and on Sundays. Record approx. times in the grid.

Event	Weekdays	Saturdays	Sundays
get up at:
have breakfast at:
have lunch at:
have tea at:
have dinner at:
have supper at:
go to bed at:

- 2 I'd now like to know in general terms what ...(*young person*) usually has to eat and drink at these different times. For example, at breakfast does he/she have cereal, or toast, or a cooked breakfast? Some young people do not eat breakfast, so if ...(*young person*)does not have anything to eat at a particular time, please tell me.

What does he/she usually have to eat and drink, if anything....

Prompt each event for what is eaten on weekdays, on Saturday and on Sundays. Record a brief description in the grid. Ring code X if nothing eaten.

Event	Weekdays	Saturdays	Sundays
in bed or before breakfast:			
	Nil.....X	Nil.....X	Nil.....X
for breakfast:			
	Nil.....X	Nil.....X	Nil.....X

What does he/she usually have to eat or drink:			
	Weekdays	Saturdays	Sundays
during the morning before lunch:	Nil.....X	Nil.....X	Nil.....X
for lunch:	Nil.....X	Nil.....X	Nil.....X
during the afternoon:	Nil.....X	Nil.....X	Nil.....X
for tea:	Nil.....X	Nil.....X	Nil.....X
for dinner:	Nil.....X	Nil.....X	Nil.....X
for supper:	Nil.....X	Nil.....X	Nil.....X

What does he/she usually have to eat or drink:	Weekdays	Saturdays	Sundays
during the evening before going to bed:	Nil.....X	Nil.....X	Nil.....X
in bed, or during the night:	Nil.....X	Nil.....X	Nil.....X

B: USUAL FOODS: TO BE COMPLETED BEFORE PLACING THE DIETARY RECORD

Interviewer to ask:

1	<p>Which types of milk do you usually use? <i>(code all that apply)</i></p>	<p>1 2 3 4 5 6</p>
	<p>full cream; whole milk; silver top - inc homogenized....</p> <p>semi-skimmed; half fat; red and white striped cap on bottles.....</p> <p>skimmed; (virtually) fat free; blue and silver cap on bottles.....</p> <p>dried or powdered milk; <i>specify brand</i>.....</p> <p>soya milk; <i>specify brand</i>.....</p> <p>other type of milk; <i>specify type and brand</i></p>	
2	<p>Which types of spread do you usually use for bread, toast etc? <i>Specify full name, including brand</i></p>	
3	<p>Which types of fat or oil do you usually use for cooking - roasting or frying? <i>Specify full name, including brand</i></p>	
4	<p>What types of soft drinks do you usually have; are they:</p> <p>RUNNING PROMPT</p> <p>low calorie/diet drinks</p> <p>or standard non-diet drinks?.....</p>	<p>1 2</p>

5	Do you usually buy: (code all that apply)		
		fizzy drinks in bottles?.....	1
	INDIVIDUAL PROMPT	fizzy drinks in cans?	2
	SPONTANEOUS	doesn't buy fizzy drinks.....	3
6	Which types of bread do you usually have? (code all that apply)		
		white	1
		brown or wheatgerm	2
		wholemeal	3
		granary	4
		softgrain - specify brand.....	5
	other type - specify type and brand...	6	
7	Do you usually buy:		
		sliced bread.....	1
	RUNNING PROMPT	or unsliced loaves?.....	2
8	(When you cut it) Is your bread usually:		
		thin sliced	1
		medium sliced.....	2
	RUNNING PROMPT	thick sliced.....	3
		or does it vary?.....	4
9	What type of fruit juice do you usually have? Is it: (code all that apply)		
		long life	1
	RUNNING PROMPT	pasteurized.....	2
		or freshly squeezed?...	3
	SPONTANEOUS	doesn't buy fruit juice.....	4

10 Do you grow any of your own fruit or vegetables?

yes.....	1
no.....	2

C: DIETARY RECORD QUALITY ASSESSMENT: TO BE COMPLETED

BY THE INTERVIEWER AFTER FULLY CHECKING AND CODING THE DIETARY RECORD

1 How often do you think the following items were **omitted** from the Home Record Diary?

	Confectionery and snacks	Full meals	Biscuits and cakes	Drinks
Never	1	1	1	1
Only a couple of times.....	2	2	2	2
About once a day.....	3	3	3	3
More often than once a day.	4	4	4	4

2 How often do you think the following items were **omitted** from the Eating Out Record?

	Confectionery and snacks	Full meals	Biscuits and cakes	Drinks
Never	1	1	1	1
Only a couple of times.....	2	2	2	2
About once a day.....	3	3	3	3
More often than once a day.	4	4	4	4

3 About what proportion of items in the Home Record Diary do you think were weighed at the time they were eaten?

All or nearly all.....	1
At least three quarters.....	2
At least half, but fewer than three quarters.....	3
Between a quarter and half.....	4
Fewer than a quarter	5
None or almost none	6

4	Apart from any things that were missing, how good is the recording in the <u>Home Record Diary</u> - detail about foods, leftovers etc?		
	Very good	1	
	Good	2	
	Adequate	3	
	Poor	4	
	Very poor	5	

5	And, apart from any things that were missing, how good is the recording in the <u>Eating Out Record</u> - detail about foods, prices, where eaten, leftovers etc?		
	Very good	1	
	Good	2	
	Adequate	3	
	Poor	4	
	Very poor	5	

6	Were there any particular circumstances that affected the young person's eating habits during the 7-day dietary recording period?		
	Yes.....	1	(a)
	No.....	2	Q7

(a) What was different about the young person's eating habits over these days?

7	Overall, how good do you think the diaries are at reflecting what the young person ate over the period?	
	Complete record of items <u>and</u> very few estimated weights.....	1
	some estimated weights.....	2
	nearly all estimated weights.....	3
	Some items missing <u>and</u> very few estimated weights.....	4
	some estimated weights.....	5
	nearly all estimated weights.....	6
	Lots of missing items <u>and</u> very few estimated weights.....	7
	some estimated weights.....	8
	nearly all estimated weights.....	9

8 Please use the space below for other comments on the quality of the dietary records.
THIS MUST BE COMPLETED

(Ovσ)

JAN GREGORY
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To the Head Teacher

Our ref: B-N1404/W4
Your Ref:

1997

Dear Sir or Madam

National Diet and Nutrition Survey: young people aged 4 to 18 years

Social Survey Division of the Office of National Statistics (ONS) is carrying out this important survey on behalf of the Ministry of Agriculture, Fisheries and Food and the Department of Health. The aim of the survey is to provide information on the diet and nutritional status of young people living in private households in Great Britain, and is part of a programme of surveys which has already covered pre-schoolchildren and elderly persons.

The young people taking part in the survey are asked to keep a diary for 7 days recording, in detail, everything they eat and home and elsewhere. Where the food is provided by the school the young person is generally unable to provide all the information necessary for the coding and nutritional analysis; for example, generally they do not know about portion sizes, cooking methods and types of fats used for cooking and spreading. We are asking the survey interviewer working with the young person and their family to try to find out this information directly from the school.

One of the young people taking part in the survey is a pupil at your school and we would appreciate your co-operation in allowing the interviewer to speak to the catering manager or cook, at a convenient time, when it will cause the minimum inconvenience and disruption.

All our interviewers are employees of ONS and carry an identity card with their name, interviewer number and a photograph.

I have already written to all Directors of Education in areas where we are working informing them of the nature of the survey, and you may have seen something about the survey in the DfEE publication Schools Update. If you would like more information please do not hesitate to ring me.

Thanking you in anticipation of your help.

Yours faithfully

JAN GREGORY

F8



YOUNG PEOPLE AGED 4 TO 18 YEARS

Serial number label

Record of bowel movements

We would like to have a record of the number of bowel movements that the young person has on each day that the food diary is kept, starting on the first full day of keeping the food diary - day 1 - and finishing on day 7.

Please keep this chart safely at home. There is another chart on the inside cover of the diary used for recording details of things eaten and drunk while away from home. That chart should be used to record any bowel movements while away from home, for example, while at school or work.

Both charts should be completed each day for the 7 days that the food diary is kept.

At end of each day please write the total number of bowel movements for that day, *number at home plus number away from home* , in the right-hand column of this chart.

If you have any questions, or are not sure how to complete the forms, ask the interviewer who will be pleased to help you.

Thank you.

Day of the week <i>write in -Tues, Wed, Thurs, etc</i>	Number of bowel movements at home - ring next number after each movement	Number while not at home - copy total number for the day from the other chart - B2	Total number of bowel movements today - write in
1st day is: day	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Total today: -----
2nd day is: day	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Total today: -----
3rd day is: day	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Total today: -----

Continues on the other side→

→ continued from the other side:

Day of the week - write in - Tues, Wed, Thurs, etc	Number of bowel movements at home - ring next number after each movement	Number while not at home - copy total number for the day from the other chart - B2	Total number of bowel movements today - write in
4th day is: day	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Total today: -----
5th day is: day	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Total today: -----
6th day is: day	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Total today: -----
7th, and last day is: day	0 1 2 3 4 5 6 7	0 1 2 3 4 5 6 7	Total today: -----

Please hand this chart back to the interviewer
at the end of the 7 days.
Thank you.

*Interviewer: check at home and away from home entries,
enter total in Blaise, and return this chart
tagged to front of measurement schedule (M1).*



M1

N1404: Measurements schedule

Serial number label

This schedule contains

A - E: BLOOD PRESSURE AND ANTHROPOMETRIC MEASUREMENTS, including clothing record pages 2 -12
pages 19 - 20

All measurements should be recorded on this document at the time they are taken.

F: BLOOD SAMPLE RECORD pages 13 - 16

G: URINE SAMPLE RECORD pages 17 - 18

H: PRESCRIBED MEDICINES INFORMATION pages 21 - 22

Subsequently the information in this schedule should be entered in the Blaise questionnaire.

When complete, this schedule should be returned to ONS, Titchfield with all other documents for this serial number.

BLOOD PRESSURE AND ANTHROPOMETRIC MEASUREMENTS

This page to be completed before returning this schedule.

I:

Measurement	Measurement made?			Tick when entered in Blaise
	DNA	No	Yes	
Blood pressure	9	2	1→	
Height		2	1→	
Weight		2	1→	
Mid-upper arm circumference		2	1→	
Waist circumference - applies only if aged 11 years or over	9	2	1→	
Hip circumference - applies only if aged 11 years or over	9	2	1→	

II: If blood pressure measurement taken:

readings copied onto DNU consent form? Yes..... 1

consent form with readings sent to DNU? Yes..... 2

A: BLOOD PRESSURE

A1 Blood pressure can only be measured when ALL the following apply = Yes

<i>Ring code</i>	Yes	No
GP notified of subject's participation in study (Z1)	1	2
Consent to take measurement given (Z3)	1	2
Consent to notify GP of results given (Z3)	1	2

If any of the above = 2, ring code9 →do NOT take BP.

Introduce

A2 Can I just check, have (you) eaten or drunk anything in the last 30 minutes?

Yes, eaten.....1

Yes, drunk something.....2

No, neither.....3

Take three measurements from right arm - if no measurements taken go to **A10**.

A3 Date of measurement:

A4 Time measured - first reading (24 hrs):

				9	7
Day	Month	Year			

Hours	Minutes		

A5 BP reading:

1st reading

--	--	--

Map (mmHg)

--	--	--

Systolic (mmHg)

--	--	--

Pulse (bpm)

--	--	--

Diastolic (mmHg)

2nd reading

--	--	--

Map (mmHg)

--	--	--

Systolic (mmHg)

--	--	--

Pulse (bpm)

--	--	--

Diastolic (mmHg)

3rd reading

--	--	--

Map (mmHg)

--	--	--

Systolic (mmHg)

--	--	--

Pulse (bpm)

--	--	--

Diastolic (mmHg)

A6 Check: Interviewer code (a) and (b)

(a) Are all three systolic readings equal to or above 160mmHg?

Yes..... 1 *Report results to GP and Dr Jackson*

No..... 2 (b) → A7

(b) Are all three diastolic readings equal to or above 100mmHg?

Yes..... 1 *Report results to GP and Dr Jackson*

No..... 2 → A7

A7 Cuff size used:

Large adult size..... 1

Adult size..... 2

Small adult size..... 3

Child size..... 4

A8 Any difficulties in fitting or wrapping cuff?

Yes.....1 (a)

No.....2 → A9

(a) Code difficulties (code all that apply)

Conical shaped arm..... 1

Obese arm; correct circumference cuff too deep..... 2

Other difficulties with the cuff (specify)..... 3

A9 Any unusual circumstances?

Yes.....1 (a)

No.....2 → A10

(a) Code unusual circumstances: (code all that apply)

- Young person was upset/anxious/nervous..... 1
 - Error 844 -excessive movement..... 2
 - Right arm unavailable, taken from left arm..... 3
 - Other (specify)..... 4
-

A10 If measurement not made; reason (code all that apply)

- Attempted, unsuccessful..... 1
 - Not attempted, consent withdrawn by young person..... 2
 - Not attempted, consent withdrawn by 'parent'..... 3
 - Equipment failure/unavailable..... 4
-

B: HEIGHT - if measurement not made go to **B4**

B1 Date of measurement:

				9	7
Day	Month	Year			

B2 Height:

1st measurement

			•	
cms				

2nd measurement

			•	
cms				

B3 Any unusual circumstances:

Yes.....1 (a)

No.....2 → B4

(a) Code unusual circumstances: (code all that apply)

- Affected by hairstyle..... 1
- Wearing turban..... 2
- Posture; back not straight..... 3
- Posture; legs not straight..... 4
- Unable to stand still/unco-operative.. 5
- Other person made measurement.... 6
- Other (specify)..... 7

B4 If measurement not made; reason:(code all that apply)

- | | |
|--|---|
| Attempted, but unsuccessful..... | 1 |
| Not attempted, refusal by young person..... | 2 |
| Not attempted, refusal by 'parent'..... | 3 |
| Not attempted, young person chairfast/bedfast..... | 4 |
| Equipment failure/unavailable..... | 5 |
-

B5 Ask and record height of 'birth' mother: (no need to measure)

Not known; ring code.....9→DNA, go to **B6**

Height:

<input type="text"/>	•	<input type="text"/>	<input type="text"/>
m		cms	

or

<input type="text"/>	<input type="text"/>	<input type="text"/>
feet	inches	

B6 Ask and record height of 'birth' father: (no need to measure)

Not known; ring code.....9→DNA; go to next measurement

Height:

<input type="text"/>	•	<input type="text"/>	<input type="text"/>
m		cms	

or

<input type="text"/>	<input type="text"/>	<input type="text"/>
feet	inches	

C: WEIGHT - if measurement not made go to **C6**

C1 Date of measurement:

				9	7
Day	Month	Year			

C2 Weight

1st measurement (kilograms)

			•	
--	--	--	---	--

2nd measurement (kilograms)

			•	
--	--	--	---	--

C3 Clothing record

Ask young person to complete the clothing record at the back of this schedule (pages 18/19) and hand back to you. If refused, interviewer to complete.

At home enter information in Blaise document.

Clothing record completed by young person/parent.....	1
Clothing record refused - interviewer completed	2
No clothing record.....	3

C4 Ring code if scales placed on: (code all that apply)

Uneven floor.....	1
Carpet.....	2

C5 Any unusual circumstances:

Yes.....1 (a)

No.....2 → C6

(a) Code unusual circumstances: (code all that apply)

Wearing heavy clothes/shoes.....	1
Other person did weighing.....	2
Other (specify).....	3

C6 If measurement not made: reason: (code all that apply)

Attempted, unsuccessful.....	1
Not attempted, refusal by young person.....	2
Not attempted, refusal by 'parent'.....	3
Not attempted, young person chairfast/be dfast.....	4
Equipment failure/unavailable.....	5

D: MID-UPPER ARM CIRCUMFERENCE- if measurement not made go to **D4**

D1 Date of measurement:

				9	7
Day		Month		Year	

D2 Circumference:

1st measurement

<input type="text"/>	<input type="text"/>	•	<input type="text"/>
cms			

2nd measurement

<input type="text"/>	<input type="text"/>	•	<input type="text"/>
cms			

D3 Any unusual circumstances:

Yes.....1 → D4

No.....2 (a)

(a) Code unusual circumstances: (code all that apply)

Unco-operative/would not keep still.....1

Other person took measurement.....2

Left arm unavailable; measured right arm.....3

Other (specify)..... ..4

D4 If measurement not made; reason: (code all that apply)

Attempted, unsuccessful..... 1

Not attempted, refusal by young person..... 2

Not attempted, refusal by 'parent'..... 3

E: WAIST AND HIP CIRCUMFERENCES

Applies if aged 11 and over only

DNA, aged under 11 years.....9 →go to next measurement

E1 Date of measurement: - if measurement not made go to **E4**

				9	7
Day	Month	Year			

E2 Circumference:

1st measurement

Waist

<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>
cms				

Hip

<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>
cms				

2nd measurement

Waist

<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>
cms				

Hip

<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>
cms				

E3 Any unusual circumstances:

Yes.....1 (a)

No.....2 → E4

(a) Code unusual circumstances: (code all that apply)

- Clothing thickness different at waist and hips..... 1
- Posture difficulty..... 2
- Unco-operative/would not keep still..... 3
- Other person made measurement..... 4
- Other (specify)..... 5

E4 If measurement not made: reason:(code all that apply)

- Attempted, unsuccessful.....1
- Not attempted, refusal by young person.....2
- Not attempted, refusal by 'parent'.....3
- Not attempted, chairfast/bedfast.....4

PART F: BLOOD SAMPLE RECORD

F1: Interviewer to code:

- Consented to fasting sample being attempted..... 1→ F2
- Consented to non-fasting sample being attempted..... 2 (a)
- Refused consent to attempt blood sample..... 3 (b)

(a) Specify reasons for refusal to **fasting** sample

(b) Specify reasons for refusal to attempt blood sample

Blood can only be taken if the consent form has been signed and witnessed.

The phlebotomist must be given a copy of the signed and witnessed consent form (Z4) before attempting to take blood.

F2 Date sample attempted

				9	7
Day	Month	Year			

F3 Time at start of 'blood visit'

Hours	Minutes		

Phlebotomist will ask the following questions and record on his/her record form; interviewer to record answers below:

Applies if agreed to fasting sampleDNA, non-fasting only..... 9 →go to **F5**

F4 Did the young person have anything to eat or drink this morning?

Yes 1→ (a)

No..... 2 → F5

(a) Specify what eaten/drunk:

F5 Has young person ever been told he/she has a clotting or bleeding disorder:

Yes..... 1→ blood must **NOT** be taken; END

No..... 2 → F6

F6 Has young person had a blood sample taken in the last 2 years?

Yes..... 1→ (a)

No..... 2→ F7

(a) Was there a problem?

Yes..... 1→ (i)

No..... 2→F7

(i) Specify problem:

Outcome:

F7 Number of attempts made (max 2)..... *Ring number*

- 0→(a)
- 1→ F7
- 2→ F7

(a) Reason not attempted

- No suitable vein..... 1 → F9
- Young person refused..... 2 → F9
- Young person too upset/nervous..... 3 → F9
- Refusal on behalf of young person... 4 → F9

→now go to **F9**

F7 Sample obtained? Yes..... 1→ F8
 No..... 2→(a)

(a) Reason attempted, but unsuccessful

- Young person's discomfort/distress.....1 → F9
- Vein collapsed..... 2 → F9
- Other (specify)..... 3 → F9

→now go to **F9**

F8 Volume of sample obtained (mls)

--	--

(max 15ml)

F9 Any other problems reported by the phlebotomist?

- Yes..... 1→(a)
- No..... 2→ F10

(a) Specify problems:

F10 Any problems or unusual circumstances you (the interviewer) wish to note?

Yes..... 1→(a)

No..... 2→ F11

(a) Specify problems:

F11 Was an anaesthetic cream or gel used?

Yes..... 1→(a)

No..... 2 → F12

(a) How long was it left on before attempting to take the sample?

--	--

Minutes

F12 Time at end of blood visit:

--	--	--	--

Hours

Minutes

F13 Phlebotomist's name:

PART G: URINE SAMPLE RECORD

G1 Interviewer to code:

- Agreed to provide a urine sample and sample obtained..... 1→ G2
- Agreed to provide a urine sample and sample not obtained..... 2→ (a)
- Refused to provide a urine sample..... 3→ (b)

(a) Reason sample not obtained

(b) Reason sample refused

G2 Date urine sample collected
(by young person)

				9	7
Day	Month	Year			

G3 Time sample collected
(by young person) - 24hr clock

Hours	Minutes		

G4 Was it an 'early morning' sample - ie first void of the day?

- Yes..... 1
- No..... 2

G5 Approximate time sample posted
24 hr clock

Hours	Minutes		

G6 Were there any problems in collecting the sample?

- Yes..... 1(a)
- No..... 2→ G7

(a) Specify problems

G7 Were there any problems in packing/posting the sample?

Yes..... 1(a)

No..... 2 →END URINE RECORD

(a) Specify problems



CLOTHING RECORD FOR FEMALES

What people are wearing obviously makes a difference to their weight at the time. To help us allow for this please put a tick by any item of clothing being worn while being weighed. If something is being worn which is not on the list, please tell the interviewer what it is.

Shoes, trainers and jackets are generally the heaviest pieces of clothing, so these items should not be worn while being weighed.

It would also help if any heavy jewellery was taken off for the short time it takes to be weighed, and any keys or money in pockets removed.

Put a tick besides each item being worn eg

Blouse	✓
Skirt	✓

Items being worn while being weighed	TICK	If more than one is being worn, please write in how many
Vest		
Pair of socks		
Stockings/tights		
Pants/knickers/briefs		
Bra		
Suspender belt		
Petticoat/slip		
Blouse		
T-shirt		
Skirt		
Trousers/Jeans		
Leggings		
Shorts		
Belt		
Dress		
Jumper		
Cardigan		
Something else not on the list - <i>please tell the interviewer</i>		



CLOTHING RECORD FOR MALES

What people are wearing obviously makes a difference to their weight at the time. To help us allow for this please put a tick by any item of clothing being worn while being weighed. If something is being worn which is not on the list, please tell the interviewer what it is.

Shoes, trainers and jackets are generally the heaviest pieces of clothing, so these items should not be worn while being weighed.

It would also help if any heavy jewellery was taken off for the short time it takes to be weighed, and any keys or money in pockets removed.

Put a tick besides each item being worn eg

Shirt	✓
Trousers	✓

Items being worn while being weighed	TICK	If more than one is being worn, please write in how many
Vest		
Pair of socks		
Pants/knickers		
T-shirt		
Shirt		
Tie		
Trousers/Jeans		
Shorts		
Belt		
Jumper/Sweatshirt		
Something else not on the list - <i>please tell the interviewer</i>		

H: PRESCRIBED MEDICINES - this information is to be collected at the pick-up call at the end of the dietary recording period.

H1 Has the (*young person*) taken any prescribed medicines since the start of the record-keeping period?

If dietary record refused ask:

Is (*young person*) currently taking any prescribed medicines?

Yes..... 1 – H2

No..... 2 → END OF PRESCRIBED MEDICINES SECTION

H2 Interviewer to record details of all prescribed medicines taken during record-keeping period/currently.

Include all prescribed medicines - not just those taken orally; include injections, inhalers, skin preparations etc. Include the oral contraceptive, if taken. Ask to see the medicine container/packet and copy full product name, including brand, and strength if given.

NB Please write in pen (not pencil) and in BLOCK CAPITALS. This information will not be entered by you in Blaise.

Medicine 1: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 2: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 3: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 4: <u>Name</u> (incl brand)
<u>Strength</u> (if given)

Medicine 5: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 6: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 7: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 8: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 9: <u>Name</u> (incl brand)
<u>Strength</u> (if given)
Medicine 10: <u>Name</u> (incl brand)
<u>Strength</u> (if given)

Interviewer: after entering the information in this schedule into the Blaise, return the schedule to ONS, Titchfield, with all other documents for this serial number.



N1404 NDNS: YOUNG PEOPLE AGED 4 TO 18 YEARS

Metric to imperial weight conversion chart

One pound = 0.454 kilos

One kilo = 2.204 pounds

Kilos	Stones	pounds	Kilos	Stones	pounds	Kilos	Stones	Pounds
10	1	8	30	4	10	50	7	12
11	1	10	31	4	12	51	8	0
12	1	12	32	5	0	52	8	3
13	2	1	33	5	3	53	8	5
14	2	3	34	5	5	54	8	7
15	2	5	35	5	7	55	8	9
16	2	7	36	5	9	56	8	11
17	2	9	37	5	11	57	8	13
18	2	12	38	6	0	58	9	2
19	3	0	39	6	2	59	9	4
20	3	2	40	6	4	60	9	6
21	3	4	41	6	7	61	9	8
22	3	7	42	6	9	62	9	11
23	3	9	43	6	11	63	9	13
24	3	11	44	6	13	64	10	1
25	3	13	45	7	1	65	10	3
26	4	1	46	7	4	66	10	3
27	4	4	47	7	6	67	10	7
28	4	6	48	7	8	68	10	10
29	4	8	49	7	10	69	10	12

We would like to thank you, and all the other young people and their families who kindly spared so much of their time to help us with this survey.



YOUNG PERSON'S RECORD CARD

This information was collected for the National Diet and Nutrition Survey of Young People aged 4 to 18 years. The survey was carried out by the Social Survey Division of the Office for National Statistics, and is for the Departments of Health and the Ministry of Agriculture, Fisheries and Food.

The information from the survey will help in better understanding the relationship between what young people eat and their health, and will help to improve the health of all young people in the future.

(ONS)

The results of the survey will be published in Spring 1999. The Report will be available from HMSO. For further information about the survey contact:

Jan Gregory
Social Survey Division, ONS
1 Drummond Gate
London SW1V 2QQ
0171 533 5387/8

NAME:.....

DATE:.....

M2

These are your measurements:

BLOOD PRESSURE

First reading
Systolic (mmHg)

--	--	--

Second reading
Systolic (mmHg)

--	--	--

Third reading
Systolic (mmHg)

--	--	--

Diastolic (mmHg)

--	--	--

Diastolic (mmHg)

--	--	--

Diastolic (mmHg)

--	--	--

PULSE - beats per minute

First reading

--	--	--

Second reading

--	--	--

Third reading

--	--	--

Interviewer's initials.....

HEIGHT.....cm

WEIGHT.....kg

WAIST CIRCUMFERENCE.....cm

HIP CIRCUMFERENCE.....cm

MID UPPER-ARM CIRCUMFERENCE.....cm

The leaflet the interviewer gave you tells you more about all these measurements.

The "Salt Check" Urine Sample ● ● ●

W3

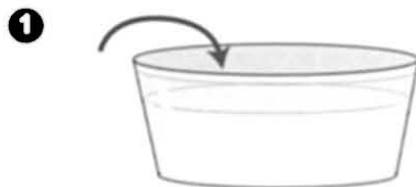
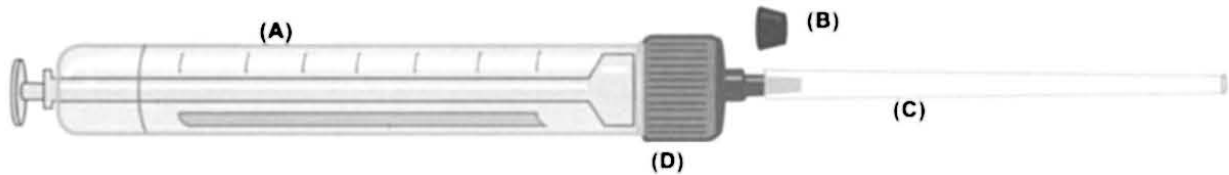
It will tell us about the salt in your food, and this in turn can have an effect on your blood pressure, and on whether your heart will remain healthy, as you get older. We can't get this essential information in any other way! We are not testing for drugs or viruses.

First the interviewer will arrange with you a time to pick up the sample, as soon as possible after you have collected it.

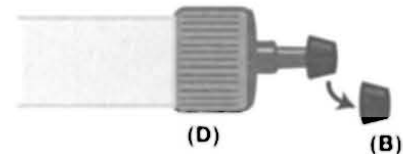
We would like it to be an early morning sample, if possible, that is, the first time you pass urine after you get up.

The interviewer will give you the following:

A small disposable pot to collect the urine sample
A plastic syringe (A) with a plastic extension tube (C) and a small push-on cap (B).



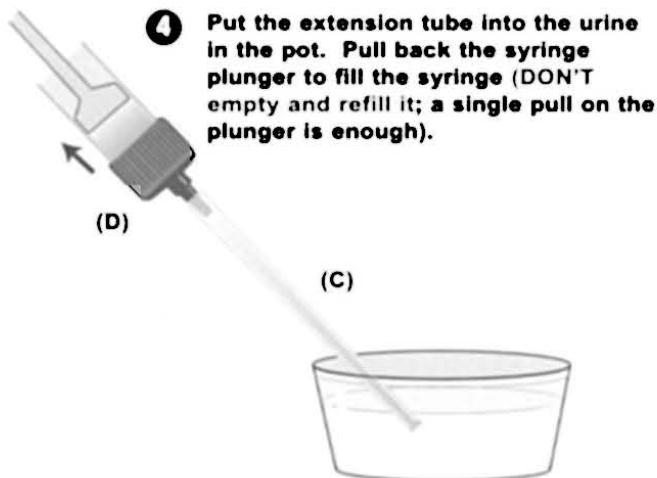
1 Collect your sample in the disposable pot.



2 Remove the small push cap (B) from the syringe. DO NOT remove the larger screw-cap (D). There is some "borax" powder in the syringe, to preserve the urine, which will be spilled if you unscrew cap (D). If you make a mistake with this, then mop up the powder carefully with some damp absorbent paper, and throw it away. Ask for another syringe.



3 Push the extension tube (C) tightly on the exposed syringe nozzle.



4 Put the extension tube into the urine in the pot. Pull back the syringe plunger to fill the syringe (DON'T empty and refill it; a single pull on the plunger is enough).

5 Remove the extension tube and replace the cap (B), pushing it on firmly. You may, if you wish, pull the syringe plunger back until it clicks to a fixed stop-position and then break off the stalk by turning it through a right-angle. (If you are worried about it then leave it to the interviewer to do it).



6 Rinse and throw away the pot and the extension (C) but keep the sample (A) in the syringe, in a cool, dark place, for the interviewer to collect later in the day.

Please Note

1. If you don't understand or have difficulty, please ask the interviewer to explain.
2. (Girls) It does not matter if you are having your monthly period; please collect the sample as usual.

THANK YOU!